



North Central Florida  
**Alliance**  
*for the Homeless and Hungry*

**Coordinated Entry System  
Operating Procedures  
Revised 2020**

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## **Introduction**

Individuals and families facing homelessness in North Central Florida's Continuum of Care (CoC) receive housing assistance through the Coordinated Entry System (CES). The CES is based on community priorities and incorporates a Coordinated Intake, Assessment and Referral process. The CES appropriately prioritize homeless resources and links homeless individuals with the appropriate intervention based on individual needs. The CES provides those who are literally homeless under HUD's definition with streamlined access to services designed to help them achieve and maintain housing stability. The CES reduces referrals to supportive or subsidized housing programs and ensures these programs are reserved for those most in need.

National research highlights CES as a key success factor ending homelessness. Coordinated Intake, Assessment and Referral enhance the quality of client screening and assessment and helps identify the program assistance that is most needed and effective for homeless individuals and families. As a result, the local system for preventing and ending homelessness is less fragmented and scarce resources are used more efficiently.

## **Vision Statement**

Housing is within everyone's reach through prioritization.

## **What are Coordinated Entry, Assessment, and Referral?**

North Central Florida's CoC Coordinated Intake and Assessment model is a hybrid of decentralized-Access Points, Street Outreach, and telephone-based centralized intake sites. Initial screening is conducted in person at any of the Access Points, over the phone, or through coordinated Street Outreach. Coordinated Intake, Assessment and Referral include the following core components:

- Information about where or how to access intake services for housing;
- Screening and assessment processes and tools that gather and verify information about the client, their housing and service needs, program eligibility, and housing priority status;
- Information about programs and agencies that can provide needed services; and
- Process and tools that refer the client to the most appropriate programs or agencies.

Access Points provide a variety of services and typically meet basic client needs. These services may include diversion services or a bus pass/transportation to a referred agency and/or access to additional needed resources. Referrals are made to other agencies and programs as appropriate.

The CES is focused on providing continuity of care that includes: Diversion, Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH) strategies. The CES requires each Access Point to assess household's eligibility for services.

## **Effective Coordinated Entry**

The CoC Coordinated Entry System operates according to the following HUD Standards:

***Prioritization.*** Homeless with the greatest needs, as determined by CoC community priorities, receive priority for any type of housing and homeless assistance available in the CoC, including PSH, RRH), and other housing interventions.

***Housing-First Orientation.*** The CES is Housing-First oriented. Homeless are housed without or program participation requirements. The CES does not deny homeless individuals or families assistance based on perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record.

***Person-Centered.*** The CES ensures participant choice. This is facilitated by assessment tool questions other survey methods.

North Central Florida Alliance's CoC CES operates according to the following HUD Standards:

***Fair and Equal Access.*** All homeless in the CoC's geographic area have fair and equal access to the CES, regardless of where or how services are requested. For those without the ability to request immediate assistance at physical Access Point, 211 is available 24/7 to via text, or chat.

***Emergency Shelter Services.*** Emergency Shelter services are accessed separately from the CES. Shelters also serve as CES Access Points for homeless requesting services.

***Standardized Intake, Assessment and Referral.*** All CES Access Points and contact methods (phone, in-person, etc.) provide the same intake, assessment, and referral process to ensure a uniform decision-

making processes in providing services to homeless. The Vulnerability Index Service Prioritization Decision Assistance Making Tool (VI-SPDAT, VI-FSPDT, or TAY-VI-SPDAT) is used at all Access Points and during Street Outreach. A person presenting at an Access Point is guided toward the service that suits their needs regardless of where they present for homelessness.

***Inclusive.*** The CES serves all subpopulations of the homeless, including chronically homelessness, Veterans, families, youth, and survivors of domestic violence.

***Referral to Programs.*** The CES includes referrals to all government-funded programs for RRH, PSH, and other housing and homelessness services. The CES includes referrals to CoC-funded partner agencies for RRH, PSH, and other housing and homelessness services. The CES includes referrals to CoC partner agencies with non-CoC funded programs for RRH, PSH, and other housing and homelessness services.

***Street Outreach.*** The CES ensures Street Outreach efforts are scheduled and coordinated in all CoC counties. Those living in places not meant for habitation are located and assessed with the appropriate VI-SPDAT tool.

## **Coordinated Entry System**

The North Central Florida Alliance and the Coordinated Entry Committee designated Access Points in five counties, (Alachua, Bradford, Gilchrist, Levy and Putnam), with Alachua County being the most centralized.

### **Applicants and Clients:**

Clients in need of housing services can access information and eligibility criteria through any Access Point. Applicants seeking assistance are assessed at an Access Point or through Street Outreach prior to a referral being made to an agency for assistance. Applicants not eligible for services are referred to other appropriate community resources. For example: A non-veteran would not be eligible for a veteran-only program and would be referred to an agency that meets their needs.

**Eligibility:** Individuals and families that are “Literally Homeless” (meeting HUD’s Category 1 definition of homelessness).

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

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

### ***Fleeing Domestic Violence***

Participation Requirement: All households are assessed prior to program entry. In the case of households in emergency shelters, and assessment is made after 14 days, while diversion is attempted.

### **Applicants/Clients Bill of Rights:**

Applicants/Clients have the right to:

be treated with respect and dignity,

have their initial phone call for assistance answered live or returned within two business days;

receive a phone or in-person intake and assessment;

be matched to an appropriate program based on their unique needs, and referred to an open program based on their priority status,

wait until the CES has the capacity to assist them, and to get help through the Diversion process, or other resource available to them,

be provided and provide accurate contact information in order to be notified of available opening, and

have the CES process completed in a timely manner.

**Participant Autonomy:** The CES allows participants autonomy to freely refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to assistance.

