O'AHU CONTINUUM OF CARE COORDINATED ENTRY SYSTEM POLICIES & PROCEDURES

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Overview and Purpose

"In HUD's vision, the coordinated entry process is an approach to coordination and management of a crisis response system's resources that allows users to make consistent decisions from available information to efficiently and effectively connect people to interventions that will rapidly end their homelessness."

- Coordinated Entry Core Elements Guidebook

The Department of Housing and Urban Development (HUD) requires each Continuum of Care (CoC) to establish and operate a coordinated entry system (CES) based on evidence that such systems increase the efficiency of local crisis response systems and improve ease of access to resources. CES is intended to help communities prioritize assistance to ensure that households who are most in need of assistance receive it in a timely manner. When appropriate data is collected, CES can also provide information to CoCs and other stakeholders about service needs and gaps which helps communities to strategically allocate their current resources and identify the need for additional resources.

CoC and ESG recipients as well as other participating programs operating within the CoC's geographic area must work together to ensure the CoC's coordinated entry process allows for coordinated screening, intake and assessment, standardized prioritization, and facilitates referrals to available housing resources for ESG-funded and CoC-funded projects.

The prioritization policies must be documented in CES policies and procedures and must be consistent with CoC and ESG written standards established under 24 CFR 576.400(e) and 24 CFR 578(a)(9). These policies and procedures must be made publicly available and must be applied consistently throughout the CoC areas for all populations.

This manual provides the policy framework for the Partners In Care (PIC) Coordinated Entry System and is intended to accomplish the following:
- Establish policies and procedures which govern CES' general operations and day-to-day activities;
- Operate transparently by providing partner agencies and the participants they serve with a basic overview of CES; and
- Document all CES policies required by HUD, as described in CPD Notice 17-01: Notice Establishing Additional Requirements for a CoC Centralized or Coordinated Assessment System

Please note this is a live document that is consistently reviewed and improved upon. In order to ensure you are reading the most up to date CES policies and procedures, visit the Partners In Care website here.

Goals of Coordinated Entry

Given the scarcity of housing resources within the Oahu CoC, CES' primary mission is to match the most vulnerable members of Oahu's homeless community to resources that will effectively end their

homelessness. CES aims to build a complete and comprehensive system of care by striving toward the following goals:

1. CES will collaborate with multiple community stakeholders in order to increase the availability, diversity and efficacy of the resources and wraparound services required to successfully house participants.
2. Assistance with housing resources will be transparent, fair and accessible across CES partner agencies.
3. The intake, assessment, and referral process will be easily understood, trauma-informed, and will seek to alleviate burden on the household, providing quick and seamless entry into homeless services.
4. Households will be referred to the most appropriate resource(s) for their unique situation whenever possible and available.
5. CES will streamline coordination and communication in order to improve resource utilization and prevent duplication of services.
6. CES will aim to place households as quickly as possible and reduce the average length of homelessness for the most vulnerable members of the homeless population as determined by the CoC.
7. CES will aim to effectively end the homelessness of our most vulnerable households and reduce rates of recidivism over time by matching them to the most appropriate housing resources.
8. CES will be data driven and data responsive.

Guiding Principles

In an effort to accomplish the above goals, CES has adopted this set of guiding principles to direct the way in which CES operates as a system. As such, CES is committed to collaborating with agencies that share and uphold the following values:

- **Prioritize the Most Vulnerable Households**: When resources are scarce, housing referrals should be directed first to households determined to be the most vulnerable by the CoC. Less vulnerable persons and families will be assisted as resources allow.
- **Prioritize Homeless Households by Need and Encourage Diversion Whenever Possible**: Coordinated Entry will seek to match households to referrals according to their service needs. CES will prioritize households with the highest service needs for the most intensive service interventions while diverting households with fewer housing barriers to less-intensive service interventions or self-resolution whenever possible. CES will work to accomplish this through effective and continual resource mapping, community education and by building strong working relationships with community stakeholders. CES also encourages providers to work with their participants to quickly identify their needs, resources and immediate alternatives to shelter.
- **Client-Centered Approach**: Coordinated Entry is designed to focus on the individual needs of households who present for services, with the express goal of matching them to available resources that will effectively end their homelessness. Providers of record will ensure their participants understand what CES resources they are eligible for and encourage them to exercise informed choice regarding which resource will best meet their needs. Refusing a CES housing referral does not make a household ineligible for other resources or prevent them from being referred to the same resource in the future.

- **Screen In, Not Out:** All partner agencies agree and commit that households will not be screened out of the coordinated entry process due to any perceived barriers to housing, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence (DV) history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.
- **Housing First:** CES recognizes that the "Housing First'' model as defined by HUD - "[a program that] offers individuals and families experiencing homelessness immediate access to permanent affordable or supportive housing, without clinical prerequisites like completion of a course of treatment or evidence of sobriety and with a low-threshold for entry" - has been the most successful model for housing chronically homeless people. CES embraces the housing first approach by affirming that acute service needs need not be a barrier to accessing permanent housing and that stabilization can occur after a participant is housed with proper intensive case management and connection to wrap around services.
- **Collaboration**: As a component of the CoC's crisis response system, CES requires a great deal of collaboration between the CoC, CES partner agencies, non-homeless service providers, funders, and other key partners. This spirit of collaboration will be fostered through open communication and transparent work by CoC leadership, the CES Oversight committee and consistently scheduled meetings between partner agencies facilitated by the CES team.
- **Performance-Driven Decision-Making:** Decisions and modifications to the CES process will be driven by the need to improve system performance on key outcomes as determined by CoC leadership and the CES Oversight committee.
- **Nondiscrimination:** All services coordinated through the Continuum of Care must be available to all eligible participants, regardless of actual or perceived race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, marital status, height, or weight. The CoC and its partners will take all necessary steps to ensure that housing and services are administered in accordance with all applicable Federal, State, and local civil rights laws as specified in 24 CFR. 5.105(a), including, but not limited to:
    - **Fair Housing Act** prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status;
    - **Section 504 of the Rehabilitation Act** prohibits discrimination on the basis of disability under any program or activity receiving federal financial assistance;
    - **Title VI of the Civil Rights Act** prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving federal financial assistance; and
    - **Title II of the Americans with Disabilities Act** prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against participants with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance
    - **Title III of the Americans with Disabilities Act** prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability
    - **HUD's Equal Access in Accordance with Gender Identity Rule** prohibits discrimination based on sexual orientation, gender identity, and marital status.

All clients shall be informed of their right to access housing and services without discrimination, and of their right to initiate a grievance process if they believe they have been discriminated against. Complaint and grievance policy is located later in this document.

Roles

CES Oversight Committee	The primary governing body for coordinated entry. Leadership from Partners in Care and from within the CoC will conduct oversight and monitoring of coordinated entry functions to ensure consistent application of CES Policies and Procedures and high quality service delivery for persons experiencing a housing crisis. The Oversight Committee will meet monthly to discuss and decide upon improvements and refinements to the current system, policies and procedures, special cases and broader systems change. Partners within the community are strongly encouraged to take part in CES Oversight as all voices are welcome to share expertise and highlight opportunities for needed systems change.
CES team	The staff responsible for supporting or managing day-to-day functions of coordinated entry. This consists of the CES team lead and CES specialists responsible for managing specific CES sub-populations (Singles, Families, Veterans, Youth, DV)
CoC Board of Directors	The CoC Board of Directors is made up of peer elected board members representing housing and homelessness experience at the provider, community, regional and state level. The CoC Board of Directors is responsible for the general oversight of the CES and supporting the lead agency selected to manage the CES, this includes the annual approval of the CES Policies & Procedures document, review of annual program evaluation, and reviews of grievance decisions.
HMIS Lead Agency	Partners in Care has been selected by the CoC Board of Directors to operate the Homeless Management Information System (HMIS). As the HMIS Lead Agency, PIC ensures CES has access to HMIS software and functionality for the collection, management, and analysis of data on participants served by coordinated entry.
Housing Program	A CES partner agency that has agreed to receive referrals to their program exclusively through the CES process.
Non-homeless Service Provider	Agency or entity that can provide necessary services or assistance to participants served by coordinated entry. Examples of non-homeless service providers include hospitals, mental health agencies, employment assistance programs, and schools.
Oahu Continuum of Care - Partners In Care	Partners in Care has been selected by the CoC Board of Directors as the lead agency for the Oahu Continuum of Care. PIC has been selected to manage the Coordinated Entry System (CES) as well as the HMIS. As the managing entity of the CES, in consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The Continuum must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from nonvictim service providers. This system must comply with any requirements

	established by HUD by Notice. Partners in Care works closely with the CoC Board of Directors, CoC-appointed committees, and critical partners to ensure proper and inclusive CES planning and oversight.
Partner Agency	A homeless service provider, agency or organization that has agreed to provide homeless services, resources and supports on behalf of the CoC. Providers of Record and Housing Programs are partner agencies. A partner agency must execute a Participant Agreement with CES. The Participant Agreement outlines the standards and expectations for the project's participation in and compliance with the policies and procedures governing CES operations. For a project to receive CoC or ESG Program funding from HUD, it is required to participate in coordinated entry.
Provider	Individual direct service staff working on behalf of a CES partner agency or non-homeless service provider. This may include but is not limited to case managers, housing navigators, outreach workers, program managers, etc.
Provider of Record	The CES partner agency or program functioning as the primary service provider and point of contact for a given household.
U.S. Department of Housing and Urban Development (HUD)	Federal agency responsible for administering housing and homelessness assistance programs including the CoC and ESG Programs.
U.S. Department of Veteran Affairs (VA)	Federal agency responsible for providing health care and other services, including assistance to end homelessness, to veterans and their families

