



A Coordinated Entry System

**500 Nebraska Balance of State Continuum of Care
502 Lincoln, NE Continuum of Care**

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WHY COORDINATED ENTRY

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act governs much of the federal assistance that communities receive to address homelessness. When the HEARTH Act was signed in 2009, it included a provision that communities would be required to develop and implement a coordinated access and assessment system for shelter, rapid re-housing, prevention, transitional housing, and permanent supportive housing.

Successful coordinated entry processes are to help communities move toward their goal of ending homelessness by matching people with the housing and support they need and connecting them to those resources quickly.

Coordinated Entry:

- Diverts people away from the system who have other safe options for housing.
- Uses a common assessment to appropriately prioritize a client's needs and barriers.
- Reduces duplication of efforts and helps serve individuals better.
- Reduces frustration for service providers through targeting and engagement efforts.
- Quickly moves people from homelessness by connecting them to the most appropriate housing program available.
- Creates a more effective and defined role for emergency shelters and housing providers.
- Increases housing stability by targeting the appropriate housing intervention to correspond with client needs.
- Allows Continuums of Care to be good stewards of limited resources.

Successful coordinated entry requires the participation of all housing and service providers in the community in a designated process to coordinate entry to housing, including the use of coordinated referrals and triage, common applications, common enrollment criteria and centralized lists.

Key Elements:

Access	<ul style="list-style-type: none"> ● No wrong door ensuring approach ● Ensure all geographical areas are covered ● Easily accessible
Assessment	<ul style="list-style-type: none"> ● Divert first ● Determine vulnerability via a common assessment tool
Assign	<ul style="list-style-type: none"> ● Prioritize ● Housing placement ● Acceptance of referrals ● Adhere to process
Accountability	<ul style="list-style-type: none"> ● Measurement of time and progress (data) ● Governing body

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|--|---|
| | <ul style="list-style-type: none">● System evaluation |
|--|---|

ROLES AND EXPECTATIONS

The Continuum of Care (Balance of State (BOS) and Lincoln)

- Overseeing body for the community-wide planning and coordination of programs for individuals and families who are homeless.
- The purpose and objectives of the Balance of State CoC and Lincoln CoC are:
 - (1) to gather information to identify and fill the gaps in services and community needs;
 - (2) to protect and improve the lives and safety of the homeless and at-risk-of homelessness;
 - (3) to actively engage homeless individuals and families and other stakeholders in developing solutions to achieving self-sufficiency;
 - (4) to communicate with funding entities, other organizations, and the public at large to promote the well-being of those experiencing homelessness and increase self-sufficiency; and
 - (5) to ensure full development of a Continuum of Care through prevention, diversion, outreach, shelter, housing and programs necessary to meet the needs of all persons experiencing homelessness or imminently at risk of homelessness, and efficiently and effectively move them to a self-sufficient life.

Housing Providers

- All CoC, ESG, HOME ARP, and SSVF grantee providers are required to fill vacancies using Coordinated Entry. In addition, providers outside the CoC funding stream are encouraged to use Coordinated Entry for housing vacancies.
- All User Agencies must sign a Memorandum of Understanding to have access to the HMIS database. The database is utilized to select households to refer for vacancies/anticipated vacancies.

The University of Nebraska-Lincoln, Center on Children, Families, and the Law

Designated by the CoCs as the Coordinating Entity. CCFL houses the Coordinated Entry staff which includes the Coordinated Entry Manager, Youth Coordinated Entry Specialist, and Coordinated Entry Trainer who are responsible for the day-to-day administration of the Coordinated Entry System, which includes but is not limited to the following:

- Create and widely disseminate marketing materials regarding services available through the Coordinated Entry System and how to access those services;
- Ensure training for Coordinated Entry is available to participating agencies. At a

minimum, the training will cover:

- Who to assess
- How to administer the All Doors Lead Home Coordinated Entry Common Assessment
- Process and procedure for referring to Coordinated Entry
- Review of policies and procedures
- Assessments and prioritization
- Verification of chronic homelessness
- Criteria for uniform decision making
- Management of participant Homeless Management Information System (HMIS) record;
- Ensure pertinent information is entered into HMIS for monitoring and tracking the process of referrals, including availability of resources, completion of assessments, and referrals made;
- Arrange case reviews to resolve rejections by housing programs and refusal by participants to engage in housing plan in compliance with the housing program guidelines;
- Manage appeals process utilizing protocol described in this manual;
- Manage processes to enable participation in Coordinated Entry by providers not participating in HMIS;
- Organize ongoing quality control activities to ensure function and performance remain accountable to participants, referral sources, and homeless service providers throughout the Coordinated Entry process;
- Evaluate efforts to ensure Coordinated Entry is functioning as intended;
- Update the Coordinated Entry system and process as determined necessary by a broad and representative group of stakeholders;
- Update Operations Manual as needed;
- Manage all public relations requests relating to Coordinated Entry;
- Provide open and transparent communication to referral sources, homeless and housing providers, and community members;
- Respond to email questions and provide guidance.

REGULATORY REQUIREMENTS

POPULATION SERVED

The All Doors Lead Home Coordinated Entry System provides access to referrals for diversion, prevention funding, and housing opportunities for all persons at risk of or currently experiencing homelessness in accordance with the [HUD definition of homelessness](#) as outlined by the [HEARTH Act](#) regulations. See Acronyms/Definitions for further details.

CULTURAL COMPETENCE

Cultural competence involves understanding and appropriately responding to the unique combination of cultural variables, including age, ability, beliefs, ethnicity, experiences, gender identity, gender, linguistic background, national origin, religion, sexual orientation and socioeconomic status. Agency staff are expected to be culturally competent and strongly encouraged to engage in training opportunities to build these skills. As part of this process, all are advised to explore how their own values, biases, and beliefs influence their communication and service delivery. This self-reflection will help ensure that staff responsible for assessing, referring, and housing clients are respectful of the different cultural backgrounds, and preferences and practices of participants, and incorporate this information into participant action plans. In doing so, it will provide a trauma-informed approach.

FAIR AND EQUAL ACCESS

Coordinated Entry will take all necessary steps to ensure the All Doors Lead Home system is administered in accordance with the Fair Housing Act, Civil Rights Act, and Americans with Disabilities Act. The Coordinated Entry System complies with the nondiscrimination requirements of the Fair Housing Act, which prohibits discrimination in all housing transactions on the basis of race, national origin, sex, color, religion, disability status, and familial status. This also includes protection from housing discrimination based on source of income. Additionally protected classes under state law include sexual orientation (including gender identity), marital status, military discharge status, and age (40+). Agencies cannot preference any protected class unless allowed by statute/regulation or written waiver from their funding or regulatory body (i.e., U.S. Department of Housing and Urban Development).

Participants may not be denied access to the Coordinated Entry process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking.

The BOS and Lincoln Coordinated Entry Systems have a “No Wrong Door Approach,” meaning anywhere an individual or household presents should be the right door to help connect the household with appropriate resources and referrals. Each agency will follow due diligence to accommodate access to the system, whether it be physical accommodations, communication aides, transportation, or other means. At times it may mean connecting the household with another location that can better meet the needs of the household. All agencies are encouraged to document any accommodations made to meet physical and communication needs of individuals/families.

If a household presents the need for transportation, each participating agency will provide education and information on the local transportation resources available and how to access the transportation available for that area. Moreover, if a household presents with the need to be connected with mainstream resources and community-based emergency assistance services,

such as supplemental food assistance and application for income assistance, the participating agency will either help the household or provide a referral to an agency able to assist in meeting this need.

All authorized user agencies who utilize the Coordinated Entry system agree to take full accountability for complying with Fair Housing, HUD's Equal Access rule, and all other funding and program requirements. See reference section for more information.

Coordinated Entry will request the eligibility criteria from each receiving agency. Included in this will be details regarding any eligibility criteria from programs that allow a specific subpopulation of a person to be served. It's further recognized that the Fair Housing Act recognizes that a housing provider may seek to fulfill its "business necessity" by narrowing focus on a subpopulation within the homeless population, as long as the focus is on compliance with the HUD Equal Access rule. The Coordinated Entry system may allow filtered searches for subpopulations while preventing discrimination *against* protected classes.

Placement/housing of an individual should be based on the person's gender identity. The Coordinated Entry system should ensure that services do not isolate, or segregate individuals based upon actual or perceived gender identity. An individual's views on personal health and safety should be considered in making the placement.

HUD-funded providers must provide individuals with access consistent with their gender identity to programs, benefits, services and accommodations without asking them to provide documentation. Furthermore, a broad definition of family should be used that allows for female-headed, male-headed, two-parent, same-sex parent, LGBTQIA+ parent, and extended families to be served together with their children.

COORDINATED ENTRY POLICIES AND PROCEDURES

CONNECTING TO THE COORDINATED ENTRY SYSTEM

The BOS and Lincoln All Doors Lead Home Coordinated Entry System is an all-encompassing system that allows anyone experiencing homelessness within the BOS and Lincoln CoCs access to the Coordinated Entry system. Balance of State and Lincoln will maintain separate prioritization lists; however, if relocation is desired or in the best interest of the participant, crossing the CoC geographic boundaries is allowed and encouraged. Due to the wide coverage area across Nebraska, the geographic area has identified five regional segments to most quickly serve those in each local area.

Process of referring across geographic boundaries:

- **Identification of location:** Households need to determine the location they would like to relocate to and why, such as supports, employment, education, etc. If a household reports they would like to move "anywhere," please help them narrow down

regions/towns that would be best for them to relocate to by considering the supports and needs of their household. Until this is identified, only refer to the local queue.

- **Queues:** Refer to the Queue for the current location/region and the specific queue they'd like to relocate to. If there are 2 specific areas, such as a community on the eastern side of BOS and western side of BOS they have identified supports in, a referral to the general queue will assist in identifying which area will have the most availability. *Referrals in the BOS should only be referred to one BOS regional queue to avoid confusion when prioritizing and adding check-ins and notes.*

If an individual or family experiencing homelessness is willing or prefers to relocate in another area of Nebraska, the referring agency should make appropriate referrals across the regional lines and make efforts to assist the individual in building connections and preparing to transition to another location outside of the regional area. This could include making referrals to other CoCs' Coordinated Entry systems.