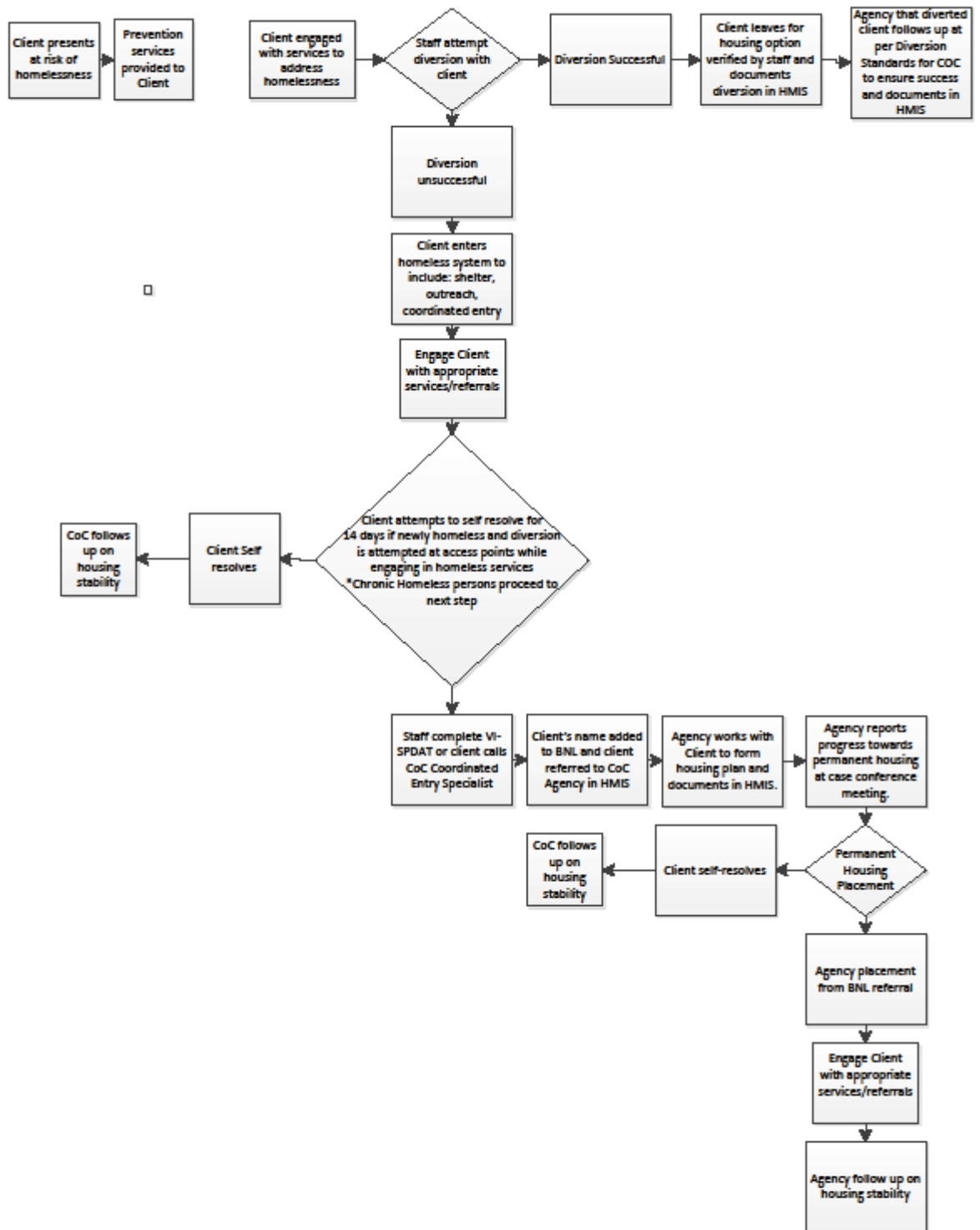
Participants who refuse to divulge identifying information or complete assessments are documented and maintained on a list by Access Point staff for continued follow up.

## Coordinated Entry Process

- The CES begins with the participant either visiting or calling an Access Point. Access Points are designed to assess those presenting for housing services. The assessment is completed using the Vulnerability Index Service Prioritization Decision Assistance Tool, which is broken down into three groups, (VI-SPDAT) for individuals, VI-FSPDAT for families, and TAY-VI-SPDAT for youth, ages 18-24.
- The assessment, administered to individuals, families, or youth, determines risk and prioritization when providing assistance to homeless persons. Assessment information is entered in the Homeless Management Information System (HMIS). All clients are assessed in a safe, private setting. Assessments are completed to determine priority status within the CES.
- Once the Coordinated Entry Assessment is completed and the assessment information is entered in HMIS, the participant's name is placed on the By-Name List (BNL) generated by HMIS. The BNL includes individuals, families, veterans and youth. COC agencies participate meet bi-weekly Case Conferencing meeting to receive referrals from the BNL and provide updates on clients currently receiving services.
- During the case conferencing meetings, participants are assigned to agencies based on their assessment score and community priorities. Clients are prioritized first by the highest assessment score, then by community priorities and availability of appropriate housing solutions.
- Clients scoring the same on the assessment are prioritized by community priorities and the date they were entered in CES. Once the client is assigned to an agency and another assessment is performed, initial assessment scores may be higher or lower due to self-reporting.
- The Lead Agency is responsible for overseeing and ensuring those who are most vulnerable, based on their assessment and community priorities are prioritized for housing.



## Coordinated Entry Flow Chart



## Inactive List

The "Inactive List" includes names of participants who are removed from the active By-Name List (BNL). If participants do not use services in 90 days; are in a treatment facility or institution for 90 days; move out of the area; are unable to be contacted for 90 days; or declined services for 90 days, they are placed on the Inactive List.

Participants are maintained on the Inactive List if they are known to be homeless and not accessing services. If a client is non-permanently housed, they are removed from the BNL and placed on the Inactive List.

The Inactive BNL is reviewed quarterly to capture any changes in client status. If a client currently identified as inactive clients has recently received services in, they are placed on the active By-Name list and assigned to an agency.

Clients returning to the active BNL are required to have a new Coordinated Entry Assessment completed. Clients scoring the same on the assessment are prioritized by community priorities and the date they were entered into CES.