CES Participant Expectations

HUD requires partner agencies (both community-based organizations and government entities) receiving Continuum of Care Program or Emergency Solutions Grant funding to participate in their jurisdiction's CES. There are also many non-mandated partner agencies who participate in CES as referral sources, access points, and non-homeless service providers. Partner agencies participating in the Oahu CES will:

- **Adopt and follow the CES Policies & Procedures**, as identified in this document and approved by the CoC Board, regarding access points, assessment procedures, participant prioritization, and referral and placement in available services and housing.
- **Maintain a low barrier to enrollment in services and housing.** No household may be turned away from crisis response services or homeless designated housing due to lack of income, lack of employment, disability status, or substance use unless the project's primary funder requires the exclusion. Providers maintaining restrictive enrollment practices must maintain documentation from project funders, providing justification for the enrollment policy. CoC providers offering short-term rapid rehousing assistance (i.e., 0-3 months of financial assistance) may choose to apply some income or employment standards for their enrollment determinations, unless otherwise required by the terms of their contracts.
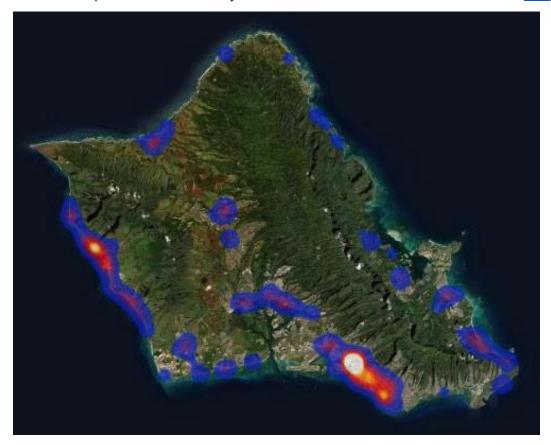
- **Maintain Fair and Equal Access to CES housing programs and services for all participants** regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy status, citizenship status, familial status, household composition, disability, Veteran status, or sexual orientation.
    - If a program participant's self-identified gender or household composition creates challenging dynamics among residents within a facility, the housing program should make every effort to accommodate the participant or assist them in locating alternative accommodation that is appropriate and responsive to their particular needs.
    - Coordinated Entry System participating providers shall offer universal program access to all subpopulations as appropriate, including chronically homeless individuals, veterans, youth, transgender individuals, and persons fleeing domestic violence.
    - Population-specific projects and those projects maintaining specific affinity focus (e.g., women-only, native Hawaiian only, veterans only, etc.) are permitted to maintain eligibility restrictions and continue to operate and receive prioritized referrals as defined in their contract. Any new project wishing to institute exclusionary eligibility criteria will be considered on a case by case basis and receive authorization to operate as such on a limited basis from the CES CoC leadership and their funders.
- **Create and share written eligibility standards.** Partner agencies receiving referrals through CES will provide detailed written guidance for participant eligibility and enrollment determinations. Any eligibility criteria beyond those required by the funder will be reviewed by CES CoC leadership, with the intent of reducing or eliminating unnecessary barriers. This may include funder-specific requirements for eligibility and program-defined requirements such as participant characteristics, attributes, behaviors or histories used to determine who is eligible to be enrolled in the program.
- **Communicate vacancies**. Housing programs will communicate project vacancies, either bed, unit, or voucher, to CES in the manner outlined in this document.
- **Limit enrollment to participants referred through the defined access point(s**). Each bed, unit, or voucher that is required to serve someone experiencing homelessness must receive their referrals through CES according to the prioritization criteria outlined in this document. Any agency filling homeless-mandated units from alternative sources will be reviewed for compliance by CES CoC leadership and/or funders.
- **Participate in the Evaluation Process**. CoC and ESG funded partner agencies shall participate in the annual evaluation process conducted by the Oahu CoC Planning committee as defined in this document.
- **Ensure staff members receive ongoing CES training**. All partner agencies agree to attend CES required training on an annual basis.
- **Ensure staff members attend appropriate housing navigation meetings**. All partner agencies agree to attend CES meetings specific to their service region, target population(s) and/or program participants (eg. pre-referral navigation, post-referral, and case conference meetings).
- **Provide appropriate safety planning.** CES participating providers shall ensure necessary safety and security protections for persons fleeing or attempting to flee domestic violence, stalking, dating violence, or other domestic violence situations. Minimum safety planning must include a threshold assessment for presence of participant safety needs and referral to appropriate trauma-informed services if safety needs are identified.
- **Contribute data to HMIS** (or comparable database) where applicable and/or as mandated by their funder. Wherever possible, information shared between agencies or projects should be entered in HMIS rather than transmitted by other means. This ensures that the information is kept secure and is shareable between agencies as long as there is an active client consent form. For instance, documentation gathered in support of establishing a participant's homeless history

should be uploaded onto the household's HMIS profile, rather than emailed between agencies, when confirming chronicity for a referral to permanent supportive housing.

- **Ensure participant rights are protected and participants are informed of their rights and responsibilities.** At a minimum, these rights include:
    - The right to be treated with dignity and respect;
    - The right to appeal Coordinated Entry System decisions;
    - The right to be treated with cultural sensitivity;
    - The right to have an advocate present during the appeals process;
    - The right to request a reasonable accommodation in accordance with the project's tenant/family selection process;
    - The right to accept housing/services offered or to reject housing/services; and,
    - The right to confidentiality and information about when confidential information will be disclosed, to whom, and for what purposes, as well as the right to deny disclosure.

Geographic Area

CoCs are responsible for ensuring homeless services are provided to their respective geographic areas. The Oahu CoC's coordinated entry process covers the CoC's entire geographic area of the City and County of Honolulu.

For a heat map of Unsheltered Surveys conducted from 2020 Point in Time Count click here.
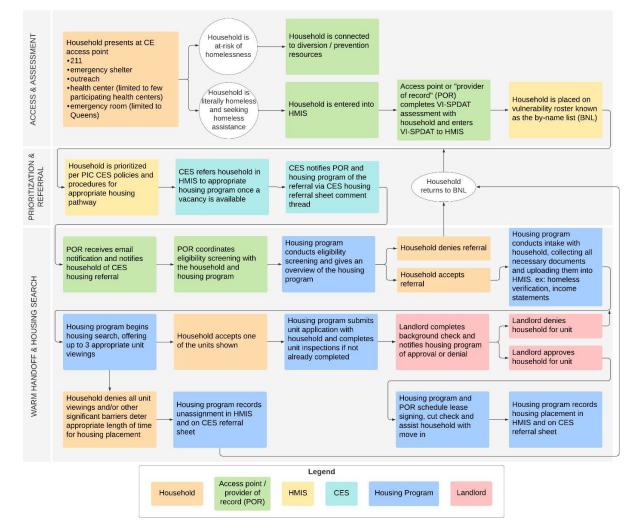
Governing Documents

The following sources are referenced throughout this document:
- **Coordinated Entry Policy Brief**
- **HUD Notice CPD-17-01**
- **HUD Notice CPD-16-11**
- **Oahu CoC Governance Charter**
- **PIC HMIS Policies and Procedures**
- **Title 24 CFR Part 578 - Continuum of Care Program**
- **Title 24 CFR Part 576 - Emergency Solutions Grant Program**

CES Core Components: Access, Assessment, Prioritization and Referrals

The Coordinated Entry System is Oahu's approach to organizing and providing services and assistance to persons experiencing a housing crisis within the Continuum of Care. All households seeking housing assistance are directed to defined access points, assessed in a uniform and consistent manner, prioritized for housing and services, and referred to available service interventions in accordance with the intentional service strategy defined by CoC leadership. Each household's acuity level and housing needs are aligned with a set of service and program strategies that represent the appropriate intensity and scope of services needed to resolve the housing crisis.

The following flowchart gives a general overview of the CES referral process from access of the CES to referral and housing placement. It is important to note that participation does not guarantee (and may not result in) a CES housing referral. More information and details regarding the CES referral process may be found on the Partners In Care website.

CES Referral Process Overview

Access

Access Model

According to HUD, "Access points are the places – either virtual or physical – where an individual or family in need of assistance accesses the coordinated entry process." As such, the Oahu CoC has adopted a "no wrong door" approach to CES, which ensures that no matter where a household experiencing homelessness may present for assistance, they will have access to the same assessment, prioritization and referral processes.

Designated Access Points

Within the Oahu CoC, in person access points include homeless street outreach programs, emergency shelters, prevention programs, Community Care Services Case Managers, participating hospitals, community clinics, and various other partner agencies who provide assistance to the homeless community. If a household is unsure of where to present for intake and assessment, they may contact Aloha United Way's 211 referral hotline for information on access points nearest to them. Homeless outreach is divided into regions across Oahu in order to focus on the homeless communities specific to these areas, as pictured in the map below. For a complete and updated list of access points and their contact information, please click here.

CES in partnership with the Oahu CoC will work to ensure these access points have the staffing capacity and training to administer a standardized assessment. Access points will also be responsible for entering client information into the HMIS database in a timely manner as defined in the HMIS Policies and Procedures.

Specialized Access Points for Subpopulations

As permitted by HUD, the Oahu CoC has established separate access points for the following sub-populations:

- **Youth:** Youth households (ages 18-24) seeking assistance from CES may present at any access point - other than DV access points unless applicable - for triage and assessment. However, certain partner agencies within the CoC operate as youth specific access points. A non-youth specific access point may choose to refer a youth household to a youth-specific access point for additional services and support as needed. For a complete list of these please visit the PIC website.
- **DV:** Homeless DV households seeking housing assistance can present at any DV-specific access point by calling the appropriate victim service provider (VSP) hotline. Each VSP has their own hotline and will begin triage once the call is placed. Information on VSP hotlines may be found here. Additionally, DV households can present at CES access points and be referred to appropriate VSP as determined to be clinically appropriate or at the request of the participant for targeted support and resources.