1. **Location and Hours:** Assessments are conducted at public and non-public access points. Current locations and hours can be found on the Coordinated Entry website at: <https://community-services.unl.edu/coordinated-entry/>. Each participating agency in the region is strongly encouraged to post and advertise in various places within their communities. All Street Outreach programs will prioritize all persons experiencing a housing crisis encountered on the streets, the same way as anyone else assessed. Access to emergency shelter and other crisis services are not prioritized to receive services. Therefore, access should not be affected by the locations and hours for the Coordinated Entry system.
2. **Eligibility:** The All Doors Lead Home Coordinated Entry system is intended to facilitate the most appropriate housing intervention for those individuals or families that meet the HUD category definition with the correlating housing solution in order to meet immediate and long-term housing needs while ensuring the limited resources are targeted to those who are most appropriate for the housing solution. The system will also be used to prioritize homeless prevention services to those who meet the definition of being "at-risk-of homelessness."

OVERVIEW AND WORKFLOW

Consumer's Housing Situation	Intervention Used	Services Provided or Referred/Connected To: (In ALL Interventions)

AT IMMINENT RISK OF LOSING HOUSING (Precariously housed and not yet homeless)	PREVENTION	Housing Search Rental Subsidy Other Financial Assistance
REQUESTING SHELTER (at the “front door” or another program/system entry point seeking a place to stay, or in shelter for 5 days or less)	DIVERSION	Case Management Mediation Connection to Mainstream Resources Legal Services
IN SHELTER (homeless/in the homeless assistance system)	COORDINATED ENTRY	RRH Joint TH-RRH PSH
UNSHELTERED (living in place not meant for human habitation)		Referral to other housing resources as appropriate and available Self-Resolve or Diversion, if appropriate

Category 2: Imminent Risk of Homelessness:

A person who meets HUD’s Category 2: At Imminent Risk of Homelessness can be referred to Coordinated Entry under certain conditions per the definition:

An individual or family who will imminently lose their primary nighttime residence, provided that:

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

Note: Includes individuals and families who are within 14 days of losing their housing, including housing they own, rent, are sharing with others, or are living in without paying rent.

Documentation on the client’s risk of losing housing must be collected at the time of assessment and referral and uploaded into HMIS. The documentation should be as follows:

Client is on the lease or rental agreement:

- a. A court order resulting from an eviction action notifying the individual or family that they must leave.
 - i. With self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing.
- b. A landlord's eviction action notifying the individual or family that they must leave.
 - i. With self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing.

Client staying with a family member:

- a. A written statement from the family member notifying the individual or family that they must leave.
 - i. With self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing.

For individuals and families leaving a hotel or motel

- a. Hotel or motel verification of stay prior to CE referral
 - i. With self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing.

For households under the Cat. 2 definition, prioritization for a housing project will occur only when referrals for households on the by-name list that meet Cat. 1 & 4 definition have been exhausted. If the housing status of the household changes, it must be documented under the Current Living Situation under All Doors Lead Home and by noting the change in the Coordinated Entry notes.

ACCESS

A. *"Public Access Points"* are entities that will be publicly known and advertised, utilize the Homeless Management Information System (HMIS) system, and are able to make referrals to the All Doors Lead Home Coordinated Entry System. The Public Access Points will include agencies who have signed a Memorandum of Understanding with the Coordinated Entry Lead and have agreed to the following (see Appendix for information on MOUs and more information on expectation):

1. Obtain releases from individuals and families presenting as experiencing homelessness or at-risk-of homelessness to be placed and reviewed on the prioritization list.
2. Assess individuals and families by utilizing the Triage/Assessment tools available through the All Doors Lead Home Coordinated Entry System. This includes the ADLH Prevention and ADLH Coordinated Entry Common Assessment tools.
3. Refer individuals and families to the All Doors Lead Home Coordinated Entry System through the HMIS.

- B. *“Non-Public Access Points”* can be HMIS or non-HMIS agencies and will not be publicly advertised. The Non-Public Access Points could include, but are not limited to Street Outreach providers, Domestic Violence shelters, basic needs centers, etc., that have agreed to the following:
1. Obtain releases from individuals and families presenting as experiencing homelessness or at risk of homelessness to be placed and reviewed on the prioritization list.
 2. Assess individuals and families by utilizing the Triage/Assessment tools available through the All Doors Lead Home Coordinated Entry System. This includes the Diversion, the ADLH Prevention, and ADLH Coordinated Entry Common Assessment tools.
 3. Refer individuals and families to the All Doors Lead Home Coordinated Entry System by partnering with a local agency that uses HMIS. If the agency uses HMIS and is not a public access point, they can still make the referral within the system.
- C. *Emergency Services*
1. Crisis response services will operate with the fewest barriers possible and will not function under the prioritization process specified by the Coordinated Entry system.
 2. Anyone in need of emergency services during the hours when the All Doors Lead Home Coordinated Entry Public Doors are not open is encouraged to identify the closest emergency service agency, such as a shelter, to receive needed services immediately. If it is a life-threatening situation, calling 9-1-1 is the best solution.
 3. Prevention is seen as a crisis response; each agency is using individual tools to identify who is appropriate to receive these homeless prevention services within their region or community.
 - a. The Lincoln Continuum of Care has established a Prevention tool that is used to prioritize those eligible for several prevention programs available across the community. A prioritization process is used as there are limited funds. This tool connects Lincoln clients to the funding available through the Lincoln Prevention Assistance Common Fund (LPAC). Funding sources in LPAC can include CoC, ESG, and other funding sources as available.
 - b. LPAC is headed by the City of Lincoln Urban Development Department (UDD). The City of Lincoln UDD then contracts with UNL-CCFL to oversee the day-to-day operations of the program. Program changes and updates must be approved by City of Lincoln UDD. LPAC is housed in HMIS and is a part of ADLH Coordinated Entry.

Street Outreach

Often street outreach workers are the initial point of contact. They can maintain contact throughout the process and connect individuals and families with mainstream resources and community-based services as needed.

- Outreach workers will be educated and trained in the process of Coordinated Entry and how to make referrals.

- Maintain contact and open communication regarding housing status and resources being utilized.
- Provide assistance to those who are unsheltered and may need additional support.

ASSESSMENT

PREVENTION – Lincoln specific

Lincoln Prevention Assistance Commonfund (LPAC)

Lincoln CoC's Prevention program, LPAC, was designed to reduce the number of people that enter into a homeless situation. With the limited prevention resources available, our CoC must utilize these resources in the most efficient and effective manner to achieve maximum impact on reducing the number of persons that lose housing and experience homelessness. This is achieved by: triage screening, housing problem-solving, and limited prioritized financial assistance to those that are certain to lose housing without support.

Prevention Process and Prioritization for Lincoln only:

Triage screening: All Prevention-eligible households will first be screened using the CoCs Prevention Triage Screening Tool, which is housed in Qualtrics, an on-line data collection platform. This Triage Screening Tool is completed prior to a provider attempting to divert and potentially refer to Prevention (LPAC) for assistance. If a household is diverted after speaking with the case manager, no referral will be made. The Triage Screening data and information from the client must be recorded in the HMIS prior to referral for Prevention (LPAC) assistance. All households within the City of Lincoln who need prevention assistance can apply through The City of Lincoln's Triage Tool Assessment. This Qualtrics assessment is located on the City of Lincoln's webpage at: <https://www.lincoln.ne.gov/City/Mayor/Housing-Utility-Assistance>

The Triage Tool Assessment automatically informs ineligible participants after they complete the assessment; those who are ineligible are provided with a list of other community resources that may be able to assist. If the assessment deems a client/household as preliminarily eligible, their information will then be provided to one of the Lincoln Prevention Assistance Commonfund (LPAC) agency providers, who will then complete a prioritization assessment with the client and, if desired by the client, a housing problem-solving conversation.

Housing Problem-Solving: All prevention eligible households will be assisted through a housing problem-solving conversation, if they so choose, by the receiving LPAC agency prior to referral to the All Doors Lead Home Prevention System for prioritization. The goal of the housing problem-solving conversation will be to assist the household in identifying any other safe and reasonable alternatives to emergency crisis housing. Documentation of the housing problem-solving effort must be recorded in HMIS if a household chooses to participate.

Housing problem-solving conversations are not required for someone to receive assistance. Even if a client is deemed preliminarily eligible for LPAC through the Triage Tool Assessment and the prioritization assessment, it does not mean that they are guaranteed to receive financial assistance. Clients can apply for prevention as many times as they'd like, even if they've been ineligible in the past. If clients have used the maximum number of months/funds available in a specific funding stream per household, LPAC case management staff will do their best to inform the client and provide dates of past assistance as it's available within Clarity. Each funding source within LPAC may have different eligibility and number of months of assistance allowed per household.

Prioritization: All prevention assistance in the CoC will be prioritized through the All Doors Lead Home Prevention System scoring tool. The priority scoring tool identifies three primary categories for prevention assistance: 1) those that are likely or able to resolve their housing crisis without financial assistance, 2) those that are likely to have their housing crisis end with short-term financial assistance, 3) those that may be able to avoid homelessness with short-term financial assistance but are more likely to need program-based assistance. Households in Category 2, followed by Category 3, will be prioritized for assistance. Clients/households already experiencing homelessness are not eligible for Prevention (LPAC) assistance and should be referred to complete an ADLH Coordinated Entry Common Assessment with an appropriate provider.

HOUSING PROBLEM-SOLVING FOR SHELTERS AND OTHER PUBLIC ACCESS POINTS

Housing problem-solving provides an opportunity to assist those who are requesting emergency shelter in finding housing options outside of the traditional homeless system, ensuring that immediate and alternative arrangements are fully explored and supported while keeping shelter beds open for those individuals/families who are not able to be diverted.