Clients may choose to decline services when contacted by an agency. At that time, the client is placed on the "Inactive" list and will not be contacted by an agency for housing placement. Agencies contact those declining housing services every two weeks for 90 days to verify client the still does not want to receive services. Agency contact with clients declining services are documented in HMIS.

If within 90 days, a client requests services after initialing declining services, they maintain their current prioritization position on the BNL. If after 90 days, a client requests services after initialing declining services, a new Coordinated Entry Assessment is required before the client is placed on the BNL.

## Agency Rejection of Client

If for any reason an agency feels it cannot work with an individual or family, a deliberation must take place during the CoC Case Conferencing meeting. At that time, CoC staff and agency Case Managers discuss the reasons for the rejection. A valid reason for refusing to work with the individual/family must be presented. If there is consensus that the client should be reassigned, CoC Staff reassign the client to another agency.

In rare instances, a client no longer qualifies for certain programs within the agency. In these circumstances, the agency may request the client be referred to a different agency. Reasons may include, but are not limited to: 1) no longer meets program income guidelines, or 2) no longer meets clients-served eligibility guidelines. (For Example: A client moves in with a friend or family member and no longer meets the HUD definition of homeless. If a client's program eligibility changes, they are reassigned to another agency.

## **Assessment Tools and Protocols**

The Coordinated Entry Assessment process provides a protocol for determining which applicants are eligible and appropriate for the variety of housing and support services available in the community. The VI-SPDAT assessment tool is used in conjunction with the assessment to identify the most appropriate housing intervention. The assessment focuses on the applicant's immediate housing challenge and includes questions regarding household composition, current housing situation, homelessness history, evictions, criminal history and/or active warrants, physical and mental health, and domestic violence issues. The information gathered during the assessment process assists in identifying the applicant's housing barriers. The assessment process assists in prioritizing clients in the CES. The assessment can be used as a guide, with the understanding that each applicant has a unique set of circumstances.

HUD Notice: CPD-17-01

Subject: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System

While assessment scores generally reflect the factors included in the prioritization process, the assessment score alone does not necessarily determine the relative order of potential participants for resources. Additional consideration, including use of case conferencing, is often necessary to ensure that the outcomes of the assessment more closely align with the community's prioritization process by accounting for unique population-based vulnerabilities and risk factors.

Applicants who are referred for housing or services may be evaluated through a SPDAT, certain population may have targeted assessment

based on funding source requirements, (Veterans and DV) to better understand their current barriers to obtaining and successfully maintaining permanent housing.

Generally speaking, the CES assessment tools ensure protocols are used consistently by CoC agencies throughout the counties we serve.

Clients are encouraged to submit a survey for improvements, changes and suggestions on CES as per HUD guidelines.

## **CoC Prioritization Procedures and Protocol**

### **Permanent Supportive Housing (PSH)**

Permanent supportive housing is permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.

Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

### **Rapid Re-Housing (RRH)**

Rapid Re-Housing assists eligible participants to quickly obtain and sustain stable, permanent housing. Effective RRH requires case management and short-term financial assistance, as well as housing search and location services. Support and duration of services are tailored to meet the needs of each household. Clients who score in the range of 4-7 for individuals and 4-8 for families on the VI-SPDAT qualify for Rapid Re-Housing. Based on funding requirements, each agency has guidelines for RRH and are followed accordingly. Clients qualifying for RRH are notified of the services the agency provides.

#### **Clients:**

Eligible households must meet the HUD definition of homeless.

### **Providers:**

Providers who are CoC RRH grantees:

Utilize the CES and CoC appropriate prioritization processes. If it becomes clear that a RRH intervention is insufficient and/or inappropriate for a particular household, the provider works with CoC staff to find an appropriate program.

House clients within 30 days of acceptance into the program.

Confirm household homeless status.

Remain engaged with households from first contact to program exit.

### **Lead Agency:**

Coordinated Access Point and Street Outreach staffs enter client assessment and eligibility information into HMIS to generate the BNL. COC staff use the BNL to provide agencies client referrals.

## **Housing and/or More Intensive Program Referral**

Homeless individuals unable to be served by Prevention, Diversion or Rapid Re-Housing programs may need more intensive housing and service interventions, such as Transitional Housing or Permanent Supportive Housing. Clients fleeing Domestic Violence may fall into this category. Domestic Violence Victims may need more intensive services and/or intervention and should be referred to a Domestic Violence provider prior to intake and/or HMIS data entry.

## **Unaccompanied Youth and Young Adults**

The Department of Health and Human Services Administration for Children, Youth and Families emphasizes that youth who run away from home are often mistakenly portrayed as juvenile delinquents. Individuals meeting this criterion are given priority and are sheltered in a safe environment. Because unaccompanied youth numbers are rising and are the most underserved sub-populations, they are quickly housed and given supportive services. Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, African American youth and young adults are disproportionately impacted when compared to other groups.

### **Clients:**

Unaccompanied Youth and Young Adults are defined as youth (ages 13-17) and young adults (ages 18-24) who are unaccompanied by a

parent or guardian and are without shelter where appropriate care and supervision are available, whose parent or guardian is unable or unwilling to provide shelter and care, or who lack a fixed, regular and adequate nighttime residence.

Undocumented unaccompanied youth and young adults may also be served under these provisions except where exclusions are noted.

### **Providers:**

Service providers for unaccompanied youth and young adults should be able to provide safe and high-quality housing as well as supportive services (scattered-site independent apartments, host homes, and shared housing). This involves an integrated constellation of affordable housing, intensive strengths-based case management, self-sufficiency services, trauma-informed care, and positive youth development approaches.

### **Lead Agency:**

All housing service referrals for unaccompanied youth and young adults are screened and assessed at an Access Point. The Lead Agency is responsible for overseeing and ensuring the following:

Unaccompanied youth and young adults willingly engage with coordinated intake for a screening and an in person comprehensive assessment.

Unaccompanied youth should be re-housed within the catchment area of their school of origin whenever possible.

Low barriers of entry for this highly vulnerable population are created.

Housing providers consult with experts of this population when conducting intake to properly match clients and providers and reduce the risk of flight for this highly vulnerable population.