All CES access points in the Oahu CoC, while permitted to use assessments specific to their target population (see "Common Assessment Tool" section of this document), must offer the same assessment approach and operate according to the same standardized decision-making process. Households who are included in more than one of the above populations must be able to be served at all of the access points for which they qualify as a target population. Additionally, if a participant presents at an access point not targeted for their subpopulation, they must have the ability to refer them to an appropriate access point.

Marketing

The Oahu CoC will affirmatively market housing and supportive services to eligible participants regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. The CES marketing strategy, as developed by the CoC must ensure all people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with and without minor children, youth, and survivors of domestic violence, have fair and equal access to the coordinated entry process.

CES participating providers should make every effort to market access points to CES in as many ways possible including, but not limited to:

- Service provider websites
- Local coalition websites
- Newsletters
- Social media
- Flyers at known locations where potential participants might congregate, including at social service agencies
- Street outreach
- Discussion at public events or town hall meetings
- Television
- Media releases

Reasonable Accommodations

The Oahu CoC will seek to ensure all assessment locations are accessible to individuals with disabilities, including those who use wheelchairs. For those that cannot come to an assessment location for any reason, mobile outreach teams may schedule a time and location convenient to the household to complete an assessment. For households with English as a second language or a disability, CoC agency staff will confer and coordinate with local agencies to provide services necessary to ensure effective communication (e.g. translation services, braille, sign language interpreters) at all points of contact (intakes, assessments, etc). The CES participating providers will ensure visually and audibly accessible CES materials when requested by participants.

Emergency Services, Homelessness Prevention and Outreach

The [Partners In Care Vacancy Grid](#) aims to provide the most up to date information on beds and units available in shelters around the island and is updated daily by Partners In Care through updates from shelter providers and the Office of the Governor's Coordinator on Homelessness. Providers are encouraged to contact the shelters listed for up-to-date information on hours of operation and availability for intake, even if the shelter is listed as having no vacancy.

- **Emergency Shelter:** Individuals and families may enter emergency shelter programs without a referral from CES or other access points. However, whenever possible and appropriate, shelter providers should attempt homeless prevention and diversion strategies for all households seeking shelter services. If homeless prevention is not possible, diversion resources must be considered where appropriate.
- **Homeless Prevention and Diversion:** The O'ahu CoC does not currently have a formal diversion or homeless prevention program operating through CES, but access points should attempt to practice diversion at any appropriate time within the coordinated entry process. CES encourages access points to connect households who may be eligible for homeless prevention programs to the appropriate agencies whenever possible. A diversion conversation can occur during assessment, or while the household is waiting for shelter availability if there is not an immediate shelter opening available to the household. The CoC and CES participating providers are currently examining how diversion is practiced in the CoC and are looking to develop a comprehensive and collaborative diversion strategy in the near future.
- **Outreach**: Street outreach is an essential component of CES. Outreach is a CES access point designed to engage persons or households who can benefit from CES but may not otherwise present for assistance at other access points. Outreach increases the CoC's capacity to connect households, oftentimes with the highest service needs, to available housing interventions. CoC and ESG-funded street outreach efforts must be linked to the coordinated entry process. Outreach staff must be properly trained in the assessment process and have the ability to conduct on-site assessments when appropriate. If on-site assessments are not appropriate for a participant, outreach staff must be able to refer them to an appropriate access point in the community. Participants who are encountered during outreach efforts will be prioritized for assistance in the same manner as any other person who presents at other access sites for CES assistance.

Assessment

Common Assessment Tool or Standardized Assessment Approach

The Oahu CoC's CES will provide a standardized assessment process to all CES participants, ensuring uniform decision-making and coordination of care for households experiencing a housing crisis.

All CES participating providers to include access points will utilize a common assessment tool in order to measure a household's vulnerability for the purpose of triaging households for the most appropriate housing intervention. The Oahu CoC has agreed to use the vulnerability index service prioritization decision assistance tool (VI-SPDAT) products as common assessment tools across the Continuum of Care for screening and matching persons experiencing homelessness on Oahu. The VI-SPDAT suite of products, developed and owned by OrgCode and Community Solutions, are a set of triage tools that assist in informing an appropriate housing intervention based on a participant's acuity in four core areas: (A) history of housing and homelessness; (B) risks; (C) socialization and daily functioning; and, (D) wellness (including physical health, substance use, mental health, medications, and abuse and trauma).

The Oahu CoC has implemented the VI-SPDAT assessment tools for the following subpopulations:

- Single Adults (including DV): VI-SPDAT (Version 2)
- Families (including DV): Family VI-SPDAT (Version 2)
- Youth: TAY VI-SPDAT (Version 2)

Please click here to reference each of the subpopulations VI-SPDAT assessment tools.

CES may collect and document participants' membership in Civil Rights protected classes but will not consider membership in a protected class as justification for restricting, limiting, or steering participants to particular referral options. According to HUD policy, the CoC will ensure that assessment data are not used to screen out households for housing and services "due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record."

Assessor Training

The Oahu CoC, the CES team, CES participating providers, and other CES Authorized Agencies should jointly ensure that all staff administering any of the VI-SPDAT tools are trained to implement the CES in a manner consistent with the vision and framework of CES, as well as in accordance with its policies and procedures. The Oahu CoC will provide, at minimum, annual training for persons who will manage access point processes and conduct assessments for CES. Training will be conducted by the Oahu CoC at no cost to the agency or staff, and will be delivered by an experienced trainer identified by the CoC.

Completing Assessment

All projects participating in CES will follow the same assessment and CES triage protocols for their households, regardless of target population. The assessment process will collect only enough participant information to prioritize and refer participants to available CoC housing and support services.

Privacy Protections

CES partner agencies are required to notify and obtain participant consent for the collection, use, and disclosure of participants' personally identifiable information (PII) as outlined in the data section of this document Before collecting any information during the assessment, all staff and volunteers must first either (1) obtain the participant's informed consent to share and store participant information for the purposes of assessing and referring participants through the coordinated entry process by using the HMIS Client Consent Form, or (2) confirm that such consent has already been obtained and is still active. Whenever possible, the participant's consent should be in written form. For more information regarding client consent, please see the PIC HMIS Policies and Procedures.

All participant information collected, stored, or shared in the operation of CES functions, regardless of whether or not those data are stored in HMIS, shall be considered personal and sensitive information and subject to the protection and security considerations associated with data collected, stored, or shared in HMIS. The CoC must protect all participants' personally identifiable information, as required by HUD's HMIS Data and Technical Standards, regardless of whether or not PII is stored in HMIS. All CES participating providers will ensure participants' PII will only be collected, managed, reported, and potentially shared if those data are able to be secured in compliance with the HUD-established HMIS privacy and security requirements.

> **Safeguards for Survivors of Domestic Violence:** Safeguards must be taken with any data associated with anyone who is known to be fleeing or suffering from any form of domestic violence, including dating violence, stalking, trafficking, and/or sexual assault, regardless of whether such participants are seeking shelter or services from non-victim-specific providers.

> CES assessment data collected from participants in this target population are not required to be entered into the Oahu PIC HMIS. In order to participate in DV CES, data must be entered into the DV designated database that is compliant with privacy standards in relation to the Violence Against Women Act.

Survey Refusals and Disclosing Disabilities

Assessors should communicate the survey process and its results clearly and consistently across the community. This ensures that the benefits of participation in the survey are clearly communicated and that participation does not guarantee (and may not result in) housing. Participants who are assessed should be informed that their information will be shared with other participating CES providers for the purpose of service coordination and in order to avoid completing multiple assessments.

The Oahu CoC ensures households served by CES have the right to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options. In both instances, the refusal of the household to respond to assessment questions or to accept a referral shall not adversely affect their appearance on the CES by name list (BNL).

When staff encounter households who do not provide a response to any of the first survey questions, they should stop and acknowledge that the assessment will not provide useful information if the household receiving assessment does not want to participate. Staff should utilize continued progressive engagement and rapport building with these participants until they are willing to be assessed. The assessment should be completed in one engagement (although not necessarily first contact).

Additionally, throughout the assessment process, participants must not be pressured or required to disclose specific disabilities or medical diagnoses. Note that some funders require collection and documentation of a participant's disability or other characteristics or attributes as a condition for determining eligibility. As such, per HUD policy, "specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals." Participants who choose not to provide this information in these instances could be limiting potential referral options.

Updating the Assessment

Household assessment information must be updated at least every 12 months. Staff may update participant records as new or updated information becomes known by staff. For further direction on when to edit or update an assessment please contact HMIS.

Participant data in HMIS can be updated after an initial CES data collection period and throughout project enrollment to reflect emergence of new information, corrections to previously collected information, or additions of previously unanswered questions. CoCs should continuously work to improve participant engagement strategies to increase completion rates of required HMIS data elements.

Re-Screening

While participants generally do not need to be surveyed multiple times with any particular assessment tool, there are circumstances under which participants who have been screened would qualify to be re-screened, including, but not limited to the following:

- The participant has not had contact with the homeless services system for one year or more since the initial assessment date. The participant may be re-engaged with the homeless service system by completing a new assessment;
- The participant has encountered a significant life change or change in household makeup;
- The participant's acuity is not accurately depicted on their current screening;

Prior to initiating a new assessment, the assessor should ensure the previous assessment is exited in HMIS as each participant may have only one assessment score associated with a given unique HMIS identifier.

Nondiscrimination Complaint and Appeal Process

The CoC is committed to ensuring that no information is used to discriminate or prioritize households for housing and services on a protected basis such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status. Additional information regarding the CES complaint and grievance policy is located later in this document.

Prioritization

As stated earlier, this is a live document that is consistently reviewed and improved upon, especially the Prioritization section. In order to ensure you are reading the most up to date CES policies and procedures document, visit the Partners In Care Oahu website here.