Housing problem-solving offers light-touch services with connections to minimal financial assistance (as available) to families who are homeless, and whose housing options may include less-than-ideal housing situations. It does not necessarily ensure that families will have housing that meets the standard affordability standard (meaning housing where the household pays only 30 percent of their income toward housing costs), nor is it designed to eliminate poverty or housing mobility.

Process

1. May be conducted in person or over the phone.
2. Perform the Housing Problem-Solving Intervention on anyone arriving at the shelter door, presenting as homeless, has been in shelter for 5 days or less, or others who have been identified as possibly having a diversion solution.
3. If it is determined they are eligible for housing problem-solving, attempt to divert the household.
4. Hand off to shelter or other case managers for additional services and resources as needed.

If it is determined that the individual or family is not able to be diverted, the household should be referred to the All Doors Lead Home Coordinated Entry System.

ALL DOORS LEAD HOME COORDINATED ENTRY (ADLH CE):

COORDINATED ENTRY COMMON ASSESSMENT TOOL

The All Doors Lead Home Coordinated Entry System uses a common and standardized assessment tool agreed upon by the Nebraska Balance of State and Lincoln Continuums of Care for the purposes of housing prioritization and placement within the All Doors Lead Home Coordinated Entry system. All programs will utilize the ADLH CE Common Assessment tool as the initial triage assessment for Coordinated Entry. There are 3 different ADLH CE Common Assessments: one each for Transition Aged Youth, Families, and Singles aged 25 and older. The ADLH CE Common Assessment tool should be completed by agency staff upon initial meeting except for those entering emergency shelter. It is recommended to wait 5 days before completing the standardized assessment on those entering emergency shelter.

Whenever possible, the ADLH CE Common Assessment tool should be completed directly in HMIS. For agencies that do not have access to HMIS, such as DV providers, the ADLH CE Common Assessment tool should be completed in Qualtrics and will be entered into HMIS by the CCFL team. The ADLH CE Common Assessment tool and other resources can be found on the CCFL website.

SAFETY PROTOCOL

When considering the safety of persons fleeing or attempting to flee family violence, stalking, dating violence, or other domestic violence situations, confidentiality is of the utmost concern within the Coordinated Entry process.

Before beginning the Coordinated Entry assessment and referral process, it is strongly suggested to begin with the following questions. If a couple presents as a unit, interview each person separately initially, to assess for domestic violence:

"One thing I'd like to do before we begin is see if you'd like information about local domestic violence resources? So, for instance, if a partner has ever threatened to hurt you, or made you afraid, or hit, slapped, kicked or otherwise physically hurt you or made you do something sexual you did not want to, it might be helpful for you to talk to someone confidentially. A domestic violence advocate can help you fill out this survey, the answers you give will be kept confidential. This level of confidentiality could be important in the future, because some of these questions that must be asked are personal. Would you like to speak to someone at that program, and perhaps fill out this survey with them?"

1. If the answer to the question above is "yes" then the service provider will ask if they may

make a referral to a domestic violence program so that the program can continue the assessment process in a manner that is sensitive to survivors' needs and offer additional services.

2. If the person declines a referral, the service provider will continue assessment.
3. If the answer to the question above is “no” then the service provider will continue the assessment process.

If the household does not wish to seek DV-specific services, the household will have full access to a referral being made in the HMIS system immediately.

If the household would like to be referred to the All Doors Lead Home Coordinated Entry System, but for safety concerns would opt out of having information entered into the HMIS system, an “Anonymous” referral can be made. **The expectation is that this is used as a last resort.**

It is expected that the assessing agency will provide information to the participant regarding the security of the HMIS system, including that only licensed users who have agreed to follow strict confidentiality guidelines are allowed to see information in the HMIS system. Furthermore, the ADLH CE review processes will focus on the homeless and housing situation, and not discuss personal issues and diagnosis during the review time. If the individual is still concerned about safety factors, the referring provider THEN makes the referrals as “Anonymous.”

NOTE: An existing profile cannot be made into an Anonymous profile. If an Anonymous profile is requested, a new client profile must be created without any identifying information on the profile, notes, contact, or referral notes. If an Anonymous profile is needed, please reach out to CCFL staff for assistance.

The agency making the referral will be responsible for tracking the identifying code assigned with the “Anonymous” referral and will provide updates on the individual/family on a weekly basis utilizing this assigned code.

If further assistance is needed, contact the Coordinated Entry Manager.

PRIVACY AND SECURITY

The All Doors Lead Home Coordinated Entry System utilizes the Homeless Management Information System (HMIS), which collects basic information about being referred to the system. The information collected is minimal and considered appropriate and needed.

All adult clients are given the option to consent or decline to have their personal information entered into the HMIS by signing the HMIS Release of Information. Head of Households cannot

consent to the sharing of personal information of other adult household members. Only a parent or guardian can consent to the sharing of a minor's information in HMIS.

All Doors Lead Home Coordinated Entry Release of Information Form

Participants being referred to the All Doors Lead Home Coordinated Entry system are required to complete the All Doors Lead Home Release of Information. This release is specific to the referral to Coordinated Entry and will allow the ADLH CE Team to brainstorm housing solutions and make rapid connections with individuals and families when a housing offer becomes available. This release should be uploaded into Client Files to ensure that it is documented in the system. All adult members of the household should sign their own ALDH ROI. Only a parent or guardian can consent to the ADLH ROI on behalf of a minor.

All Doors Lead Home ROIs are good for one year and can be updated and uploaded into the HMIS at any time under client files. However, if an ADLH ROI expires and a new one is not uploaded, the client could be snoozed until a new release is documented in the system. The Coordinated Entry Manager or Youth Program Coordinator determine when clients will be snoozed. When a client is “snoozed” their referral will remain open on CE for up to 90 days; however, the client’s referral will not show up on the By-Name List during weekly review. If a client is snoozed, it prohibits them from being considered for housing opportunities until they have their updated ROI in HMIS and are “unsnoozed” or sent back to the By-Name List to be considered for housing opportunities. The Coordinated Entry Manager will note the need for this ROI on the CE note at the time the client is snoozed to ensure the need is documented.

The ADLH ROI can be uploaded as a paper document under Client Files, or it can be added as a verbal release under Client Files. If a verbal release is granted, due to the client speaking with the provider over the phone on initial contact and/or signature is not able to be obtained for another reason, the provider should do their due diligence to try to obtain a physical, signed ADLH ROI on the next encounter(s).

If a participant refuses to sign the HMIS Release of Information or the All Doors Lead Home Release of Information, it does not prohibit access to services. In order to properly prioritize them in Coordinated Entry, the same protocol as detailed in protocol for Anonymous referrals will be followed by using an Anonymous client profile with an anonymous referral to the by-name list. Upon being offered a housing placement, the receiving agency will follow their agency protocol for this situation, and it shall not prohibit the denial of services.

ASSIGN

Referral Protocol for Geographic Differences

Due to the geographic and population differences, the two CoCs have some differences in the protocol and daily functioning of the Coordinated Entry referral process. Both CoCs worked jointly to develop the overarching principles for the system and have established there may be a time and place for individuals and families who are experiencing homelessness to cross

geographic lines. This is possible by following the protocols below and referring the household to the CoC geographical area(s) that can best serve their needs most immediately.

Pre-ADLH CE Requirements / Duties

An agency conducting the ADLH CE Assessment Tool on individuals or families who are experiencing homelessness should enter ADLH CE Common Assessment Tool into HMIS and immediately make a referral in HMIS to LNK or BOS All Doors Lead Home Coordinated Entry Community Queue(s). The agency/case manager making referral to the ADLH CE should plan to provide a weekly update on the status of the individual or family. The update should include one or more of the following:

1. Client check-in
2. Homeless Status or other status updates.
3. If there has been contact in the last week and if the individual/family is engaged.
4. If there is a housing plan.

Updates can be made by:

1. Entering directly into Clarity
 - a. The provider should select “All Doors Lead Home Coordinated Entry” as the agency and check them in.
 - b. If there is an update, not just contact, a note can be documented directly on the queue. The provider should be under the agency "All Doors Lead Home Coordinated Entry," locate the queue with the household, and complete the note.
 - c. If the provider has access to HMIS, but not the list, the note can be documented under the History tab, where the referral to a community queue can be found; by clicking on View Referral under the client picture; or in Client Notes. Please remember that notes on the CE referrals are visible to all agencies with access to the CE list or Community Queues.
2. Email or phone communication with a Public Access Point Agency who can then update the client’s notes and/or check them in.

The Coordinated Entry Manager will maintain the ADLH CE referral inventory in HMIS, and it will be available for review by all Housing Providers in HMIS and available for review by non-HMIS ADLH CE team members from the Coordinated Entry Manager. Housing providers will attend each ADLH CE meeting with a listing of their current or expected project availability.

All participants should review and provide updates within the ADLH CE listing in HMIS and accompanying client profile information in HMIS prior to ADLH CE call. Those providers unable to review prior to the meeting will have an opportunity during the meeting to provide updates.

Housing Plan & Placement Priority Order

- Both CoCs prioritize those experiencing chronic homelessness based on the length of time

in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individuals or families service needs;

- When there are no chronically homeless individuals or families within the CoCs geographic area, CoCs and recipient of CoC Program-Funded PSH are encouraged to follow the order of priority under “[Order of Priority in permanent supportive housing beds not dedicated or prioritized for persons experiencing chronic homelessness](#)”;
- Recipients of CoC Program-Funded PSH beds should also consider the goals and any identified target populations served by the project;
- Recipients must also practice due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs.
- CoC Program-funded PSH providers are not required to allow units to remain vacant indefinitely while waiting for someone identified as chronically homeless to accept an offer of PSH. People who are chronically homeless shall continue to remain as a priority until they are housed. However, if there are no persons experiencing chronic homelessness, the order of priority should be as follows:
 - First priority: families and individuals experiencing homelessness with a disability and a long period of continuous or episodic homelessness.
 - Second priority: families and individuals experiencing homelessness with a disability and the most severe service needs.
 - Third priority: families and individuals experiencing homelessness with a disability coming from a place not meant for human habitation, safe haven, or emergency shelter without severe service needs.