Individuals between the ages of 18 and 24 are given the TAY-VI-SPDAT version of the CoC assessment tools.

## **Program Evaluation**

Coordinated Intake, Assessment, and Referral are components of our CoC CES that addresses the needs of individuals and families who are at risk of or are experiencing homelessness in our communities. The Lead Agency evaluates the CES on a regular basis to ensure it functions at

maximum efficiency. HMIS data is used to evaluate CES effectiveness and required HEARTH Act outcomes. As recommended by the National Alliance to End Homelessness, the Lead Agency tracks progress in the following areas to evaluate the CES:

**Reduction of the length of stay, particularly in Emergency Shelter:** Clients are referred to the appropriate Emergency Shelter based on client need and the shelter's capacity to meet those needs quickly. This process reduces length of shelter stays and recidivism for clients.

**Reduction of new entries into homelessness:** Agencies use Prevention and Diversion strategies to ensure clients avoid entering a homeless program unnecessarily.

**Reduction on repeat episodes of homelessness:** The CES ensures clients are initially sent to an intervention that appropriately meets during. Thus, clients are more likely to remain stably housed.

To track the outcomes summarized above, North Central Florida Alliance's CoC analyzes the following Performance Measures annually.

***North Central Florida Alliance will reduce the number of persons experiencing homelessness.***

Reduce the total number of persons experiencing homelessness.

Reduce the total number of persons experiencing first time homelessness.

***North Central Florida Alliance will reduce the length of homelessness episodes***

Reduce the mean length of homelessness episode for individuals.

Reduce the mean length of homelessness episode for families with children.

Reduce the mean length of homelessness episode for youth.

***North Central Florida Alliance will reduce the number of persons returning to homelessness.***

Reduce the incidences of those returning to homelessness within two years following exit from the CES.

Increase exits to permanent housing.

Increase income at exit.

Measuring the success of this system and transparency with the community and providers are to the success of the CES. The Lead Agency summarizes CES data annually in conjunction with the annual Point-in-Time Survey.

Moving forward, the Lead Agency will expand the evaluation of outcomes by establishing mechanisms to monitor the quality of service through system-wide monitoring. Within 14 days of arrival at shelter clients will have a VI-SPDAT and Coordinated Entry Assessment completed and will be entered into the Coordinated Entry system. Procedures will be built into the monitoring system to determine how often this goal is met. This allows for ongoing monitoring of the quality of services and how the program and Providers are able meets these goals.

As recommended by the National Alliance to End Homelessness, the Lead Agency sets a goal to establish an integrated feedback loop. Based on system-wide monitoring data, it may be appropriate to make system-wide shifts in the types of programs and services offered through the CoC to ensure on-going improvement in the CES.

The CoC consults with Agency partners on an annual basis to evaluate the Coordinated Entry System. The annual meeting focuses on the quality and effectiveness of the CES. Feedback and suggestions on recommended improvements to the CES are reviewed and implemented to ensure on-going improvement in the CES.

A survey is sent out to providers to obtain information from clients concerning CES. Clients who participate in the Coordinated Entry System Evaluation are protected under the same privacy protections noted in the Release of Information Form. Anything reported is kept confidential.

## **Individuals and Families Fleeing Domestic Violence: HUD Standards**

Domestic Violence is often very traumatic for households. The CoC recognizes the importance of and ensures individuals and families not re-traumatizing. Homeless individuals and families may refuse to answer questions or choose not to disclose personal information. The CES ensures the safety of all individuals and families seeking assistance. Individuals and families fleeing domestic violence are provided safe and confidential access to the CES and receive safe and secure referrals to



housing and services. Referrals are made to appropriate victim service provider and include a warm hand-off consisting of a phone call, transportation, or other transition to the victim service provider

The Coordinated Entry System ensures all people experiencing a housing crisis: 1) have fair and equal access to the community's housing and homeless assistance resources, and 2) are quickly identified, assessed, referred to flexible housing and service options. This includes financial/rental assistance, voluntary supportive services, and other mainstream resources based on their self-identified needs, strengths, and goals. The CES prioritizes assistance based on vulnerability and severity of service needs to ensure that clients who need assistance the most receive support in a timely manner.

Those fleeing domestic violence will not be denied access to the CES. As per Florida Law Domestic Violence providers use a database that is separate from HMIS.

### **Domestic Violence: Families, Individuals, and Youth:** ***Client Eligibility***

1. Families, individuals and youth fleeing, or attempting to flee; (a) domestic violence; (b) dating violence; (c) sexual assault; (d) stalking; (e) dangerous, life-threatening conditions that relate to violence against an individual, youth, or family member, that has taken place within the primary nighttime residence or has made the individual, youth, or family afraid to return to their primary nighttime residence; (f) victims of human trafficking; and
2. Have no other residence;
3. Lack the resources or support networks to obtain other permanent housing.

Full participation and integration of victim service providers into the CoC Coordinated Entry System is mandated. All households, regardless of their Domestic Violence status, have the right to refuse to share their information among providers within the CoC. All service providers are prohibited from denying assistance to program applicants and program participants on the basis of refusal to share information. Specific client assessment information may be required to receive housing or services from a program to determine program eligibility for the program and must be collected in order to receive services from that program.

If a client does not consent to have their information shared, information must still be collected by the service providers to determine program eligibility. However, their information will not be shared in HMIS. For example, if a provider needs to verify the presence of a client's disability in to determine eligibility for Permanent Supportive Housing, eligibility information must be collected but not shared in HMIS.

Individuals, youth and families fleeing or healing from domestic violence or trauma have access to the full range of housing and service intervention options available in their community, including Prevention, Diversion, Rapid Re-Housing, and other housing and mainstream services. Special consideration is provided with the respect to the client's unique physical and emotional safety needs.

Staff ensures strict confidentiality and privacy for all clients requesting services at a physical Access Point. Intake and assessment are conducted out of sight and earshot of other staff and clients in the building.

Access Points for households fleeing domestic violence may use a phone-based Access Point to protect the household's physical safety. In all cases, data is collected in accordance with the confidentiality requirements established by the CoC.