Upon completion and input of a CES assessment and HMIS client consent form into the HMIS, a household's assessment data will appear on the CoC's prioritization list, or By-Name List (BNL) for up to 12 months. A household's CES assessment data will be organized on the BNL according to a specific and definable set of criteria - referred to as the prioritization matrix - designed to identify a participant's level of need, vulnerability, and risk. This criteria is publicly available and consistently applied throughout the CoC for all subpopulations. This section of the manual outlines these criteria and explains how these criteria apply to CES' decision making processes when matching participants to limited housing resources.

By-Name List (BNL)

The intention of a BNL is to have a single, centralized list for the entire Oahu CoC that includes all relevant participant-level information to identify which participants are most vulnerable and therefore most likely to be in immediate need for assistance. The use of a prioritization list provides an effective way to manage a transparent prioritization process. It also ensures that CoCs do not serve participants on a "first come, first served basis," but rather according to each participant's level of vulnerability. The Oahu CoC's CES BNL is generated by HMIS and managed by the CES team, and maintains the same HMIS data privacy and security protections prescribed by HUD for HMIS practices in the HMIS Data and Technical Standards.

The Oahu CoC uses four BNLs for prioritization and housing referrals:
- Individuals
- Families
- Youth (ages 18-24)
- Survivors of Domestic Violence

Prioritization Matrix*

The Oahu Coc has agreed upon a defined set of criteria for means of prioritizing households for CES referrals (chronic homelessness, number of disabling conditions, VI-SPDAT score, and other criteria outlined below). Orders of priority for all resource types are listed below. Severity of service need will be determined by the VI-SPDAT, F-VI-SPDAT, or TAY-VI-SPDAT, depending on the subpopulation, for permanent supportive housing, rapid re-housing and transitional housing CES housing referrals.

Housing programs including transitional housing, rapid rehousing, and permanent supportive housing will fill their caseloads and/or units exclusively through CES according to the prioritization criteria outlined below. Please note that access to emergency services, such as emergency shelter, are a critical crisis response resource and are not required to go through the CES referral process.

Intervention: Where a vacancy occurs in the following program types…	Single Adults Prioritization: …Participants will be matched to the vacancy per the following criteria. An individual must meet all elements within a Priority Category and no individual falling in a later Priority Category should be referred for the vacancy prior to eligible persons in prior Categories.	Family Prioritization: …Families will be matched to the vacancy per the following criteria. A family must meet all elements within a Priority Category and after chronically homeless families with minor children are served in advance of chronically homeless adult only families, no households falling in a later Priority Category should be referred for the vacancy prior to eligible persons in prior Categories.	Youth and TAY Prioritization: …Youth and TAY will be matched to the vacancy per the following criteria. Youth and TAY must meet all elements within a Priority Category and no youth or TAY falling in a later Priority Category should be referred for the vacancy prior to eligible persons in prior Categories.
Permanent Supportive Housing	**Priority Category 1:** VI-SPDAT Score Range: 17-11 Chronic Homelessness 3+ HUD Disabling Conditions: - Physical Disability - Substance Use Disorder - Mental Health Condition - Developmental Disability - Chronic Health Condition - HIV / AIDS	**Priority Category 1:** VI-SPDAT Score Range: 22-9 Chronic Homelessness 3+ HUD Disabling Conditions: - Physical Disability - Substance Use Disorder - Mental Health Condition - Developmental Disability - Chronic Health Condition - HIV / AIDS	**Priority Category 1:** VI-SPDAT Score Range: 17-0 3+ HUD Disabling Conditions: - Physical Disability - Substance Use Disorder - Mental Health Condition - Developmental Disability - Chronic Health Condition - HIV / AIDS
	Priority Category 2: VI-SPDAT Score Range: 17-11 Chronic Homelessness 2 HUD Disabling Conditions: - Physical Disability - Substance Use Disorder - Mental Health Condition - Developmental Disability - Chronic Health Condition - HIV / AIDS	**Priority Category 2:** VI-SPDAT Score Range: 22-9 Chronic Homelessness 2 HUD Disabling Conditions: - Physical Disability - Substance Use Disorder - Mental Health Condition - Developmental Disability - Chronic Health Condition - HIV / AIDS	**Priority Category 2:** VI-SPDAT Score Range: 17-0 2 HUD Disabling Conditions: - Physical Disability - Substance Use Disorder - Mental Health Condition - Developmental Disability - Chronic Health Condition - HIV / AIDS

	Priority Category 3: VI-SPDAT Score Range: 17-11 Chronic Homelessness	**Priority Category 3:** VI-SPDAT Score Range: 22-9 Chronic Homelessness	**Priority Category 3:** VI-SPDAT Score Range: 17-0 1 HUD Disabling Condition: • Physical Disability • Substance Use Disorder • Mental Health Condition • Developmental Disability • Chronic Health Condition • HIV / AIDS
	Priority Category 4: VI-SPDAT Score Range: 17-11 1+ HUD Disabling Condition(s): • Physical Disability • Substance Use Disorder • Mental Health Condition • Developmental Disability • Chronic Health Condition • HIV / AIDS	**Priority Category 4:** VI-SPDAT Score Range: 22-9 1+ HUD Disabling Condition(s): • Physical Disability • Substance Use Disorder • Mental Health Condition • Developmental Disability • Chronic Health Condition • HIV / AIDS	**Priority Category 4:** VI-SPDAT Score Range: 17-0
	Priority Category 5: VI-SPDAT Score Range: 17-11	**Priority Category 5:** VI-SPDAT Score Range: 22-9	
Rapid Rehousing	**Priority Category 1:** VI-SPDAT Score Range: 10-4 Chronic Homelessness	**Priority Category 1:** VI-SPDAT Score Range: 8-4 Chronic Homelessness	**Priority Category 1:** TAY VI-SPDAT Score Range: 11-0 Active employment
	Priority Category 2: VI-SPDAT Score Range: 10-4 1+ HUD Disabling Condition(s): • Physical Disability • Substance Use Disorder • Mental Health Condition • Developmental Disability	**Priority Category 2:** VI-SPDAT Score Range: 8-4 1+ HUD Disabling Condition(s): • Physical Disability • Substance Use Disorder • Mental Health Condition • Developmental Disability • Chronic Health Condition • HIV / AIDS	**Priority Category 2:** TAY VI-SPDAT Score Range: 11-0 Attending school/classes

	• Chronic Health Condition • HIV / AIDS		
	Priority Category 3: VI-SPDAT Score Range: 10-4	**Priority Category 3:** VI-SPDAT Score Range: 8-4	**Priority Category 3:** TAY VI-SPDAT Score Range: 11-0 No employment No involvement in school/classes
Transitional Housing	**Priority Category 1:** VI-SPDAT Score Range: 10-4 3+ HUD Disabling Conditions: • Physical Disability • Substance Use Disorder • Mental Health Condition • Developmental Disability • Chronic Health Condition • HIV / AIDS	**Priority Category 1:** Same as PSH if unavailable (ex. PSH Category 4)	**Priority Category 1:** TAY VI-SPDAT Score Range: 11-0 Active employment (Same as RRH 1)
	Priority Category 2: VI-SPDAT Score Range: 10-4 2 HUD Disabling Conditions: • Physical Disability • Substance Use Disorder • Mental Health Condition • Developmental Disability • Chronic Health Condition • HIV / AIDS	**Priority Category 2:** Same as PSH if unavailable (ex. PSH Category 5)	**Priority Category 2:** TAY VI-SPDAT Score Range: 11-0 Attending school/classes (Same as RRH 2)
	Priority Category 3: VI- SPDAT Score Range: 10-4 1 HUD Disabling Condition: • Physical Disability • Substance Use Disorder • Mental Health Condition • Developmental Disability • Chronic Health Condition • HIV / AIDS (same as RRH Category 2)	**Priority Category 3:** Same as RRH if unavailable (ex. RRH Category 2)	**Priority Category 3:** TAY VI-SPDAT Score Range: 11-0 No employment No involvement in school/classes (Same as RRH 3)

	Priority Category 4: VI-SPDAT Score Range: 10-4 (Same as RRH category 3)	**Priority Category 4:** Same as RRH if unavailable (ex. RRH Category 3)	
	Priority Category 5: VI-SPDAT Score Range: 3-0	**Priority Category 5:** VI-SPDAT Score Range: 3-0	
Street Outreach and Emergency Shelter	**Priority Category 1:** Individuals matched to transitional housing, rapid re-housing, or permanent supportive housing	**Priority Category 1:** Families matched to transitional housing, rapid re-housing, or permanent supportive housing	**Priority Category 1:** Individuals matched to transitional housing, rapid re-housing, or permanent supportive housing
Homelessness Prevention	**Priority Category 1:** Imminent risk of homelessness Low-income individuals	**Priority Category 1:** Imminent risk of eviction with documentation	**Priority Category 1:** Imminent Risk of Homelessness Low Income Families

*The Prioritization Matrix can be voted on and changed by the CES Oversight committee and the CoC Board of Directors as needed, or to accommodate emergency situations.

Tiebreakers

Within any prioritization category, each of the prioritization criteria within the priority category must be met by the household. Where two households meet all criteria within a single priority category, CES will prioritize referrals for households as follows:

Single Adult Tiebreakers:	**Family Tiebreakers:**	**Youth and TAY Tiebreakers:**
1. Highest Assessment score 2. Greatest age (unless program guidelines specifically identify a particular age group) 3. Earliest date current homeless occasion began 4. Greatest utilization of emergency services	1. Highest Assessment score 2. Largest household size 3. Single parent households 4. Children under 5 years of age or medically verified pregnancy 5. Earliest date current homeless occasion began	1. Highest Assessment score 2. Greatest age (unless program guidelines specifically identify a particular age group) 3. Earliest date current homeless occasion began 4. Greatest utilization of emergency services

Prioritization for Veterans Housing Programs

Veterans housing programs (other than VASH) are referred based on the general prioritization matrix in the chart above. VASH-specific prioritization focuses on four areas of vulnerability:

1. Families with minors
2. Chronic
   a. To include any vets, previously chronic, enrolled with GPD. Per HUD regulations, "Transitional Housing (TH): In general participants in TH do not meet the chronically homeless definition, unless the veteran or veteran household qualified as chronically homeless at the time of entry into VA homeless services and were served in a VA-funded TH program such as GPD. They would be eligible for both HUD-VASH and PSH."
3. Elderly
4. Female

*Households with multiple vulnerabilities are prioritized. There is no distinction between any category. CES uses the general population prioritization matrix as a tiebreaker.