Function of the ADLH CE List “outside” of meeting time

In order to move people more quickly through the referrals process, the Priority List is available to housing providers at all times to facilitate making an offer to the next priority in line. The housing provider with an opening **should not** wait until the next ADLH CE meeting to make an offer.

Identification of Housing intervention

PSH (Permanent Supportive Housing):

When PSH availability is identified between meeting times, the PSH provider will look at the ADLH CE priorities and identify the next person in the order without a housing plan identified. At this time, they may contact the shelter/referring agency, or the individual themselves to begin the process of making an offer to that priority and ensuring the individual/family meets criteria of the specific program. If the PSH provider has difficulty identifying the referring agency, the provider can contact the Coordinated Entry Manager for assistance in identifying the best way to contact the individual or agency. If the opening is not identified until the weekly call time, this can be communicated during the ADLH CE call. If an RRH provider has availability

and identifies someone as appropriate for their programming in this priority scoring group, it is encouraged they offer assistance to those where RRH could be a successful intervention.

- **Permanent Supportive Housing Disability Verification/Documentation**

The documentation/verification of a person's disability is the responsibility of the PSH provider. Persons referred to the ADLH CE are not required to have disability verification/documentation on file in the HMIS to be reviewed and prioritized. It is encouraged the referring agencies assist the PSH provider in gathering this documentation

Joint TH-RRH (Joint Transitional-Rapid Rehousing) Providers:

Joint TH-RRH providers can take anyone on the priority list, even if their score is greater than the RRH maximum suggested score. This housing intervention consists of two parts:

1. **Transitional Component:** The Joint TH component is intended to provide 'crisis' or temporary housing and support to a client while they address barriers to move into permanent housing. Units are leased, subleased or under an occupancy agreement with the provider. Clients enrolled in the TH portion of the Joint TH-RRH project do not lose their homelessness status while they are housed in the project.
2. **Rapid Rehousing Component:** The Joint RRH component provides permanent housing and supportive services. The tenant must hold a one-year lease, even if the assistance is less than a year. Once a client is enrolled and housed in the RRH component, they lose their homelessness status.

A person referred to a Joint TH-RRH project does not have to participate in both components. When considering if a household would benefit from either the Joint TH or Joint RRH components, the focus should be on the needs and barriers of the household. The Joint TH component should provide a safe place for people to stay coupled with financial assistance and services that help them move to permanent housing as quickly as possible utilizing Rapid Rehousing dollars. If a household does not need to utilize the Joint TH component of this project, they can be directly referred to the Joint RRH component for housing.

RRH (Rapid Rehousing) Providers:

RRH providers can take anyone on the priority list, even if their score is greater than the RRH maximum suggested score. If there are questions whether the individual or family is appropriate for a RRH intervention, a case discussion can occur during the weekly ADLH CE call, or the receiving provider can staff with the referring agency.

Consideration during case conferencing: If the household would qualify for Permanent Supportive Housing, evaluate how soon the next available PSH opening will be. What is the cost/benefit of offering RRH versus waiting for PSH?

TH (Transitional) Providers:

Transitional Housing providers are expected to provide the "Eligibility Requirements" while identifying someone for the next opening they have coming available. Since transitional housing

providers serve a wide variety of special populations and many have unique group living situations, the TH provider will be expected to guide the referring sources on determining who will best benefit from the TH intervention.

The TH provider should follow the rules of prioritization in determining who to pull for an opening in a TH project, as well as ensuring that TH is the most appropriate housing intervention for the household versus the intervention area the household is targeted for (such as RRH or PSH). The referring agency can request any case be staffed if there are questions on the needs and/or barriers of a household that would be prioritized for TH.

ADLH CE By-Name List Maintenance and Use

The ADLH CE By-Name List will be maintained in the HMIS and be available for all PSH, RRH, Joint TH-RRH, and Transitional housing providers to access through Clarity, which includes the prioritization ranking for housing programs, prior referrals made from ADLH CE staffing and reason not accepted, contact information of current housing/shelter providers and contact information for person/family experiencing homelessness.

For domestic violence providers not participating in HMIS, the Coordinated Entry Manager will prioritize the next person/family that meets the eligibility for the housing provider and will then send the provider information regarding that referral, including name, contact information such as phone or email address, location if known, and most recent agency engagement.

DETAILS FOR EACH COC, VETERANS AND YOUTH:

BALANCE OF STATE ADLH CE PROTOCOL:

The ADLH CE membership will include required and recommended members and is open to any housing service provider in the Nebraska BOS CoC.

Required Members: BOS CoC Housing Providers, NHAP Street Outreach, NHAP RRH, ESG funded agencies, Coordinated Entry Lead, other agencies submitting person(s) to ADLH CE for housing placement.

Recommended Members: Projects for Assistance in Transition from Homeless (PATH) providers, NDHHS Behavioral Health Rental Assistance Project providers (RAP), regional CoC representatives, emergency shelters, Public Housing Authorities with Housing Choice Vouchers (Section 8), HUD VASH & SSVF VA Grants, emergency responders such as police or fire and rescue, other permanent housing providers.

Current BOS ADLH CE attendees:

Region 1: CAPWN, Doves, NCAP

Region 2: Hope Harbor, CNCAP, Bright Horizons, NCAP

Region 3: CAP MID - Kearney, The Connection, RAFT, SAFE Center

Region 4: Blue Valley, CAP MID - Hastings, Region V Systems, CAPLSC, SENCA
Region 5: NENCAP, Care Corps, Bright Horizons
Others: Domestic Violence Sexual Assault Coalition, DHHS, public housing authorities, TASC, Lincoln outreach programs, PCM, MTKO, EQUUS, Community Response

Any literally homeless person at time of referral (HUD Category 1 or Category 4) with an ADLH CE assessment and a signed release of information will be reviewed by the ADLH CE.

Any person or family with a youth head of household between the ages of 17-24 (with guardian approval for those 17 years of age) at time of referral (HUD Expanded Categories 1, 2 or 4) with a Transition Age (TAY) ADLH CE assessment or a Family ADLH CE assessment and a signed release of information will be reviewed by the Youth BOS ADLH CE held every Wednesday at 9:30 a.m. CST. (See Protocols for Youth ages 17-24 for more information)

The ADLH CE Priority Ranking Formula Score is as follows:

1. Chronic Status (after Documented up) – 10 points
2. ADLH CE Common Assessment point value (range 0 to 99)
(which captures service need, history, vulnerability, etc.)
3. Fleeing Domestic Violence – 1 point
4. Veteran – 1 point
5. TAY – 1 point
6. 0-3 months homeless – 0 points
7. 4-6 months – 2 points
8. 7-9 months – 4 points
9. 10-12 months – 6 points

All individuals and families on the ADLH CE by-name list shall be updated weekly.

- ⊘ All individuals and families who meet the definition of Chronic Homelessness, then those who fit criteria for Dedicated Plus (see definitions below) and if all those are exhausted, any household scoring 11 or above on the ADLH CE Common Assessment will be prioritized for PSH
- ⊘ All individuals and families who score a 5-10 on the ADLH CE Assessment Common Assessment will be prioritized for Rapid Rehousing. Providers are welcome to “reach up” to households with a higher prioritization score in order to end homelessness for everyone in need.
- ⊘ Transitional Housing placements shall be determined by beginning with the highest priority on the list and working down the priority listing. Case planning will be key in determining if TH is the most appropriate intervention and will not limit the individual’s opportunity to obtain a permanent housing opportunity. Due to the nature and special circumstances of each TH provider, there is no set priority score to target for this

intervention as it is a “consumer centered” decision guided by the ADLH CE team.

- € Anyone experiencing homelessness and scoring under a 5 will be reviewed to determine if they can self-resolve or be diverted from homelessness.

When more than one individual or family has identical Priority Scores, prioritization will be organized by Length of Time (LOT, or date of referral).

In order for an individual or family to be prioritized as [Chronic](#), they must be “Documented Up” to show they meet the length of time homeless. Those who identify as Chronic and are not “Documented Up” will be prioritized with the assigned priority score until documentation is gathered. In the situation where there is no one documented up chronically homeless, the next priority will be those meeting [DedicatedPlus](#).

Referral sources and the ADLH CE will start gathering the homeless verifications immediately when an individual is identified as having the length of time and disability status that fits the chronic status. The CE Manager will upload a Housing History Form to client files documenting the LOT and any verification of homelessness, add a note on the CE referral, and update the CE Common Assessment to document the change in status. Once this is done, the individual will be prioritized with 10 points for Chronic status.

ADLH CE Meeting

The BOS ADLH CE will meet via Zoom every Thursday at 9:00 a.m. Central Time. The ADLH CE meetings will be scheduled to last no more than 1.5 hours.

ADLH CE Staffing

Agenda:

- 9:00 a.m.: Review of Regions 3, 4, 5
Availability for each agency
Review top priorities
- 9:30 a.m.: EVERYONE joins call!
Review of the BOS General Queue and anyone else who may want to relocate
Other communication needed.
- 9:45 a.m.: Review of Regions 2 and 1
Availability for each agency
Review top priorities
 - 10:30 (1st week of the month): Vets by-name list review for all regions

ADLH CE Staffing will be structured to provide the highest degree of standardization and efficiency.

1. Housing Providers will announce their availability, and location of current openings to include the number of individual, family, and special population units. The next highest

priority that fits the basic criteria will be identified for the Housing Provider and referring agency to coordinate communication to verify the individual/family meets all criteria for the program and an offer is made.