The needs of a household fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking, may be different from the needs of non-victims. Access Point staffs are trained on sensitivity victim's assistance, and referrals are only made to domestic violence providers. Victim's data will only be shared with designated Domestic Violence Providers.

There are four agencies within the CoC that assist victims of domestic violence:

**The Lee Conlee House** (1-386-325-3141) & (1-800-500-1119)  
Putnam County

**Peaceful Paths** (1-800-500-1119) Alachua & Bradford Counties

**Another Way** (1-866-875-7983) Alachua, Gilchrist, & Levi Counties

**Victim Services & Rape Crisis Center** (352-264-6760) & (TDD/TTY:  
352-264-6774- Alachua County 24 hour sexual assault hotline

## Access Points

Access Points utilize coordinated locations (via phone and/or walk-in) throughout the community that CES offer intake, assessment, and referral services. All CoC counties have at least one Access Point. Some CoC counties have multiple Access Sites operated by multiple agencies.

All Access Points participate in CES. This ensures coordinated access to quality services for homeless seeking assistance within the CoC region.

***Anyone in need of services within the North Central Florida CoC should be directed to 352-332-4636 (211) EXCEPT for Putnam County residents.***

### CoC Access Points:

#### Alachua County

GRACE MARKETPLACE: (1-352-792-0800 ext.109); 3055 NE 28th Drive, Gainesville FL 32609

CATHOLIC CHARITIES: (1-352-224-6437); 1701 NE 9th Street, Gainesville, FL 32609

ST. FRANCIS HOUSE: (1-352-378-9079); 413 South Main Street, Gainesville, Florida

FAMILY PROMISE OF GAINESVILLE: (1-352-378-2030); 229 SW 5<sup>th</sup> Street, Gainesville, FL 32601. Also serves Levy, Gilchrest, Putnam, and Bradford Counties.

HONOR CENTER: (1-352-548-1800); 1604 SE 3rd Avenue, Gainesville, FL 32666. Also serves Bradford, Gilchrest, Levy, & Putnam Counties. Veterans only.

SUPPORTIVE SERVICES FOR VETERAN FAMILIES (SSVF Meridian): (1-352-244-9827); 1405 NW 13<sup>th</sup> Street, Gainesville, FL 32608. Also serves Bradford, Levy & Gilchrist Counties.

SUPPORTIVE SERVICES FOR VETERAN FAMILIES, VOLUNTEERS OF AMERICA (SSVF VOA): (1-352-240-1340); 1810 NW 6<sup>th</sup> Street, Ste. A. Gainesville, FL 32609. Veterans and families of veterans only; Also serves Bradford, Gilchrest, Levy, & Putnam Counties.

## **Levy and Gilchrist Counties**

TRI-COUNTY COMMUNITY RESOURCE CENTER: (1-352-507-4000); 15 North Main Street, Chiefland, Florida 32626

FAMILY PROMISE OF GAINESVILLE: (1-352-378-2030); 229 SW 5th Street, Gainesville, FL 32601. Also serves Alachua, Putnam, and Bradford Counties.

HONOR CENTER: (1-352-548-1800); 1604 SE 3rd Avenue, Gainesville, FL 32666. Also serves Bradford, Alachua & Putnam Counties. Veterans only.

SUPPORTIVE SERVICES FOR VETERAN FAMILIES (SSVF Meridian): (1-352-244-9827); 1405 NW 13<sup>th</sup> Street, Gainesville, FL 32608. Also serves Bradford, & Alachua Counties.

SUPPORTIVE SERVICES FOR VETERAN FAMILIES, VOLUNTEERS OF AMERICA (SSVF VOA): (1-352-240-1340); 1810 NW 6<sup>th</sup> Street, Ste. A. Gainesville, FL 32609. Veterans and families of veterans only; Also serves Bradford, Alachua & Putnam Counties.

## **Putnam County**

CATHOLIC CHARITIES: (1-386-328-2333); 1000 Husson Ave, Palatka, Florida 32177

HEART OF PUTNAM (1-386-328-0984); 2600 Peters Street, Palatka, Florida 32177

FAMILY PROMISE OF GAINESVILLE: (1-352-378-2030); 229 SW 5th Street, Gainesville, FL 32601. Also serves Levy, Gilchrist, Alachua, and Bradford Counties.

HONOR CENTER: (1-352-548-1800); 1604 SE 3rd Avenue, Gainesville, FL 32666. Also serves Bradford, Gilchrist, Levy, & Alachua Counties. Veterans only.

SUPPORTIVE SERVICES FOR VETERAN FAMILIES, VOLUNTEERS OF AMERICA (SSVF VOA): (1-352-240-1340); 1810 NW 6th Street, Ste. A. Gainesville, FL 32609. Veterans and families of veterans only; Also serves Bradford, Gilchrist, Levy, & Alachua Counties.

## **Bradford County**

PEACEFUL PATHS (1-800-500-1119 Hotline) & (352-377-8255); 2100 NW 53<sup>rd</sup> Ave, Gainesville, FL 32653. Also serves Alachua County.

FAMILY PROMISE OF GAINESVILLE: (1-352-378-2030); 229 SW 5<sup>th</sup> Street, Gainesville, FL 32601. Also serves Levy, Gilchrest, Putnam, and Bradford Counties.

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## **Domestic Violence: *Domestic Violence Hotline: 1-800-500-1119***

PEACEFUL PATHS (1-800-500-1119) Alachua & Bradford Counties

ANOTHER WAY (1-866-875-7983) Gilchrist & Levy Counties

LEE CONLEE HOUSE (1-386-325-4447) and (1-800-500-1119) Putnam County

VICTIM SERVICES & RAPE CRISIS CENTER (352-264-6760) & (TDD/TTY: 352-264-6774- Alachua County 24 hour sexual assault hotline

## **Serving Veterans**

The goal of the Coordinated Entry System (CES) for Veterans is to rapidly connect households and/or individuals with previous active military service to appropriate housing interventions based on need. Veterans are initially assessed using the VI-SPDAT and prioritized for housing. Whether a veteran requests homeless services in-person, calls in, or contacts a Street Outreach worker, the CES is consistent. Clients are assessed,

offered temporary housing, as available, placed put on the By-Name list, and assigned to an agency for permanent housing.