Special Prioritization Considerations

Prioritizing Down

Providers may request at any point in the prioritization process for households to be prioritized down for a less intensive service intervention than what the household presenting for on the BNL if:
- the household meets the recommended prioritization criteria (e.g., chronic homelessness, disabling conditions, etc.); and,
- through case conferencing, the community determines that there is a substantial likelihood that the recommended service intervention will meet the household's housing and service needs.

Special Requests

Providers may request through the case conferencing administration process, for households to be considered for advancement on any category of the BNL regardless of chronicity or assessment score when there is clear, documented evidence of greater need, and such advancement meets the long-term, sustainable housing needs related to the conditions of consideration. Such documentation will evidence one or a combination of the following conditions:
- Vulnerability to illness or death;
- Undergoing life-sustaining medical treatment, the efficacy of which is significantly negated by conditions of homelessness and housing instability;
- Vulnerability to victimization, including physical assault and abuse;
- Functional impairments causing long-lasting physical or mental capacity to meet essential requirements for physical health, safety, or self-care; or,
- Other specific factors determined by the community that are based on severity of needs, including terminal illness.

If through case conferencing it is determined that a household needs to be prioritized on the BNL, the CES administration will begin the special request process by providing the special request form and severity statement template to be completed by the provider of record and treating professional.

Rapid Re-Housing

Providers may also request through the case conferencing administration process, for participants to be considered for rapid rehousing prioritization under the following conditions:
- Rental assistance is needed in order to access a permanent housing solution, i.e. foster care home, section 8 choice voucher program, where but for this instance, this permanent housing solution could not be reasonably obtained and there is evidence of authentic need through the verified eligibility determination of said permanent housing solution's program.
- participants actively enrolled and participating in a professionally recognized employment development program and as part of the homeless service provider's housing, service, or case

management plan, may be considered for rapid re-housing prioritization when identified by the respective programs to CES administration.

- CES may prioritize households for rapid re-housing assistance ahead of others in the same priority category so long as the household has been accepted to a permanent housing unit. Priority categories will not be skipped in this process. Proof of acceptance into a permanent housing unit is a requirement to meet this policy's criteria and must be uploaded into Clarity for the CES team's review.
    - o If for any reason the housing opportunity with the original unit falls through, households will be given a 30-day grace period to secure a replacement unit.

Youth Allocation

To address BNL alignment and gaps in resources for the youth sub-population, youth households will receive an allocation of non-youth specific referrals. This proportional allocation will be made according to the percentage of youth households compared to the total number of households presenting across all By-Name Lists.

Adult-Only Allocation

To address BNL alignment and gaps in resources for the adult-only sub-population, adult-only households will receive an allocation of individuals-specific referrals. This proportional allocation will be made according to the number of adult-only households compared to the number of individuals presenting on the singles By-Name List, within their respective priority categories.

Veterans

Veterans may be automatically prioritized down for Veteran-specific RRH resources if no Veteran-specific PSH resources are available. What this means: Veterans may be prioritized down for SSVF referrals if VASH resources are not available.

Referral Process

All CoC and ESG-funded projects must accept referrals exclusively through the CoC's defined coordinated entry process as described below. All other CoC projects and services voluntarily participating in CES will consider the CES process the sole source for referrals as outlined in the CES participant expectations section of this document.

Notification of Vacancies (from housing program)

All CES participating housing programs will enroll new participants into their program exclusively through the CES referral process. To facilitate prompt referrals, improve resource utilization and reduce vacancy rates, participating providers must notify CES of any known and anticipated upcoming vacancies.

When a TH, RRH, or PSH vacancy becomes available or is expected to occur, the housing program must alert CES within 3 business days of the expected referral date or as soon as possible via the Housing Program Request for Referral Form located on the PIC website. The request must include specific details of the vacancy, including the agency and project name, type of housing assistance provided, quantity of

referrals requested, unit size, location, and any funder-defined eligibility requirements.

To facilitate this process, it is essential that participating providers ensure that the CES team has complete, up-to-date eligibility requirements regarding each of their programs (including documentation requirements) and provide CES with point of contact information to ensure that CES can communicate with relevant staff.

Notification of Referral (from CES)

Upon receiving the Housing Program Request for Referral Form, CES will run an HMIS report of the BNL and follow the prioritization matrix outlined above. CES will refer the highest prioritized household (unless otherwise specified in the special prioritization considerations section) for placement into the requested

housing category. In the event of disability accessible vacancies among participating providers, households who require disability accessible units will be prioritized ahead of households who do not require disability accessible units. *This policy is created to be in alignment with Section 504 of the Rehabilitation Act of 1973.*

Providers will receive up to three referrals for every one resource vacancy they have at the discretion of the CES team. If the match is unsuccessful, the CES administrator will make a new referral as soon as the prior referral is "unassigned" and the participant has returned to the BNL. This promotes choice on behalf of both the participant referred and the project. See "Process for Unsuccessful Matches" section below for additional detail.

Providers will receive referrals via email designating the:

- Housing resource to which the participant is referred (i.e., housing provider/program);
- Participant name;
- Date of the referral; and,
- Point of contact and/or provider of record information

Once a referral is made following the prioritization and process outlined above, the provider of record and housing program are expected to incorporate the specified time standards outlined below to complete the referral process.

Referral Time Standards

CES time standards for housing shall serve as guidelines during the referral and housing placement process. If a provider is not able to meet these housing placement benchmarks with their referred household, then any household without a record of active participation towards housing placement may be unassigned by CES and returned to the BNL, but only after a CES administrator has attempted contact with the provider to discuss the status of the case.

Specified Time Standards Recommended as follows:

Referral Time Standards	Transitional Housing	Rapid Re-Housing	Permanent Supportive Housing	Veterans Rapid Re-Housing	Veterans Permanent Supportive Housing
Provider of record to connect with housing program	3 business days	3 business days	3 business days	3 business days	3 business days
Housing program to connect with participant and conduct intake and eligibility screening	14 days/ 2 full weeks	14 days/ 2 full weeks	14 days/ 2 full weeks	14 days/ 2 full weeks	14 days/ 2 full weeks
Complete and record housing placement	30 days / 1 months	60 days / 2 months	60 days /2 month	90 days / 3 months	90 days / 3 months

Post Referral

A CES referral will result in two outcomes: placement or unassignment. The housing provider will document unsuccessful referrals as 'unassignments" in their CES referral sheet and in HMIS. Housing providers must include (1) the reason(s) why they were unassigned; and, (2) the date of unassignment within HMIS so that the household can be returned to the BNL for future consideration for referrals (further outlined below).

CES may supply a training video upon request on how to navigate the coordinated entry event result process and unassignment dropdown menu in HMIS.

The housing provider will also document when a referral results in successful housing placement and provide the date of placement in their referral sheet and in HMIS. Upon successful placement into a housing program, providers should ensure that the participant has been exited from any prior housing programs in HMIS.

Participating providers may not fill bed vacancies through any other process. All bed vacancies must be filled through the coordinated entry process outlined in this document.

Participant Declined Referrals

A client-centered approach and participant choice are guiding principles of CES. These principles should be applied consistently throughout the CES process and especially during the referral phase. As such, participants in CES are allowed to reject service strategies and housing options offered to them, without repercussion.

If a household declines a referral to a housing program, they remain on the BNL until the next housing opportunity is available. Repeated rejections by the participant may require case conferencing and/or additional guidance from CoC leadership.

For Safe Haven* Service Model Programs:

Housing programs that share similar operational models to a Safe Haven may request to reactivate a previously unassigned referral should the participant present as "housing ready" and is willing to accept housing support services, as long as the VI-SPDAT is still active. Such programs should follow the same time standards as other permanent supportive housing programs.

*Safe Haven, as defined in the Supportive Housing Program, is a form of supportive housing that serves hard to engage homeless persons with severe mental illness who come primarily from the streets and have been unable or unwilling to participate in housing or supportive services. Safe Haven projects as defined are for literally homeless individuals (as defined in the CoC Program interim rule in paragraph (1)(i) and (1)(iii) who reside on the streets or places not meant for human habitation and who have severe and persistent mental illness.

Provider Declined Referrals

CES housing programs may deny or reject referrals from CES, however, unassignments should only occur when appropriate and remain as limited as possible. When a housing program

declines to accept a referred household into its project, the agency must notify the CES team of the denial and the reason for the denial.

Refusals by housing programs are acceptable under the following circumstances. Please note this is not comprehensive list and is subject to change:
- The household does not meet the program's eligibility criteria;
- The services available through the program are not sufficient to address the intensity and scope of participant need;
- The program is at capacity and is not able to accept referrals;
- The household has prior program violations that disqualify them from future enrollment;
- The household is missing or cannot be contacted after several attempts to outreach;
- The assignment has exceeded CES time standards or the housing options allotted to them by the program; and/or
- Other justifications as specified by the program.

The agency must communicate the unassignment in HMIS and on their referral sheet as soon as possible, clearly documenting the reason for the unassignment.