2. If multiple housing availability exists for individuals/family, the team will identify the most appropriate.
3. When a client is identified as an appropriate referral, the CE Manager will push the client to the agency's Referral Pending tab. Offers can and should be made as soon as knowledge of an opening is known. It is not necessary to wait until the next ADLH CE meeting to identify the next priority in line for an offer.
4. For clients on the Community Queues without a pending referral, the referring agency, in addition to any other agency that has contact or updates on the family or individual will provide a weekly update either by noting in the HMIS system or during the meeting verbally.
5. Verbal reviews will be held during the ADLH CE meeting time when an update has not been provided in the notes section, or an issue has arisen that needs to be communicated, answered or problem solved.
6. The next case will then be identified by the Coordinating Entity and the process will continue until all clients on the ADLH CE Priority list have been reviewed.

Prioritized Persons not housed prior to Next ADLH CE Meeting

Persons for which the ADLH CE has reviewed, prioritized and a housing plan has been identified by the ADLH CE with a specified housing provider are to be served with the specified ADLH CE placement plan even if the placement takes more than 1 week. The progress of the placement, including engagement, will be reviewed. If an individual or family has not accepted the offer within two weeks, the receiving provider, in collaboration with other members of the ADLH CE as needed, can make the recommendation if the offer should continue, or be revoked. At any time after the offer has been accepted and an individual or family becomes disengaged or inactive in the placement process, the Receiving Program will make the recommendation to the ADLH CE if the offer should continue or be revoked.

Prioritized Persons without Provider Contact

Prioritized Persons who remain on the ADLH CE priority listing for two weeks without continuing or new contact (contacts include continuing entry in shelter or motel/voucher program) since the initial referral will be placed on the "Snoozed" tab of the priority list. If there is no contact for 90 days, the individual/family will be removed from the list and exited from ADLH. If a new contact is made after the exit, a new ADLH CE Referral will need to be conducted.

Pending tab for Referring Agency

It is the responsibility of the Referring Agency to maintain notes and check-ins for each client referred for project openings on their pending tab. If a client does not have regular contact with the Referring Agency or is No Contact for 2 or more weeks, the Referring Agency can at that time decline the referral in HMIS as appropriate and send the client back to the Community Queues to be snoozed. If a client is housed and is not removed from the Referring Agency's pending tab, the Referring Agency will ensure that an enrollment and move-in date is completed in the Program Enrollment, and then Add Referral Connection under the pending referral. If the client is housed through another option, such as self-resolve, the Referring Agency will decline the referral on their Pending Tab and ensure an exit from any project enrollment and from the Community Queue. **If there are questions on this, please contact the Coordinated Entry Manager.**

LINCOLN ADLH CE PROTOCOL:

The ADLH CE membership will include required and recommended members and is open to any housing or other service provider in the Lincoln CoC.

Required Members: Lincoln CoC Housing Providers, ESG Street Outreach, NHAP RRH, Coordinated Entry Lead, HOME ARP projects, Public Housing Authorities, agencies submitting person to ADLH CE for housing placement.

Recommended Members: Projects for Assistance in Transition from Homeless (PATH) providers, DHHS Behavioral Health Rental Assistance Project providers (RAP), regional CoC representative, HUD VASH & SSVF VA Grants, emergency responders such as police or fire and rescue, other permanent housing providers, and behavioral health providers.

Current LNK ADLH CE attendees: CenterPointe, Matt Talbot Kitchen and Outreach, Community Action Partnership of Lancaster and Saunders Counties, Veterans Administration, Family Services Lincoln, SSVF, Lincoln Police Department, TASC, Lutheran Family Services, Mental Health Association, Region V Systems, EQUUS, Community Response, People's City Mission, Lincoln Housing Authority

Any literally homeless person at time of referral (HUD Category 1 or Category 4) with an ADLH CE Common Assessment and a signed release of information will be reviewed by the ADLH CE. Any person or family with a youth head of household between the ages of 17-24 (with guardian approval for those 17 years of age) at time of referral (HUD Category 1, 2, or Category 4) with a Transition Age ADLH CE Common Assessment or a Family ADLH CE Common Assessment and a signed release of information will be reviewed by the Youth LNK ADLH CE held every Wednesday at 8:30 a.m. CST. (See Protocols for Youth ages 17-24 for more information)

The ADLH CE Priority Ranking Formula Score is as follows:

1. Chronic Status (after Documented up) – 10 points
2. ADLH CE Common Assessment score (which captures service need, history, vulnerability, etc.)
3. Fleeing DV – 1 point
4. Veteran – 1 point
5. TAY – 1 point
6. 0-3 months homeless – 0 points
7. 4-6 months – 2 points
8. 7-9 months – 4 points
9. 10-12 months – 6 points

All individuals and families shall be updated by the ADLH CE on a weekly basis.

- € All individuals and families who meet the definition of Chronic Homelessness, then those who fit criteria for Dedicated Plus (see definitions below) and if all those are exhausted, and if all those are exhausted, any household scoring of a 13 or above on the ADLH CE Common Assessment shall be prioritized for PSH
- € All individuals and families who score a 5-12 on the ADLH CE Common Assessment shall be prioritized for Rapid Rehousing. Providers are welcome to “reach up” to households with a higher prioritization score in order to end homelessness for everyone in need.
- € Anyone experiencing homelessness and scoring under a 5 will be reviewed to determine if they can self-resolve or be diverted from homelessness.

For PSH Projects, when more than one individual or family has identical Priority Scores, prioritization will be organized by Length of Time (LOT, or date of referral).

For an individual or family to be prioritized as [Chronic](#), they must be “Documented Up” to show they meet the length of time homeless. Those who identify as Chronic and are not “Documented Up” will be prioritized with the assigned priority score until documentation is gathered. In the situation where there are no households documented up as chronically homeless, the next priority will be those meeting [DedicatedPlus](#).

To ‘document up’ a client, the ADLH CE Manager will utilize HMIS data (enrollments, current living situations, etc.) as well as third party verifications with service agencies and partners to verify Length of Time homeless per HUD’s definition of Chronic Homelessness. The CE Manager will upload a Housing History Form to client files documenting the LOT and any verification of homelessness, add a note on the CE referral, and update the CE Assessment Tool to document the change in status. Once this is done, the individual will be prioritized with 10 points for Chronic status. The required disability verification will be the responsibility of the agency receiving the referral for the household and will be required to be completed and verified before the household moves into a PSH unit.

ADLH CE Meeting

The LNK ADLH CE will meet on a secure Zoom link every Thursday at 2:30 p.m. Central Time. The ADLH CE meetings will be scheduled to last no more than 1.5 hours.

ADLH CE Staffing

Agenda:

- 2:30 p.m.: Availability for each agency
Review top priorities
Open for updates/questions/problem solving discussions
- 1st & 3rd Thursdays of the month at 2:30 p.m.: Review Vets by-name list

ADLH CE Staffing

ADLH CE Staffing will be structured to provide the highest degree of standardization and efficiency.

1. Housing Providers will each announce the availability, number and location of current openings to include the number of single individual, family, and special population units. The next highest priority that fits the basic criteria will be identified for the Housing Provider and referring agency to coordinate communication to verify the individual/family meets all criteria for the program and an offer is made.
2. If multiple housing availability exists for individuals/families, the team will identify the most appropriate.
3. When a client is identified as an appropriate referral, the CE Manager will push the client to the agency's Referral Pending tab. Offers can and should be made as soon as knowledge of an opening is known. It is not necessary to wait until the next ADLH CE meeting to identify the next priority in line for an offer.
4. The ADLH CE will open the meeting up to review the progress of those who have previously been offered a placement by the receiving agency, including updates on any additional needed items or concerns as needed.
5. For client on the Community Queues without a pending referral, the referring agency, in addition to any other agency that has contact or updates on the family or individual will provide a weekly update either by noting in the HMIS system or during the meeting verbally.
6. Verbal reviews will be held during the ADLH CE meeting time when an update has not been provided in the notes section, or an issue has arisen that needs to be communicated, answered or problem solved.

Prioritized Persons not housed prior to Next ADLH CE Meeting

Persons for whom the ADLH CE has reviewed, prioritized, and a housing plan has been identified by the ADLH CE with a specified housing provider are to be served with the specified ADLE placement plan even if the placement takes more than 1 week. The progress of the

placement, including engagement, will be reviewed weekly. If an individual or family has not accepted the offer within 2 weeks, the receiving provider, in collaboration with other members of the ADLH CE as needed, will make a recommendation if the offer should be continued, or revoked. At any time after the offer has been accepted, if an individual or family becomes disengaged or inactive in the placement process, the Receiving Program will make the recommendation to the ADLH CE if the offer should continue or be revoked.

Prioritized Persons without provider Contact

Prioritized Persons who remain on the ADLH CE priority listing for 2 weeks without continuing or new contact (contacts include continuing entry in shelter or motel/voucher program) since the initial referral will be placed on the “Snoozed” tab of the priority list. If there is no contact for 90 days, the individual/family will be removed from the list and exited from ADLH. If a new contact is made after the exit, a new ADLH CE Referral will need to be conducted.

Pending tab for Referring Agency

It is the responsibility of the Referring Agency to maintain notes and check-ins for each client referred for project openings on their pending tab. If a client does not have regular contact with the Referring Agency or is No Contact for 2 or more weeks, the Referring Agency can at that time decline the referral in HMIS as appropriate and send the client back to the Community Queues to be snoozed. If a client is housed and is not removed from the Referring Agency’s pending tab, the Referring Agency will ensure that an enrollment and move-in date is completed in the Program Enrollment, and then Add Referral Connection under the pending referral. If the client is housed through another option, such as self-resolve, the Referring Agency will decline the referral on their Pending Tab and ensure an exit from any project enrollment and from the Community Queue. **If there are questions on this, please contact the Coordinated Entry Manager.**

VETERAN PROTOCOL FOR BALANCE OF STATE AND LINCOLN

The Veteran By-Name List was created by the BOS and Lincoln CoCs for individuals and families who are experiencing homelessness and are identified with veteran status, as verified by the VA. The objective of the Veterans By-Name List is to identify the situation and circumstance of the veteran, identify appropriate and available housing options, and offer housing as quickly as possible.

The Veterans By-Name membership will include required and recommended members and is open to any housing or housing service provider in the BOS and Lincoln CoC.