Homeless Veteran service-providers share client information in HMIS. HMIS is recognized by the CoC to comply with HUD HMIS and SSVF requirements and is used to collect and report data on homeless veterans and their families.

The CES utilizes low-barrier, housing-first model that prioritizes connecting clients to housing first, before focusing on other stability-related goals. Households have access to the supports and services they need to maintain their housing. Veterans are housed regardless of barriers such as zero income and are not required to complete a particular program or achieve specific outcomes prior to accessing housing. The CES uses shared data to reduce wait times for housing, provide better linkages between CoC agencies and other providers, and provide an enhanced network of available services.

## Serving People with Disabilities

HUD's primary goals for the CES are that assistance effectively allocated and easily accessible to all homeless requesting services. The CES helps communities prioritize assistance based on vulnerability and severity of service needs and ensures assistance is received in a timely manner. The CES provides information about service needs and gaps in services that helps communities plan their assistance allocations and identify needs for additional resources. All Access Points in North Central Florida's CoC ensure individuals with disabilities have access at all physical locations. The assessment process cannot require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

## Effective Communication

The CoC's Coordinated entry System utilizes 7-1-1 and 2-1-1 to effectively communicate with all individuals regardless of barriers such as hearing loss, mental disability, or language barrier. Access Point staffs are trained to address communication barriers. Translations services are accessible 24 hours a day/7 days a week by dialing or texting **352-332-4636 (2-1-1)**.

Translation and communication services for hard of hearing or deaf are available by dialing **7-1-1**.

## **211 Community Resources**

2-1-1 is a community resource database consisting of approximately 800 health and human service agencies and 2,000 programs and services in North Central Florida. 2-1-1 connects individuals, families, and youth in need of assistance with providers that can meet their needs. Access to the 2-1-1 Online Directory is provided free of charge to the general public. This Information & Referral helpline is staffed 24 hours a day, 7 days a week. An individual can access 2-1-1 by phone, email, chat or text (Just text your zip code to 898-211).

The 2-1-1 database includes all CoC providers. 211 staff provides callers information on services available in their area. Homeless requesting housing services through 2-1-1 are directed to Access Points and encouraged to receive a Coordinated Entry Assessment through an Access Point.

Additional 2-1-1 services and assistance includes the following:

Child Care

Affordable Housing

Food

Rent and Utility

Disabled or Elderly Care

Food Distribution Centers

State & Federal Assistance

Volunteer Opportunities

Grief Counseling

Help locating family members

Clean-up Crews

Potable water, ice, food, etc.

Emergency Financial Assistance

Local Food Banks and Nutrition Programs

Emergency Housing Assistance

Disaster Relief

Employment and Education Opportunities

Veteran Services

Parent Resources

Health Care Information

Support and Crisis Assistance for Mental Disorders

### **7-1-1 Telecommunications Relay Services**

7-1-1 Telecommunications Relay Services (TRS) assists with disabilities in communication. Agencies participating in the CES can dial 7-1-1 for assistance with language barriers. Telecommunications Relay Services permit persons with a hearing or speech disability to use the telephone system via a text telephone (TTY) or other device to call individuals with



or without such disabilities. To make TRS easily accessible, you simply dial 7-1-1 to be automatically connected to a TRS operator.

## Relay Services

Text Telephone (TTY) and ASCII

Voice

Voice Carry Over (VCO)

Speech to Speech (STS)

Video Assisted (STS)

Relay Conference Captioning (RCC)

Enhanced Speech to Speech

CapTel

Florida Relay Service uses state-of-the-art technology to bring relay services to users. The following 7-1-1 features are always available.

Store and refer back to client information such as frequently dialed numbers, preferred call type, and long-distance carrier.

Utilize a wide array of technologies, such as teletypewriters (TTYs), Voice Carry-Over (VCO) and Hearing Carry-Over (HCO).

Retrieve voicemail and answering machine messages.

Redial last number called.

Work with sensitive and well-trained Relay Operators who handle each call with complete confidentiality.

The Relay Service routinely monitors performance to ensure continuous high-quality services.

## **Prevention/Diversion**

According to the National Alliance to End Homelessness, many homeless seeking assistance still have an opportunity to remain in their current housing situation, whether it's their own home or the home of a friend, relative, acquaintance or coworker. Considering this, prevention and shelter diversion are key interventions in the fight to end homelessness.

Immediate screening for these possibilities at entry is an important tactic and can preserve emergency beds for households that truly have nowhere else to go. Access to rental subsidies and case management at entry is often enough to ensure the household successfully remain housed.

**Definition:** While prevention and diversion are two separate concepts, they are utilized almost interchangeably in this strategy, as they both focus on preventing homelessness. Prevention and shelter diversion are key interventions in the fight to end homelessness. **Prevention** provides financial assistance, counseling, and other services to prevent families and individuals from being evicted, losing their homes, and becoming homeless. **Diversion** prevents clients from entering the homeless system by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.

Both prevention and diversion focus on preventing homelessness. Prevention targets clients at imminent risk of homelessness while diversion targets clients as they are applying for entry into shelter.

## Diversion Toolkit and Questions

When individuals, youth, or families request homeless services, they are asked a series of questions to determine if Diversion is an appropriate intervention. Explain the purpose of the discussion and that your goal is to assist people in finding an immediate place to stay. Encourage them to talk about the immediate crisis and the steps that led up to it. Before you discuss anything else, ensure that the person or household is not in immediate danger. Explore this issue before you move on to any other discussion. Use the following prompts to move the conversation along. Allow them to lead the conversation.

- What brings you here today?
- Are you looking for services for yourself or for others too?
- Are you or your household in danger? Is there ever a time when you don't feel safe where you are staying?
- Where are you staying? Can you go back there? For how long?
- If the household is literally homeless or at risk of homelessness in the next seven days, continue with the questions below. Otherwise,

attempt to locate other community resources and do not enter a diversion.