Denials of a referral by the provider or household may result in one or more of the following outcomes:

- The household is placed back on the BNL for a future referral in the following circumstances:
    - The program has reached its capacity and cannot serve the household;
    - The household is not document-ready and will not be so within program time standards;
    - The household does not meet required criteria for program eligibility;

- As described in the 'Housing Navigation' section of this document, the household is referred for additional housing navigation to resolve an issue in the following circumstances (please note that this is not an exhaustive list):
    - The household is not document-ready and will not be so within one month – application(s) for identification documentation have not been submitted;
    - The housing provider is unable to locate the participant within CES time standards, or the participant has been unresponsive to repeated and numerous communication attempts;
    - The participant's needs, health, or well-being would be negatively impacted because the program does not offer the services, staffing, location, and/or housing supports necessary to successfully serve the household (e.g., where an individual or family is better-suited for project-based housing than independent living), or the household's health or well-being or the safety of current program participants would be negatively impacted due to staffing, location, or other programmatic issues;
    - The household refused placement or the household exceeds their allotted limit for unit denials
    - The household was previously evicted by the program or organization, or there is a conflict of interest on the part of the housing program.

o A household is repeatedly denied by third party managers or landlords and the landlord engagement program is unable to address the issues within CES time standards.
- The household is removed from the BNL

The housing provider will document any unsuccessful matches and provide both (1) the reason(s) why they were not housed; and, (2) the date of unassignment within HMIS so that the household can be reassigned to another housing program. The housing provider will also document when each match does lead to successful program entry and record the date the household moves into housing in HMIS. If a household is unassigned due to a lack of document readiness, the household will not receive a subsequent assignment until appropriate documentation is available. For this reason, it is essential that the community, through housing navigation, works to ensure that all participants, beginning with those appearing at the top of the Number Next List, are document-ready.

CES Unassignments

CES may decide to unassign referrals at its discretion under the following circumstances:

- The referral has exceeded CES time standards
- After consulting with the provider of record and the housing program, CES determines that there are significant barriers to housing that cannot be addressed within a reasonable time frame. In which case, the participant will return to the BNL for future consideration of referrals.

Transfers

There are circumstances under which a participant enrolled with one housing provider may benefit from transferring to another program or provider. For example:
- The participant has lost several scattered-site housing placements due to problems with visitors.
- A participant in a site-based setting is unable to comply with funder-imposed rules around sobriety or the environment is not conducive to mental or physical well-being.

The Coordinated Entry System seeks to minimize the number of participants who are exited back to homelessness, only to have to be re-screened, re-prioritized, and wait again for supportive housing. If the current housing provider is unable to continue serving a household, staff should contact the appropriate Coordinated Entry System Continuum of Care Leadership representative to discuss options besides exiting to homelessness.

If a transfer within the same level of service intervention (i.e., one PSH provider to another PSH provider) is being considered, the referral should come through the CES process. To do so, the current housing provider must contact CES Leadership to determine what other housing providers have available capacity. Housing programs shall not initiate transfers between providers without the involvement and permission of CES Leadership.

Housing providers are prohibited from transferring an individual or family from one service intervention to another (i.e., TH to PSH, internally or externally) without permission from the CoC. If a provider has an opening in a PSH program, they must receive the referral through CES, and may not fill that opening internally via transfer from a lower service intervention program. Additionally, if it is identified that a

household may need a higher intervention than what was determined initially, the housing provider should discuss this with CES Leadership. Transfers between intervention levels may necessitate an approved special request.

If a shelter program/provider such as an emergency shelter or transitional housing program is terminated or otherwise ends, the program must inform Partners in Care and the CES Administrator no later than 3 months of the closure date or in the case of a sudden closure as soon as this information is available to ensure that current participants are not exited to homelessness. Upon sharing this information, the program and CES will meet regularly to case conference on the remaining program participants in an effort to minimize the number of participants who are exited back to homelessness. If further assistance is needed such as a special prioritization for these program participants to a permanent housing program such as RRH or PSH, CES will bring this issue to the CES Oversight committee.

Housing Navigation

Housing navigation is a sub-component of the Referral process designed by CES to achieve the following goals:
- Clarify roles and responsibilities between CES partner agencies in order to reduce duplication of services and support effective coordination between programs;
- Households are identified for an appropriate resource and placed into permanent housing as quickly as possible;
- Households are prepared to receive an appropriate housing referral and well informed throughout the CES referral process;
- Ensure CoC resources are fully utilized at all times; and,
- Improve connection to wraparound services

In order to ensure these outcomes, CES asks, although does not require, all Oahu CoC access points and partner agencies receiving referrals to ensure all households they engage are:

- Assessed using the appropriate assessment tool;
- Readily able to be located;
- Motivated to pursue housing;
- In possession of (or working to obtain) the documentation required for potential housing options; and,
- Participating consistently in the housing navigation components described below

Components of Housing Navigation

CES has implemented pre and post referral housing navigation elements in an effort to achieve the goals stated above:

1. Pre-referral navigation "Number Next List" meetings: focus on prepping households for upcoming referrals (primarily PSH), ensuring their prioritized housing pathway is appropriate and the participant is prepared for housing placement if and when a referral is made;

2. Post-referral navigation "Touchbase" meetings: focus on housing program's open CES referrals with the goal to coordinate swift communication among providers, address barriers to housing placement, determine next steps and targeted housing dates for participants, and ultimately decrease the length of time it takes from CES referral to housing placement. This meeting is specific to the housing program and providers with households referred to that respective program.
3. Case conference meetings: regional and sub-pop specific meetings to troubleshoot challenging participant cases by provider request, discuss general barriers for households, and suggest policy changes where necessary.

Pre-Referral Navigation: Number Next List Meetings

CES will hold Number Next List meetings for each CES sub-population as necessary to appropriately navigate households next in line for a particular service intervention. During these meetings, CES will work with providers of record to navigate through the BNL (a designated number of names appearing at the top of the BNL for a given resource and projected to receive a referral within the next few months) with the express purpose of
- Identifying the most appropriate resource for the household and ensuring they are prepared to receive such a referral;
- Determining whether a household can be diverted to a less intensive resource or if a household needs a higher level of care than the resource they are in queue for;
- Identifying the household's level of engagement, willingness to accept a resource, and ability to be located;
- Ensuring document readiness to the greatest extent possible, although lack of documentation does not disqualify a household for a referral;
  - NOTE: At this time, chronic homeless verification packets (CHV packets) which include disability verification letters (DVL) are required to be uploaded into HMIS prior to receiving a referral to a housing program that requires these documents.
- Identifying barriers to referral or housing placement and troubleshooting potential solutions, including households who require additional care coordination. These households will be referred for an Ohana conference between all connected service providers.
- Determining the appropriate approach for households who have been previously unassigned and returned to the Number Next List; and,
- Ensuring an accurate BNL and maintain data quality by exiting VI-SPDATs of duplicated households and those no longer seeking assistance through CES

Post-Referral Navigation: Housing Program Touchbases

Once a household is referred to a resource, the housing navigation process will continue on to the post-referral phase. CES will host post-referral touchbase meetings with housing programs as needed in order to ensure quick and successful housing placement. Providers of record are strongly encouraged to utilize these meetings as a platform to coordinate with the housing program, identify and troubleshoot unforeseen barriers to housing placement, and seek out support where needed. CES in tandem with providers of record and participating housing programs will seek to accomplish the following during these meetings:

- Facilitate quick connection between the household and the housing program for program intake;
- Rapidly identify the participant's housing needs, area of preference and budget (where applicable);
- Facilitate document collection required for program enrollment and housing placement, and identify participants for unassignment who will not be able to obtain these documents within CES time standards;
- Connect household and housing program to the Landlord Engagement Program (LEP) or additional housing navigation services if the housing program is unable to find appropriate housing or landlords willing to accommodate the household;
- Ensure the household is housed within CES time standards at minimum; and,
- Maintain a client-centered approach by identifying changes in a household's service needs or household makeup that may require a different referral

Case Conferencing

Case conferencing is a routine, centralized process that helps community leaders and housing navigators monitor and advance the progress of various people toward housing. CES will host regional and sub-population specific case conferencing meetings as necessary in order to address the following needs of households and CoC providers:
- Facilitate Service and Resource Connection
  - Provide support to partner agencies by triaging and troubleshooting the needs of their most challenging households;
  - Offer connections to wraparound services and pathways to prioritize the most vulnerable households whenever appropriate; and/or,
  - Foster connections between agencies who may be working with the same household
- Ensuring Effective Navigation of the Coordinated Entry System
  - Ensure that participants are not excluded from accessing resources for which they are eligible and are appropriate to their needs; and/or,
  - If a household needs a different resource than the resource they are in queue for, the case manager or other CES stakeholder should contact the CES team. Examples of this may include:
    - Placing an individual or family into bridge or interim housing if they have already been referred to a permanent supportive housing program or are projected to receive a PSH referral within 60 days;
    - Prioritizing individuals or families able to present documentation from an appropriate medical professional regarding severity of need; and/or
    - Determining whether an individual or family who would otherwise be prioritized for more intensive housing or services would benefit from and be eligible for less intensive interventions (such as rapid rehousing or transitional housing);
- Address system-wide challenges
  - Case conference meetings can be used as a platform to discuss and address community wide systems challenges such as user interface issues, gaps in service connection, barriers to access, limited resources, or missing tools that could be useful to partner agencies and the households they serve

Case Conferencing meetings should generally be open to all agencies participating in the CES process. This may include any combination of: agency designated CES points of contact, case managers, street outreach staff, or other oversight-approved parties that may have information regarding a homeless

household's vulnerability and need. The CES Oversight committee retains authority to limit and approve participation in case conferencing for the purpose of ensuring CES and PIC data and privacy policies are upheld.

Providers who wish to discuss their participants at Case Conferencing may submit a 'Client Question for Case Conferencing' form, which can be found on the PIC website here. This form will populate their information to the 'Case Conferencing Agenda' which can also be found on the PIC website and accessed by CES approved users.

More information regarding specific scheduling of case conference meetings can be found on the Partners In Care website here.