Required Members: SSVF Grant, VA Homeless Programs, CoC housing providers, ESG Street Outreach, Coordinated Entry Lead, Agencies submitting person to Vets By-Name List for housing placement.

Recommended Members: Projects for Assistance in Transition from Homeless (PATH) providers,

NDHHS Behavioral Health, Rental Assistance Project providers (RAP), regional CoC representatives, HUD VASH, emergency responders such as police or fire and rescue, other permanent housing providers

Any Veteran, at time of referral (HUD Category 1 or Category 4) with an ADLH CE Common Assessment pre-screen total of 1 or greater and with signed release of information will be placed on the Vets By-Name list.

All Doors Lead Home Coordinated Entry Release of Information Form

An affirmative response to the All Doors Lead Home Coordinated Entry Release of Information Form will be completed and uploaded in the HMIS all by all persons referred to the ADLH CE.

Veterans By-Name List Referral

If the veteran is homeless and in need of housing, the agency will make a referral to the CSMIS or BOS Vets By-Name List; there is not a minimum score on the ADLH CE Common Assessment to indicate the need to refer a veteran to the By-Name List.

The Coordinated Entry Manager will maintain the Vets By-Name referral inventory in HMIS, and it will be available for review by all Veteran-specific housing providers in HMIS and available for review by the non-HMIS team members.

Veteran Housing Plan & Placement Priority Order

All individuals reporting to be a veteran will be referred and reviewed on a weekly basis. Veteran eligibility (HUD VASH, SSVF, or GPD) is determined by the Homeless Program Social Workers, who will note their eligibility and possible housing options in the CE notes for the client.

The By-Name List prioritization will be done prior to staffing meetings utilizing the following:

1. Chronic Homeless Status.
2. History of homelessness.
3. Months continuous homelessness.

Veterans By-Name List Meeting

The BOS By-Name List will meet on a secure Zoom link the first Thursday of each month at 10:30 a.m. Central Time. The Lincoln By-Name List will meet on a secure Zoom link every 1st and 3rd Thursday at 2:30 p.m. Central Time. The By-Name List meetings will be scheduled to last no more than .5 hours.

Veteran By-Name List Staffing

Veteran By-Name List Staffing will be structured to provide the highest degree of standardization and efficiency.

1. The Coordinating Entity will open the list to review and update status
2. The review will follow the order below:
 - a. Chronic
 - b. Unsheltered
 - c. Sheltered
 - d. Institution (Jail, treatment, hospital, etc.)
 - e. Transitional
 - f. No contact
 - g. The By-Name List team will review notes provided by the Veteran providers as to the eligibility and housing options for each veteran on the list. Those eligible for housing projects will be pushed to the project's pending tabs in HMIS.

Veterans By-Name List Persons without Provider Contact

Prioritized veterans who remain on the ADLH CE priority listing for 2 weeks without continuing or new contact (contacts include continuing entry in shelter or motel/voucher program) since the initial referral will be placed on the "Snoozed" tab of the priority list. If there is no contact for 90 days, the individual/family will be removed from the list and exited from ADLH. If there is contact after the client is exited, a new ADLH CE Referral will need to be conducted.

PROTOCOL FOR YOUTH AGES 17-24 IN BALANCE OF STATE & LINCOLN

The Youth By-Name List was created for individuals and families with youth heads of household, including pregnant and parenting youth, aged 17-24 who are homeless or at risk of homelessness, and those fleeing violence. The objective of the Youth By-Name List is to identify the situation and barriers of the youth to obtain permanent, stable housing; identify appropriate and available housing options; and offer housing. **In order for a youth household to be eligible for YHDP-funded services and housing options, ALL household members must be under 25 years of age.**

The Youth By-Name membership will include required and recommended members and is open to any housing or housing service provider in the BOS and Lincoln CoC.

Required Members: Any agency in the Balance of State and Lincoln that receives funding through the Youth Homelessness Demonstration Project.

Recommended Members: Agencies in any region that are serving youth but do not have specific YHDP funding; Community Response agencies that have youth clients; case managers from systems such as foster care or juvenile who are serving youth in need of housing.

Any Youth, at time of referral (HUD Category 1, Category 2 or Category 4 expanded definitions) with an ADLH CE Assessment total of 1 or greater and with signed release of information will be placed on the By-Name list.

Expanded Definitions

Communities awarded funds under the Youth Homelessness Demonstration Project (YHDP) can serve unaccompanied youth up to the age of 24, including parenting and pregnant youth, who meet Category 1, 2, or 4 expanded definitions of homelessness under HUD's Final Definition of Homelessness.

For Category 2 - Imminent Risk of Homelessness, this includes youth who are:

- In their own housing, but being evicted within 14 days;
- A hotel or motel paid for by someone other than a government or charitable organization, including the youth, family, or friends where the youth cannot stay for more than 14 days (often due to lack of ability to continue paying); **OR**
- With family or friends and being asked to leave within 14 days, which includes:
 - Youth staying with their biological parents, relatives, any individual they identify as family or a friend
 - Youth who are moving from one home to another ("couch surfing") and cannot stay at their current home or "couch"
 - Youth who are in a legal guardianship*

**For youth involved in Juvenile Justice and/or Foster Care with a legal guardian, please see the guidance below on pages 30 and 31.*

Additionally, the youth must have no safe alternative housing, resources, or support networks to maintain or obtain permanent housing. If something changes from the time of assessment and a Category 2 youth is deemed to be able to stay where they are longer term and the environment is safe, as determined by case manager working with the youth, they will be snoozed or exited from Coordinated Entry as appropriate. They can be unsnoozed or reassessed if their current living situation changes.

For Category 4 - Fleeing violence: Youth, including pregnant and parenting youth, fleeing or attempting to flee their housing or the place they are staying because of domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence that has taken place in the house or has made them afraid to return to the house, including:

- Trading sex for housing;
- Trafficking;
- Physical abuse;
- Emotional abuse, such as threats, intimidation, and exposure to trauma;
- Family conflict that has caused a youth to feel physically or emotionally unsafe and unable to stay in their current living situation; *
- Financial abuse, such as controlling a youth's income or stealing a youth's identity in order to use their credit;
- Violence (or perceived threat of violence) because of the youth's sexual orientation or

gender identity;

- Active drug/illegal substance use in the youth's current housing;
- Gang or neighborhood violence that is being directed to a youth in their home;** OR
- Other illegal activity that is putting a youth or a youth's child at risk.

Additionally, the youth must have no safe, alternative housing, resources, or support networks to maintain or obtain permanent housing.

**If youth are under the age of 18, the referring agency may be required to report family conflict resulting in abuse or neglect to the local child welfare agency. It is important to understand the mandatory reporting laws for child abuse and neglect in each local jurisdiction. If a youth is under 18 years old, the referring agency will need to collect consent from their parent or legal guardian for YHDP services and programs.*

***Gang or neighborhood violence must be directed at the youth in their home not just in the general community to be eligible under Category 4.*

Youth from Juvenile Justice & Foster Care Systems

The limited availability of our programs requires us to ensure that other systems are doing their due diligence in exhausting all options for housing and appropriate exits before referring youth to our system. Communication will be imperative when youth identified as being foster care or juvenile justice involved are referred to Coordinated Entry.

Juvenile Justice: For any youth referred to Coordinated Entry that is pending discharge from the Juvenile Justice System, the Youth Program and Prevention Coordinator will confirm that all other housing options through the Juvenile Justice System have been exhausted before moving forward with engagement of the youth.

Agencies can begin engagement with the youth 30 days from discharge from the Juvenile Justice System; however, a referral for CE and housing programs cannot be made until the youth is homeless for at least one day and the following have been met: 1. The youth is discharged from the Juvenile Justice System. 2. The youth has spent at least 1 night on the streets, in shelter, couch surfing and need to leave within 14 days, or fleeing DV (can use expanded definition).

If a youth is living in a shelter, couch surfing, living on the street, or fleeing but they are still under the care of the Juvenile Justice System, that youth cannot be on CE. Youth that have guardian ad litem are not able to sign their own releases for Coordinated Entry and must have the guardian sign the release for them.

Foster Care: For any youth referred to Coordinated Entry that is pending discharge from the Foster Care System, the Youth Program and Prevention Coordinator will confirm that all other housing options through the Foster Care System have been exhausted before moving forward with engagement of the youth.

Agencies can begin engagement with the youth 30 days from discharge from the Foster Care System; however, a referral for CE and housing programs cannot be made until the youth is homeless for at least one day and the following have been met: 1. The youth is discharged from the Foster Care System. 2. The youth has spent at least 1 night on the streets, in shelter, couch surfing and need to leave within 14 days, or fleeing DV (can use expanded definition).

If a youth is living in a shelter, couch surfing, living on the street, or fleeing but they are still under the care of the Foster Care System, that youth cannot be on CE. Youth that have guardian ad litem are not able to sign their own releases for Coordinated Entry and must have the guardian sign the release for them.

Youth By-Name List Referral

Any agency in contact with an individual or family that meets youth age guidelines and is experiencing homelessness or at-risk-of homelessness, will proceed with the Coordinated Entry Triage and Assessment process. If the youth is homeless and in need of housing, the agency will make a referral to the CSMIS and/or BOS by-name list; there is not a minimum score on the ADLH CE Common Assessment Tool to indicate the need to refer to the by-name list.

The Youth Program and Prevention Coordinator will maintain the Youth referral inventory in HMIS, and it will be available for review by all youth-specific housing providers in HMIS and available for review by the non-HMIS team members.

Youth Coaching Referral

Any youth receiving a referral to the Coordinated Entry system qualifies for a coaching project, as long as all household members are under 25, which provides youth-driven supportive services and mentoring. In the BOS, coaching is provided by Central Plains Center for Services, and the referral is provided at the time the youth is referred to Coordinated Entry. In Lincoln, coaching is provided by Central Plains Center for Services and CAPLSC/The Hub. Youth can choose which agency they would prefer to receive coaching services from; however, the result depends on individual program availability.