- Has there ever been a time when you have not had a place to stay at night? Has your family ever been separated because you had nowhere you could all stay together?
- Examples may be camping, sleeping in a car, staying on a friend or family member's floor.
- Have you ever been to a shelter or other homeless assistance program such as a rescue mission, or other temporary place to stay?
- If yes, check for an HMIS record (if possible), and use this data to inform the conversation.
- Are you working with anyone else? VA, Children Services, ODJFS, behavioral health, any other case manager? What do they do to assist you? Can we reach out to them?
- Who else are you talking to about finding housing?
- Is there anyone (in or out of state) who you can stay with temporarily?
- How is your relationship with that household? Can we help in any way by talking to them?
- Would you (and any family members) consider staying in a shelter or other temporary housing?
- Consider this household's options. What can you do to assist them? If diverting them to temporary solutions is possible or preferred, let the household know their options and review any follow-up that would be needed. If the household is seeking to access the shelter system, let them know what this will mean, and give a summary of the pros and cons of this form of temporary accommodation.

Note: Any and all resources are utilized in order to prevent individuals/families from entering shelter.

## Outreach

The North Central Florida Alliance for the Homeless and Hungry (NCFAHH) Continuum of Care (CoC) offers outreach and engagement services to unsheltered individuals in Alachua, Bradford, Gilchrist, Levy and Putnam counties. The NCFAHH Coordinated Entry Committee (CEC) and its Outreach subcommittee oversee all outreach activities. The goal is to engage

homeless individuals/families, build relationships, and conduct VI-SPDAT/Coordinated Entry (CE) assessments; so that those interested in housing services can be placed on the By-Name List for housing placement and prioritization.

### **Street Outreach and Homeless Identification**

It is the policy of NCFAAH to serve all unsheltered people within the CoC's geographic region. Street Outreach engagement is not limited to homeless seeking housing. Street Outreach funded under HUD or the CoC must be linked to the Coordinated Entry System. Street Outreach activities may include but are not limited to:

- Conducting regular visits to encampments, congregate sites, parks, and other places persons experiencing homelessness are known to stay;
- Conducting regular visits to known service sites where unsheltered persons seek assistance, such as soup kitchens, libraries, shelters and health clinics;
- Coordination with other systems, such as law enforcement, hospitals, emergency rooms, jails, mental health services;
- Participating in CoC Street Outreach subcommittee meetings and unsheltered PIT Survey;
- Providing frequent engagement to those who are unsheltered and do not have a designated agency providing follow-up services; and
- Other Street Outreach activities consisting of making an initial assessment of needs and eligibility; providing crisis counseling; addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries; and actively connecting and providing information and referrals to programs for homeless populations and mainstream social services and housing programs, including Emergency Shelter, Transitional Housing, community-based services, Permanent Supportive Housing, and Rapid Re-Housing programs.

Individuals, youth, and families identified during Street Outreach are entered into the Coordinated Entry System in the same manner as homeless requesting services at Access Points. Assessments are performed during outreach only if the individual or family consents.

### **Street Outreach Coverage and Mapping**

Street Outreach activities are conducted in the CoC geographic area on a weekly basis. Outreach schedules are recorded on a calendar to ensure all counties are covered and services are not. The Street Outreach calendar is reviewed and updated monthly (if needed) at CoC Street Outreach

subcommittee meetings. Additionally, a list of locations and “hot spots” (especially for the rural areas) where unsheltered persons are known to frequent is maintained and updated on a quarterly basis at Street Outreach subcommittee meetings. GPS location data from the PIT Survey is included on the “hot spot” list. Street Outreach workers in rural areas partner with “non-traditional” providers (e.g. churches, gas stations, post offices, restaurants, etc.) to identify and track homeless locations and “hot spots”. Street Outreach staff work to develop a relational network with non-traditional providers that encourages homeless seeking assistance to connect with Street Outreach workers. Street Outreach workers assist with distributing Coordinated Entry System flyers to ensure the CES is well marketed throughout the five-county area. This provides anyone experiencing homelessness, and not identified during a Street Outreach attempt, an opportunity to self-access the CES.

### **HMIS and Data Collection**

Street Outreach workers complete an appropriate Coordinated Entry assessment on individuals, youth, and families experiencing homelessness to facilitate placement on the CoC By-Name List. If an individual or family is identified by a Street Outreach worker and cannot complete Coordinated Entry Assessments, the worker is responsible for connecting the individual, youth, or family to an Access Point for assessment. Outreach workers must enter their engagements, contacts and referrals into HMIS. HMIS entries ensure the CoC can determine if the referrals directly assisted the person or family in moving towards housing and create a data base that streamlines and improves future Street Outreach activities.

General information obtained during initial engagement is documented in HMIS for the purpose of data sharing and reporting, streamlining services, decreasing service duplication and locating the individual, youth, or family in the future. For example, if a Street Outreach worker contacts an individual, youth, or family but cannot complete an appropriate Coordinated Entry Assessment, the contact is entered into HMIS even if not all required Universal Data Elements are obtained during engagement. Even vague or anonymous entries are entered into HMIS to document engagement and contact. This allows Street Outreach workers to access information to assist locating the individual, youth or family in the future. The goal is to assess all homeless persons in the CoC catchment area the CES. Once all persons complete a VI-SPDAT/Coordinated Entry assessment and all required data is entered into HMIS, they will be added to the By-Name List for housing placement prioritization.