Data Management and Systems

Organizations that participate in the Coordinated Entry System process as listed in these policies and procedures qualify as CES Authorized Agencies, and may have access to personally identifiable information (PII) of participants as it relates to housing these participants. All HMIS-participating service providers will be a CES Authorized Agency. Non-HMIS-participating agencies will require approval from the PIC CES Oversight Committee or PIC Data Committee to participate in case conferencing, referrals, or other parts of the coordinated entry process that require access to the PII of participants.

The Continuum of Care is committed to ensuring the protection and privacy of all participant information collected through the coordinated entry process. All information collected and stored as part of coordinated entry is subject to the privacy policies and procedures of the Homeless Management Information System (HMIS), as detailed in the HMIS Privacy Notice & Policy and HMIS Client Consent Form.

Data System(s)

HUD encourages although does not require CoCs to use HMIS as part of their coordinated entry process. HUD recognizes that other systems might be better or more quickly able to meet the community's coordinated entry needs. CES partner agencies and all CES participating providers contributing data to CES must ensure and inform participants that their data are secured regardless of the systems or locations where participant data are collected, stored, or shared, whether on paper or electronically.

The Oahu CoC's coordinated entry process primarily utilizes HMIS for all data collection. All participants must sign or verbally accept the HMIS participant consent form prior to the collections of assessment data for CES. The form identifies what data will be collected, where data will be stored/managed, how data will be used for the purposes of helping the participant obtain housing and assistance and for other administrative purposes, and what data will be shared with others (if the participant consents to such data sharing).
Participating providers must collect all data required for CES as defined by the CoC, including the "universal data elements" listed in HUD's HMIS Data Standards Data Manual and in the PIC HMIS Policies and Procedures document.

In addition to HMIS, CES utilizes a separate platform, Google Suite or G Suite, to coordinate communication regarding active CES housing referrals and housing navigation activities discussed in this document. Access approvals to this coordination platform (CES platform) is monitored by the CES Oversight committee. CES participating providers requesting access to the CES platform must attend CES training and receive a unique CES account specific to the end user. Access will be given to different documents within the CES platform dependent on what the CES team and/or CES Oversight committee determines necessary for the end user to coordinate care for households in question. The CES platform is both a communication and evaluation tool for specific programs and CES as a whole. The platform also provides an external way to validate participant data in HMIS.

HUD expects that, even when using a data management system other than HMIS, the CoC works toward being able to use HMIS for coordinated entry or toward having a system that seamlessly shares data with HMIS.

Participant Consent Process

Please see the excerpt below from the [PIC HMIS Policies and Procedures document](#) regarding HMIS' Client Consent Form:

> "Each adult client must sign or provide verbal acceptance of the HMIS client consent form before their information and information of their dependents may be shared with other agencies in the HMIS. If consent is given verbally, service providers should make reasonable efforts to have a witness present to sign the consent form in the indicated place. The HMIS client consent form is valid for three years from the date of signature whereby the client consents to share their data. It is important to keep the consent form on file for auditing purposes for at least seven years. Consent forms must be kept securely in accordance with standard confidentiality and privacy practices (e.g. locked in a file cabinet and not accessible without authorization).
>
> It is recommended that agencies keep the consent form with the established client file along with other information that is being collected and maintained. Agencies may also wish to voluntarily give all clients copies of their signed client consent form."

The HMIS Client Consent Form identifies what data will be collected, what data will be shared, which agencies data will be shared with, and what the purpose of the data sharing is. Participants will have the option to decline sharing data; doing so does not make them ineligible to receive services; however, access to housing options may be limited.

The HMIS Client Consent Form can be found [here](#).

Households have the right to view and request corrections to their HMIS record. Households may request a copy of their information contained within the HMIS. Agencies are required to provide them with a copy of the universal and program specific information if it is requested.

Wherever possible, information to be shared between agencies or projects should be uploaded to the household's profile in HMIS rather than transmitted by other means. This ensures that the information is kept secure and is shareable between agencies as long as there is an active HMIS release of information.

Safeguards for Survivors of Domestic Violence

While people currently experiencing homelessness have often previously survived domestic violence, the Violence Against Women Act (VAWA) prevents providers dedicated to serving this subpopulation from inputting their personally identifiable information within a HMIS because of the additional safety precautions. Any data regarding DV must be entered into the DV designated database that is compliant with VAWA privacy standards.

More information on the DV designated database to come.

Evaluation

CoC CES Annual Evaluation

CoC and ESG-funded provider agencies and other CES participating providers shall participate in the annual evaluation process conducted by the Oahu CoC Planning committee as defined in this document.

The monitoring process will report on performance objectives related to CES utilization, efficiency, and effectiveness. HUD has developed the following seven system-level performance measures to help communities gauge their progress in preventing and ending homelessness. CES will work in tandem with HMIS to report on the following system-level performance measures:

1. Length of time persons remain homeless;
2. The extent to which persons who exit homelessness to permanent housing destinations return to homelessness;
3. Number of homeless persons;
4. Jobs and income growth for homeless persons in CoC Program-funded projects;
5. Number of persons who become homeless for the first time;
6. Homelessness prevention and housing placement of persons defined by Category 3 of HUD's homeless definition in CoC Program-funded projects; and,
7. Successful housing placement.

The purpose of these measures is to provide a more complete picture of how well a community is preventing and ending homelessness. The number of homeless persons measure (#3) directly assesses a CoC's progress toward eliminating homelessness by counting the number of people experiencing homelessness both at a point in time and over the course of a year. The six other measures help communities understand how well they are reducing the number of people who become homeless and helping people become quickly and stably housed. Reductions in the number of people becoming homeless are assessed by measuring the number of persons who experience homelessness for the first time (#5), the number who experience subsequent episodes of homelessness (#2), and homelessness prevention and housing placement for people who are unstably housed (Category 3 of HUD's homelessness definition) (#6). Achievement of quick and stable housing is assessed by measuring length of time homeless (#1), employment and income growth (#4), and placement when people exit the homelessness system (#7).

The performance measures are interrelated and, when analyzed relative to each other, provide a more complete picture of system performance. For example, the length of time homeless measure (#1) encourages communities to quickly re-house people, while measures on returns to homelessness (#2) and successful housing placements (#7) encourage communities to ensure that those placements are also stable. Taken together, these measures allow communities to evaluate the factors more comprehensively that contribute to ending homelessness.

CES Oversight Measures

The CES Oversight committee will conduct oversight and monitoring of coordinated entry functions to ensure consistent application of CES Policies and Procedures and high quality service delivery for

persons experiencing a housing crisis. The CES Oversight committee will meet monthly to discuss improvements and refinements to the current system, policies and procedures, special cases and broader systems change. The CES Oversight committee will consist of CoC leadership and representatives of all key stakeholders, such as:

- The Chair of the CoC CES Oversight Committee;
- The Chair of the CoC Data Committee;
- CES Administrators for each subpopulation;
- The HMIS Administrator;
- The Governor of Hawaii's Office;
- The Mayor of Honolulu's Office;
- Partners In Care Leadership;
- Subpopulation representatives for chronically homeless persons, survivors of domestic violence, families, veterans, and youth;

The CES Oversight committee and/or the CES team should also identify and implement other processes and/or measures to evaluate the ongoing implementation and operation of coordinated entry. In addition to the seven HUD-mandated System Performance Measures, regular review should occur related to the following seven metrics (at a minimum):

1. The total and change to the number of people on the BNL (including by subpopulation and by Priority Group);
2. The total and change to the number of people who are document-ready on the BNL (including by subpopulation and by Priority Group);
3. The total and change to the number of new assignments and total placements from the BNL (including by subpopulation and by Priority Group);
4. The total and change to the number of successful and unsuccessful placements (including by subpopulation, Priority Group, and component type);
5. The total and change to the reason of unsuccessful placements (including by subpopulation, Priority Group, and component type);
6. The mean and median length of time from assessment to referral (including by subpopulation, Priority Group, and component type); and,
7. The mean and median length of time from referral to placement into a housing unit (including by subpopulation, Priority Group, and component type).

Some metrics may require additional information, apart from the information currently in HMIS, to complete. The CES Oversight committee should work with HMIS to identify both available and desirable data to effectively measure performance utilizing these metrics.

Participating Program Evaluation

A critical coordinated entry management function entails monitoring of system-level processes to ensure the CES is functioning as planned and system efficiency goals are achieved. CES administrators will also need to monitor the status of participating providers' compliance in using the CES process and outcome monitoring to gauge the extent to which system performance objectives are being achieved. This includes monitoring participant outcomes through system performance measures and other locally determined outcomes, as well as monitoring participating providers for their programs' fidelity to the coordinated entry policies and procedures.

In order to monitor performance, participating providers will be required to provide the following outcomes, measures, information and eligibility standards to CES upon request, including but not limited to:

- Project name
- Contract start and end dates
- Program funding amounts and source
- Performance/outcome   objectives
- Performance/outcome methods of measurement
- Program type, length and amount of financial assistance
- Number of households to be served
- Actual number of households served
- Total returns to homelessness
- Program eligibility and entry requirements

Termination

Any CES participating provider or Authorized Agency may terminate their participation in the Coordinated Entry System by providing written notice to the CES team, the CES Oversight committee, and the CoC Board of Directors. Housing programs that are required to participate in coordinated entry due to HUD guidelines may not terminate participation without HUD approval.

Complaint and Grievance Policy

Partners in Care, the Oahu Continuum of Care, recognizes that participants, partner agencies, or other appropriate stakeholders or parties may express dissatisfaction with the Coordinated Entry System. With that in mind, this document stipulates that a grievance is any formally expressed dissatisfaction, legal violation, or instance of gross misconduct or negligence within the Coordinated Entry System as well as any potential violation of the written Coordinated Entry Policies and Procedures. A general complaint differs from a grievance in that a general complaint does not claim a violation of the Policies and Procedures nor does it reflect gross misconduct or describe a legal violation.