For providers who assess youth in Lincoln, please complete the Lincoln Youth Pre-Assessment. This assessment asks important questions related to coaching services and provides the referring agency with more info on what coaching is. The coaches work in tandem with the housing providers, both through YHDP and the CoC. The coaches provide an extra layer of support to help the youth as they transition to stable, permanent housing. The coaching project is voluntary but is offered to every youth that qualifies.

Housing Plan & Placement Priority Order

All youth individuals and families will be referred and reviewed on a weekly basis. Review of the by-name list will also take into consideration the following:

1. YHDP program availability

2. Youth individual needs and barriers
3. Family and community connections for relocation
4. Engagement with systems such as foster care and juvenile justice

When availability for a YHDP program is limited, the prioritization scores, length of time homeless and input from the referring agency will be used to determine if a referral is appropriate.

Youth CE Protocol

The Lincoln and BOS By-Name List meeting will be via Zoom every Wednesday at 8:30 a.m. Central Time. Lincoln providers will meet first, with the BOS providers joining at 9:30 a.m. The meetings will be scheduled to last no more than 1.5 hours.

Staffing

Staffing will be structured to provide both the highest degree of standardization and efficiency.

1. The Coordinating Entity will open the list to review
2. Status and contact updates will be requested on all youth on the BNL
3. The agency that conducted the pre-screen assessment on the individual/family will briefly review any special circumstances related to the homeless individual/family (including pre-knowledge of individual/family's willingness to relocate).
4. During the review, the team will identify housing plans for each youth on the BNL, refer to housing projects as appropriate, and plan for next steps when possible.

Youth By-Name List Persons without Provider Contact

Prioritized youth who remain on the ADLH CE priority listing for 2 weeks without continuing or new contact (contacts include continuing entry in shelter or motel/voucher program) since the initial referral will be placed in the No Contact or "Snoozed" area of the priority list. If there is no contact for 90 days, the individual/family will be removed from the list and exited from ADLH. If they are subsequently contacted, a new ADLH CE Referral will need to be conducted.

Working with YHDP Clients who are 17 years old

If a youth is 17 years old, providers will need to collect consent from the youth's parent or legal guardian for Coordinated Entry, YHDP services, and other programs. The ALDH and NMIS Release of Information, signed by the parent/guardian, should be in Clarity prior to the referral to maintain compliance. If youth are under 18, the referring agency may be required to report family conflict resulting in abuse or neglect to the local child welfare agency. It is important to understand the mandatory reporting laws for child abuse and neglect in the local jurisdiction.

YHDP incorporates flexibility to allow those under 18 to be served in both housing and supportive service-only programs. YHDP coaching can serve 17-year-olds who meet HUD's expanded Cat. 1, 2, & 4 of homelessness. The YHDP provider will need parent or guardian consent to enroll the youth and begin providing services. YHDP housing projects can also serve

17-year-olds, even though they are not able to sign a lease in the State of Nebraska. Parent and/or guardian consent is required before the agency can move forward with housing a 17-year-old in a YHDP program. In cases where the youth is 17, the agency would utilize sponsor-based rental assistance (agency is on the lease in place of the youth). Once the youth turns 18, a new lease can then be signed under the youth's name, should the provider and youth decide this is the appropriate next step and it is approved by the landlord. YHDP also allows for sponsor-based rental assistance in RRH; therefore, the agency can also have their name on the lease in lieu of the client, similar to the transitional housing projects under the YHDP Joint TH-RRH program. This would reduce the barrier for a youth to use RRH as a 17-year-old or as a client who is having a hard time getting housed with the lease in their name due to background barriers. A youth who resides in TH should not be denied the opportunity to transition to RRH in YHDP simply because they are not 18.

If a YHDP housing provider encounters a YHDP-eligible youth through CE with a significant other/partner who is 17, and their significant other/partner also meets YHDP qualifications and they wish to reside together, they can do so as long as the following consents are completed. Parent or guardian consent will be required for the significant other/partner who is 17 to be enrolled in the program, unless they are legally married and can provide documentation of marriage. This documentation would need to be uploaded into the client's Clarity files. The housing provider will be required to work with the landlord to appropriately reflect this on the lease and ensure it is approved.

Bridging from Joint TH-RRH into PSH

Per HUD, TH projects are allowed to house clients in TH for up to 24 months; however, TH and Joint TH-RRH Programs should strive to have clients housed outside of TH by the 90-day mark, even though they are eligible for up to 24 months of assistance. However, a youth should not be denied PSH should their stay in a TH program extend past the 90-day mark.

For a YHDP youth who is in a TH project: to potentially be bridged to a PSH Program due to their needs without having to go back on the CE by-name list, the following criteria must be met:

- The client is ideally in TH for 90 days or less and is identified as early as possible for a PSH housing intervention. A note in the CE referral is best, ideally at the time of initial referral/program entry.
- Client must have been Cat 1 or 4 upon entry into CE/the TH Program. *We recognize that YHDP allows for Cat 2 but will only be bridging with those who meet 1 or 4.*

Bridging from RHY TH into PSH

RHY TH projects are allowed to house clients in RHY TH for up to 18 months or 540 days. RHY TH Programs should strive to have clients housed outside of RHY TH by the 90-day mark, even though they can use it for up to 540 days or 18 months.

For a RHY youth who is in a RHY TH project: to potentially be bridged to a PSH Program due to their needs without having to go back on the CE by-name list, the following criteria must be met:

- The client ideally is in RHY TH for 90 days or less and is identified as early as possible for a PSH housing intervention. A note in the CE referral is best, ideally at the time of initial referral/program entry.
- Client must have been Cat 1 or 4 upon entry into CE/the RHY TH Program. *We recognize that RHY allows for Cat 2 but will only be bridging with those who meet 1 or 4.*

NOTE: This guidance could change based each YHDP grantees approved special activities. Please refer to your grant to determine what special activities your agency was approved for. See <https://www.hudexchange.info/faqs/programs/youth-homelessness-demonstration-program-yhdp/eligible-activities/what-are-yhdp-special-activities/>

Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking

In accordance with the Violence Against Women Act (VAWA), the Lincoln and BOS CoCs have created a policy template for all agencies to utilize across all programs that permits tenant in program-assisted units who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenants current unit to another unit.

VAWA protection is not limited to women but applies to all people applying for or living in units subsidized by the Federal government who have experienced domestic violence, dating violence, sexual assault, or stalking.

Upon moving into a program, then Landlords sign a VAWA agreement agreeing to the policy and the need for possible transfers. In addition, if at any time a household needs to move across agency programming, the opportunity for a case conference between agencies or during the Coordinated Entry weekly CE call will be provided in due respect to safety and confidentiality of the client.

The process for individual or family to request an emergency transfer is if as follows:

- A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under the housing prover's program; OR
- A statement that the tenant was sexual assault victim, and that the sexual assault occurred on the premises during the 90-calender-day period preceding the tenant's request for an emergency transfer.

Confidentiality is assessed on an individual basis. Case conferencing or problem solving in cases of Emergency Transfer requests will limit which agencies are involved based on their relationship to the Individual or family.

Please see APPENDIX A for more information on the Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking.

ACCOUNTABILITY

Coordinated Entry Monitoring and Evaluation

It is essential to ensure that the Coordinated Entry process is effective and manageable for individuals and families who are experiencing homelessness. The Coordinated Entry process will be regularly monitored and evaluated on an annual basis to ensure the process continues to effectively serve individuals and families experiencing homelessness.

Monitoring Activities

Specifically, the Coordinating Entity (UNL-CCFL) will conduct the following monitoring activities on an on-going basis:

- Provide on-going opportunities for consumers and service providers to provide feedback. This will be accomplished by creating and monitoring an online survey that can be accessed on the Coordinated Entry website (<https://community-services.unl.edu/coordinated-entry>).
- Make periodic adjustments to the Coordinated Entry System as determined necessary.
- Ensure that the Coordinated Entry System is updated as necessary to maintain compliance with all State and Federal statutory and regulatory requirements.

Evaluation

UNL-CCFL will conduct an evaluation of the Coordinated Entry System on an annual basis. The evaluation period will run from October 1 to September 30 each year. The results from the evaluation will be shared and published on the Coordinated Entry website every January. The results from the evaluation will be used to guide improvements to the Coordinated Entry System. The annual evaluation will focus on four components of the Coordinated Entry System, 1) Access and accessibility, 2) Assessment and prioritization process, 3) connection to services, and 4) equity.

Access and Accessibility

The number of CE access points in each COC will be measured and reported on an annual basis. Additionally, CCFL will also solicit feedback via online survey from consumers, service providers, and community stakeholders about their experience and perspectives regarding the accessibility of coordinated entry in their communities.

Assessment and Prioritization Process

The evaluation will also examine satisfaction and effectiveness of the CE assessments and prioritization process. HMIS data will be used to examine the relationship between priority assessment score and housing outcomes. Additionally, CCFL will solicit feedback via online

survey from consumers, service providers, and community stakeholders about their experiences and perspectives regarding the CE assessment and prioritization process.

Connection to Services

HMIS data will be used to examine the number of households served through coordinated entry and the time spent on CE before being placed in housing. Additionally, HMIS data will be used to examine the number of households exited without being placed in housing. HMIS data will also be used to examine the rate of re-entry into homelessness following housing placement. Additionally, CCFL will solicit feedback via online survey from consumers, service providers, and community stakeholders about their experiences and perspectives about the effectiveness of CE in connecting households with housing and services.

Equity

The evaluation will also explore the equity of the CE system. HMIS data will be used to compare the evaluation outcomes identified in the table below by race/ethnicity, household type, and disability status. Additionally, CCFL will solicit feedback via online survey from consumers, service providers, and community stakeholders about their perspectives about the equity of the coordinated entry system.