For the purpose of tracking services “Un-Named” or “Anonymous” clients can be entered into HMIS. This option should be used sparingly and only when

due diligence has been employed to attempt to get a name. Primarily, these entries are for homeless identified through Street Outreach as experiencing homelessness, but who have not consented for assessment for housing placement and/or wish to withhold information when initially engaged. However, when any individual/family in any program client refuses entry into HMIS for safety or personal reasons it is still possible to enter the client/family into HMIS with an anonymous individual/family profile. When creating an anonymous profile, the system will automatically generate Anonymous as the first name and then ZZ0000\_ \_ \_ \_ \_ (dashes represent the HMIS number) as the last name. For the client's social security number use 999-99-9999. For the birthdate please enter 01-01- \_ \_ \_ \_ and the clients actual birth year. All remaining inputs should be completed as normal. Once the anonymous profile is complete, please send an encrypted email to m Fleming@unitedwatncfl.org with the client's HMIS number and the individual/family's full name along with any identifying information. CoC staff will maintain a list of the anonymous clients for data tracking purposes and will not share the list with any outside entity.

In order to ensure un-named or anonymous homeless identified through street outreach are entered correctly into HMIS and to reduce duplicate entries, the following rules should be followed:

1. ***Un-named or anonymous clients are entered in HMIS by Street Outreach providers only.*** Any provider that creates an un-named client must designate a staff person to participate in CoC Street Outreach Task Force meetings. During Street Outreach Task Force meetings un-named client entries are reviewed in an attempt to identify the client.
2. ***An un-named or anonymous client should be added into HMIS after the client is contacted 3 times and is reviewed by the Street Outreach Task Force.*** This process avoids adding clients into HMIS as un-named or anonymous who are either "passing through" or who are already entered in HMIS.
3. ***Required Data Elements.***
  - a. An alias that includes the location of the perspective client and their description (Use sensitivity when describing a client. Don't make assumptions about gender identity or race.)
  - b. Responses to as many descriptive Universal Data Elements as possible, and
  - c. Any pertinent information that may assist with accessing and/or locating the client in the future (i.e. phone number, locations frequently visited, location engaged, etc.).

In addition to entry into HMIS, un-named or anonymous clients are also be tracked on a separate spreadsheet and reviewed at least monthly by the Street Outreach Task Force. The spreadsheet also lists clients that are named/identified in HMIS but have not consented for a Coordinated Entry Assessment. Data collected is reported to the CoC for accurate reporting of persons experiencing homelessness in the catchment area, but not on the By-Name List. Every effort will be made to determine the identity of un-named or anonymous clients and engage those who have refused housing services. Once a client consents and/or completes a Coordinated Entry assessment, their information must be updated in HMIS.

### **Street Outreach Committee Meetings**

The Street Outreach is a subcommittee of the Coordinated Entry Committee and was formed to unify Street Outreach across the CoC five counties. Street Outreach Committee meetings occur monthly. The Street Outreach Task Force meets at least twice a month. The Street Outreach Task Force reviews un-named or anonymous clients and/or those who have not consented for assessment for housing placement prioritization on a monthly basis. In addition, the Street Outreach Task Force reviews the list of clients being moved to the CoC inactive list on a monthly basis. The Street Outreach Task Force verifies which clients on the Inactive List are still homeless to ensure they are not removed from the By-Name List.

### **Street Outreach Trainings**

Trainings for Street Outreach workers is held on at least an annual basis and provided by the CoC. Trainings include, but are not limited to the following:

- 1) De-escalation strategies;
- 2) Motivational Interviewing;
- 3) Cultural Sensitivity;
- 4) Trauma-Informed Care;
- 5) Provider specific trainings;
- 6) General CE processes and VI-SPDAT training;
- 7) Community Resources training;
- 8) Safety;
- 9) Homeless specific trainings and/or;
- 10) HMIS and data entry training.

### **Safety**

Safety is a top priority for all Street Outreach workers. The following recommendations are considered by all Street Outreach workers:

- 1) Drive around the area before outreach is conducted.

- 2) Conduct outreach as a team.
- 3) Give prior “heads up” before going out (include person you are going with and location).
- 4) Bring cell phone.
- 5) Have identification.
- 6) Have an exit strategy and code word with partner.
- 7) Do not enter an area if you do not feel comfortable entering.

## **Cultural Competence**

Cultural Competence involves understanding and appropriately responding to the unique combination of cultural variables, including age, ability, beliefs, ethnicity, experiences, gender identity, linguistic background, national origin, religion, sexual orientation and socioeconomic status. Access Point staffs are trained to be culturally competent and strongly encouraged to engage in additional training opportunities. Access Point staffs are encouraged to explore how their own values, biases, and beliefs influence their communication and service delivery. This self-reflection helps ensure that Access Point staffs are respectful of the different cultural backgrounds, preferences and practices of participants, and incorporate this information into client action plans.

## **Filing a Discrimination Complaint**

### ***Non-Discrimination Requirements:***

The CoC has implemented a CES that permits recipients of Federal and State funds to comply with applicable civil rights and fair housing laws and requirements.

Recipients and sub-recipients of CoC and HUD funds must comply with the non-discrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 C.F.R. 5.105(a), including, but not limited to the following:

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 based on disability under any program or activity receiving Federal financial assistance;



Title VI of the Civil Rights Act prohibits discrimination based on race, color or national origin under in any program or activity receiving Federal financial assistance; and

Title II of the Americans with Disabilities Act prohibits public entities, which include state and local governments, and special purpose districts, from discriminating against individuals 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 based on disability. In addition, HUD's Equal Access Rule 24 CFR 5.105(a)(2) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program.

Any person who feels they have been discriminated against in the CES may file a complaint with the Continuum of Care. Once the complaint is submitted, the individual is notified of a resolution within 48 hours of filing. It is our policy to treat every individual with honesty, decency and respect. A grievance form can be obtained from the North Central Florida Alliance, Lead Agency, United Way of North Central Florida located at 6031 NW 1<sup>st</sup> Place, Gainesville, Florida 32607.

This form is also available electronically at

<https://www.ncfalliance.org/>

## Training

The CoC provides two mandatory CES trainings per year. Trainings are provided in-person, via a live or recorded online session, or a self-administered training. Trainings provide support for Access Point staff and other staff conducting CES assessments.

The purpose of the trainings is to provide all staff administering CES assessments access to materials that clearly describe the methods by

which assessments are conducted with fidelity to the CoC's Coordinated Entry System, including approved written policies and procedures.

Times and locations of the trainings are to be determined.