In terms of reporting or otherwise articulating either a complaint or a grievance, it must be received in writing. It may be anonymous and can be written either by the participant or by someone on the participant's behalf or by a participating agency. Grievances and general complaints will be handled as outlined below.

Complaints

General complaints, i.e., not related to discrimination, gross misconduct or negligence, a legal violation, or claiming to violate the Policies and Procedures should be addressed initially by the provider, on behalf of itself as a provider or on behalf of a participant and should follow the provider's complaints procedure. Complaints that should be addressed directly by the provider staff member or provider staff supervisor may cover but not necessarily be limited to such areas as: provider conditions, how the participant was treated by provider staff, and violations of confidentiality agreements.

Ideally, the participant and provider will try to work out the problem directly as a first step in the process. If this does not resolve the issue, the complaint can be forwarded to the Partners in Care Executive Director who will work with the appropriate CES administration personnel. CES administration will then work with the complainant to address the issue and improve the system's overall operations. Complaints may be further appealed to the Partners in Care's CES Oversight Committee. If the grievance is directed at CES and/or its staff, the grievance shall be reviewed by the Partners in Care CES Oversight Committee. The CES Oversight Committee's decision, upon review and acceptance by the Partners In Care Board of Directors, will constitute the final disposition. If the CES Oversight Committee's decision is not accepted by the Partners in Care Board of Directors, then the Board itself will make the final decision.

Participant Grievances

Each participating provider agency must make a good faith effort to resolve a discrimination or Coordinated Entry-related participant grievance as best they can in the moment. If the participant feels the grievance was not adequately addressed, the participant may file a formal grievance with the PIC Executive Director who will work with the appropriate CES administration personnel. If a participant is dissatisfied with the resolution, or in the event of a conflict of interest between CES staff and the claimant, the grievance will be reviewed by the Partners in Care CES Oversight Committee.

If the grievance is directed at CES and/or its staff, the Partners in Care Executive Director shall automatically forward it for review by the CES Oversight Committee. The CES Oversight Committee's decision, upon review and acceptance by the Partners In Care Board of Directors, will constitute the final disposition. If the CES Oversight Committee's decision is not accepted by the Board of Directors, then the Board itself will make the final decision.

The person filing the grievance has the right to be assisted by an advocate of her/his choice (e.g., agency staff person, co-worker, friend, family member, etc.) at each step of the grievance process. The filer has the right to withdraw her/his grievance at any time. Any grievance paperwork filed by a participant should note her/his name and contact information so they can be contacted by the appropriate party to discuss issues raised.

Provider Grievances

Any participating provider agency filing a grievance concerning a violation or suspected violation of the policies and procedures must be acting in good faith and have reasonable grounds for believing there is a violation of the Coordinated Entry System Policies and Procedures.

Grievances will be processed in such a way in which grievances are addressed in the most objective and fair way. This includes a process by which the agency involved in the grievance does not participate in the review.

If the grievance is directed at CES and/or its staff, the Partners in Care Executive Director shall automatically forward it for review by the CES Oversight Committee. The CES Oversight Committee's decision, upon review and acceptance by the Partners In Care Board of Directors, will constitute the final disposition. If the CES Oversight Committee's decision is not accepted by the Board of Directors, then the Board itself will make the final decision.

To file a grievance, the participating provider agency will contact the Partners in Care Executive Director with a written statement describing the alleged violation of the Coordinated Entry System Policies and Procedures or related concerns. The statement shall also detail steps taken to resolve the issue locally. The PIC Executive Director will work with the appropriate CES administration personnel. Once the PIC Executive Director and CES administration has received all documentation, they will decide if the grievance is valid and determine if further action needs to be taken.

If a provider agency is dissatisfied with the resolution, or in the event of a conflict of interest between CES administration and the claimant, the grievance will be reviewed by the CES Oversight Committee. The CES Oversight Committee's decision, upon review and acceptance by the Partners in Care Board of Directors, will constitute the final disposition. If the CES Oversight Committee's decision is not accepted by the Board of Directors, then the Board itself will make the final decision.

All complaints and grievances can be mailed to the administrative office of Partners In Care:

Laura E. Thielen, Executive Director
Partners In Care, 501c3
200 North Vineyard Boulevard, Suite 210
Honolulu, HI 96817
808-543-2282
laurat@partnersincareoahu.org

The following applies to complaints, participant grievances and provider grievances:

1. Partners In Care Executive Director, supported by counsel of the Coordinated Entry System Lead Administrator, will review the grievance, research the nature of the complaint, and will respond to the grievance within 30 days. If the Partners In Care, Executive Director role is vacant, then the Board Vice chair will lead the process.
2. Upon such request, participants may receive a written notification containing a clear statement of participant status on the community queue "By Name List" within the Coordinated Entry System, reasons for termination or denial of assistance, the specific date for which assistance will cease, the right of the participant to have a review of the decision, instructions on how the Participant is to invoke this review, the right of the Participant to review the records and the right to counsel at the sole expense of Participant during this review;
3. The agency named in the grievance, the CoC, and other participating HMIS agencies will not refuse or reduce services to the participant because of a filed grievance. A thorough investigation by CoC will ensue if a participant reports retaliation due to the filed grievance.

CES Participant Expectations

_____ (agency name), recognized in this document as a "partner agency" participating in the Oahu coordinated entry system (CES) hereby agrees to the following outlined CES participant expectations.

- **Adopt and follow the CES Policies & Procedures**, as identified in this document and approved by the CoC Board, regarding access points, assessment procedures, participant prioritization, and referral and placement in available services and housing.
- **Maintain a low barrier to enrollment in services and housing.** No household may be turned away from crisis response services or homeless designated housing due to lack of income, lack of employment, disability status, or substance use unless the project's primary funder requires the exclusion. Providers maintaining restrictive enrollment practices must maintain documentation from project funders, providing justification for the enrollment policy. CoC providers offering short-term rapid rehousing assistance (i.e., 0-3 months of financial assistance) may choose to apply some income or employment standards for their enrollment determinations, unless otherwise required by the terms of their contracts.
- **Maintain Fair and Equal Access to CES housing programs and services for all participants** regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy status, citizenship status, familial status, household composition, disability, Veteran status, or sexual orientation.
  - If a program participant's self-identified gender or household composition creates challenging dynamics among residents within a facility, the housing program should make every effort to accommodate the participant or assist them in locating alternative accommodation that is appropriate and responsive to their particular needs.
  - Coordinated Entry System participating providers shall offer universal program access to all subpopulations as appropriate, including chronically homeless individuals, veterans, youth, transgender individuals, and persons fleeing domestic violence.
  - Population-specific projects and those projects maintaining specific affinity focus (e.g., women-only, native Hawaiian only, veterans only, etc.) are permitted to maintain eligibility restrictions and continue to operate and receive prioritized referrals as defined in their contract. Any new project wishing to institute exclusionary eligibility criteria will be considered on a case by case basis and receive authorization to operate as such on a limited basis from the CES CoC leadership and their funders.
- **Create and share written eligibility standards.** Partner agencies receiving referrals through CES will provide detailed written guidance for participant eligibility and enrollment determinations. Any eligibility criteria beyond those required by the funder will be reviewed by CES CoC leadership, with the intent of reducing or eliminating unnecessary barriers. This may include funder-specific requirements for eligibility and program-defined requirements such as participant characteristics, attributes, behaviors or histories used to determine who is eligible to be enrolled in the program.
- **Communicate vacancies**. Housing programs will communicate project vacancies, either bed, unit, or voucher, to CES in the manner outlined in this document.
- **Limit enrollment to participants referred through the defined access point(s**). Each bed, unit, or voucher that is required to serve someone experiencing homelessness must receive their referrals through CES according to the prioritization criteria outlined in this document. Any agency filling homeless-mandated units from alternative sources will be reviewed for compliance by CES CoC leadership and/or funders.

- **Participate in the Evaluation Process**. CoC and ESG funded partner agencies shall participate in the annual evaluation process conducted by the Oahu CoC Planning committee as defined in this document.
- **Ensure staff members receive ongoing CES training**. All partner agencies agree to attend CES required training on an annual basis.
- **Ensure staff members attend appropriate housing navigation meetings**. All partner agencies agree to attend CES meetings specific to their service region, target population(s) and/or program participants (e.g. pre-referral navigation, post-referral, and case conference meetings).
- **Provide appropriate safety planning.** CES participating providers shall ensure necessary safety and security protections for persons fleeing or attempting to flee domestic violence, stalking, dating violence, or other domestic violence situations. Minimum safety planning must include a threshold assessment for presence of participant safety needs and referral to appropriate trauma-informed services if safety needs are identified.
- **Contribute data to HMIS** (or comparable database) where applicable and/or as mandated by their funder. Wherever possible, information shared between agencies or projects should be entered in HMIS rather than transmitted by other means. This ensures that the information is kept secure and is shareable between agencies as long as there is an active client consent form. For instance, documentation gathered in support of establishing a participant's homeless history should be uploaded onto the household's HMIS profile, rather than emailed between agencies, when confirming chronicity for a referral to permanent supportive housing.
- **Ensure participant rights are protected and participants are informed of their rights and responsibilities.** At a minimum, these rights include:
    - The right to be treated with dignity and respect;
    - The right to appeal Coordinated Entry System decisions;
    - The right to be treated with cultural sensitivity;
    - The right to have an advocate present during the appeals process;
    - The right to request a reasonable accommodation in accordance with the project's tenant/family selection process;
    - The right to accept housing/services offered or to reject housing/services; and,
    - The right to confidentiality and information about when confidential information will be disclosed, to whom, and for what purposes, as well as the right to deny disclosure.

By signing this agreement, the partner agency acknowledges that they have read and understand this participant expectations agreement, Oahu's CES policies and procedures and all of its appendices.

_____
Agency Name

_____   _____
Signature of Agency CEO / Executive Director   Date

_____
Print Name