Coordinated Entry Benchmarks	Target Goal
Average Time on CE Priority List for Permanent Supportive Housing	<60 days
Average Time on CE Priority List for Rapid Rehousing	<60 days
Percent of CE Referrals successfully placed to Permanent Supportive Housing Placement	90%
Percent of CE Referrals successfully placed to Rapid-Rehousing	90%

Supplemental Focus Groups and Interviews

In addition to HMIS data and data collected from online surveys, CCFL will also conduct annual focus groups with service providers and community service providers. CCFL will also conduct qualitative interviews with consumers. Focus groups will be conducted via zoom. Interviews will be conducted by phone, in-person, or zoom depending on participant preference.

The Focus Groups and Interviews will address the following topics

- Does CE work for people experiencing a housing crisis?
- Does CE work for providers of homeless assistance?
- Is CE functioning according to CoCs design principles?

- Is the CoC system more efficient and effective as a result of CE?
- Are there any groups not effectively served by the CE?

Governing Body

The Governing Body will be made up of various entities from the BOS and LNK. It will include representation from Shelter, RRH, PSH, Transitional, Outreach, System Administration, YHDP, and others identified as having a key interest in the Coordinated Entry System. The Governing Body will be responsible for oversight of policies and procedures for CE and will meet at least annually.

AGENCY DENIAL, LOSS OF ENGAGEMENT, AND PARTICIPANT REJECTION

A. Agency Denial

Providers shall accept all referrals of eligible households. Providers are responsible for ensuring that referred households meet eligibility requirements and for gathering eligibility documentation. Referred households may not be offered a housing solution in the following circumstances:

1. If the household does not meet the project's eligibility requirements, as established by the funder; or
2. If the household fails to engage in the assessment and leasing up process;
3. If the household has had previous violations of an agency's policies that have had serious implications on programming. ex. threats or actual violence toward staff members and/or other participants, significant property damage; or
4. Current concerns of physical aggression and violence.

The Provider must document if any of the above occurs within the HMIS system. The Coordinated Entry Manager may follow up with the Provider and/or referral source to understand the circumstances if a referral is turned down. If an agency has 3 or more instances of refusal or denial within 6 months, the agency could be subject to review by the governance body.

B. Loss of Engagement

While providers are expected to make every effort to engage CE individuals and families, with the assistance of the referring provider and outreach teams, housing units must not stay vacant longer than needed. For this reason, housing programs may discontinue working with a referred household and ask for an additional referral if the household(s) fails to accept a housing offer within 2 weeks of agency committing to provide one to that individual and the agency has documented efforts regarding attempts to make offer, and/or if the household does not engage in the leasing up process within 2 weeks of accepting the housing opportunity.

*Note: Housing provider agencies can make recommendations to extend these

time periods if there are circumstances that justify the need for an extended period.

If a provider does discontinue working with a household, providers must document the reason for the decision in the HMIS system. The program agency is responsible for ensuring the household is notified the housing opportunity is no longer available to them, either by the program agency, or other entity the program agency sees most appropriate.

C. Participant Rejection

The Coordinated Entry System is person-centered and based on participant choice. Individuals and families have the right to refuse any housing resource offered to them. Refusing a resource does not impact eligibility for future referrals. However, agencies and other referral sources must ensure that participants understand that the CE process does not operate as a point-in-time waitlist and that referrals are made to programs based on a household's eligibility and prioritization relative to other homeless households who need housing assistance. Households should not assume that they will be prioritized for future openings and plan accordingly.

RED FLAG REVIEW

At times, cases may require a "Red Flag Review". This will include a review of assessments, prioritizations, and/or cases that have been flagged by participating members that indicate a household's level of vulnerability may not be accurately addressed through the assessment process, length of time homelessness may not be accurately reported, and any other major concerning issues that could arise that would directly affect the equal and fair access to the CE system. The information presented in the Red Flag Review process will be viewed from a person-centered focus to support the housing referrals for individuals and families with high vulnerability. The Red Flag Reviews for all referrals will be available to be scheduled prior, or called to attention during the weekly ADLH CE meetings for the BOS and LNK

TERMINATION AND GRIEVANCES

Housing programs required to participate due to HUD guidelines will need HUD approval to terminate participation.

Termination of housing assistance to individuals or families due to lease or program violations will need to follow each housing provider's termination policy.

Participant concerns should be resolved promptly, fairly, and appropriately. Programs should inform individuals of the following process for filing a grievance. The Coordinated Entry Governing Body will respond to grievances in the following manner, depending on the nature of

the concern or grievance.

- Housing Program Grievance - Grievances about experience(s) with homeless housing programs will be redirected back to the program to follow the grievance policies and procedures of that organization. The organization should maintain documentation of all grievances received.
- Fair Housing Grievance - Grievances about a participating program's screening or program participation practices which appear to have a discriminatory impact, can be made by contacting one of the following for the State of Nebraska, or by checking with local community resources listed below:
 - Nebraska Equal Opportunity Commission, (402)471-2024.
www.neoc.ne.gov
 - Family Housing Advisory Services, Inc., (402)934-6675, (800)639-5853
- Coordinated Entry Grievance - Grievances about the Coordinated Entry policies and procedures should be sent using the procedure below. It is an informal process that can be initiated in writing or orally. Upon receipt of an informal complaint, reasonable assistance will be provided by the CE staff involved and may include supervisory or administrative staff to help obtain a satisfactory resolution to the concern.

For all grievances, please include or be prepared to provide:

- Name
 - Date
 - Contact information
 - Best times and ways you can be reached
 - An explanation of your concern/grievance
 - What action you believe would solve the problem
 - Signature
- Please send your grievance to:
- UNL CCFL
c/o Community Services
206 S. 13th St. Suite 1000
Lincoln NE 68588-0227

ACRONYMS AND DEFINITIONS

ADLH CE

All Doors Lead Home Coordinated Entry. The team meets weekly to review a by-name list of individuals identified as the most vulnerable. The team assigns housing opportunities and brainstorms solutions for individuals.

BitFocus/Clarity

Web-based software system used by human services organizations to easily manage and

coordinate services, guide resource allocation, and demonstrate effectiveness.

BNL

By-Name List. The list is reviewed weekly.

BOS

Balance of State. In this document, it refers to the CoC that covers the geographical area of Nebraska outside the cities of Omaha and Lincoln.

CM

Care or Case Manager. A person (as a social worker, human services worker, nurse, etc.) who assists in the planning, coordination, monitoring, and evaluation of services for a participant with emphasis on quality of care, continuity of services, and cost-effectiveness

Chronic Homelessness

Chronically Homeless is defined in section 401(2) of the McKinney-Vento Homeless Assistance Act, 42 U.S.C. 11360 as an individual or family that is homeless and resides in a place not meant for human habitation, a safe haven, or in an emergency shelter, and has been homeless and residing in such a place for at least 1 year or on at least four separate occasions in the last 3 years equaling a total of 12 months.

It is also required that the individual or family has a head of household with a diagnosable substance use disorder, mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability.

An individual or head of household with a qualifying disability can be considered chronically homeless if they are coming directly from an institution where they have resided for fewer than 90 days and resided in a place not meant for human habitation, an emergency shelter, or a safe haven immediately prior to entering the institution and were either:

1. Residing in one of these locations for at least 12 months continuously or 12 months cumulatively over a period of at least four occasions in the last three years prior to entering the institution; or
2. Where the time spent residing in the institution (of fewer than 90 days) plus the time spent residing in one of these locations totals at least 12 months continuously or 12 months cumulatively over a period of at least four occasions in the last three years prior to entering the institution.

Chronically homeless families are families with adult heads of household who meet the definition of a chronically homeless individual. If there is no adult in the family, the family would still be considered chronically homeless if a minor head of household meets all the criteria of being chronically homeless. A chronically homeless family includes those whose composition has fluctuated while the head of household has been homeless.

CoC

Continuum of Care. A regional or local planning body that coordinates housing and services funding for families and individuals who are homeless.

Community Services (CCFL)

Community Services Division. A division of the University of Nebraska - Lincoln Center on Children, Families, and the Law that provides infrastructure, management, training, software, data analysis, evaluation, and technical assistance to community-based service providers in the State of Nebraska. A component of which is management of information technology solutions for data collection to provide efficiency, effectiveness and strategic decision making.

DHHS

Department of Health and Human Services. Manages the delivery of health and human-related services.

Dedicated Plus

A DedicatedPLUS project is a permanent supportive housing (PH-PSH) project where the entire project will serve individuals and families that meet one of the following criteria at project entry:

1. Experiencing chronic homelessness as defined in 24 CFR 578.3;
2. Residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
3. Residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
4. Residing in transitional housing funded by a Joint transitional housing (TH) and rapid re-housing (PH-RRH) component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
5. Residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
6. Receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

Project applicants applying for new PSH projects must select either “**DedicatedPLUS**” or “**100% Dedicated**” on Screen 3B to indicate whether they will serve persons meeting the criteria outline above or where 100 percent of the beds are dedicated to chronic homelessness as defined in 24 CFR 578.3. Project applicants applying for renewal PSH Projects must make a similar selection on Screen 3C, and will have an additional option,

“N/A,” for projects where less than 100 percent of the beds were dedicated or prioritize to chronic homelessness in the previous grant term, and the applicant does not wish to commit to dedicating 100 percent of their beds or meeting the criteria for

DedicatedPLUS for the FY 2017 grant term. For more information see [Section III.A.3.d](#).

Disability Status

Expected to be long-continuing or of indefinite duration; substantially impedes the individual’s ability to live independently; could be improved by the provisions of more suitable housing conditions; and is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; is a developmental disability, as defined in section 102 or the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agent for acquired immunodeficiency syndrome.

Documented-up

For an individual or family to be designated as “Chronic” in the HMIS, they must be “Documented Up” to show they meet the length of time homeless through homeless verification through HMIS record, third party documentation and limited self-verification, as well as a reported disability.

DV

Domestic Violence.

GPD

Grant and Per Diem. A program offered through Veterans Affairs. Per Diem (Latin for "per day" or "for each day") or daily payment is a specific amount of money paid to organizations for participants.

HEARTH Act

Homeless Emergency Assistance and Rapid Transition to Housing Act. The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act with changes, including consolidation of HUD’s competitive grant programs, creation of a Rural Housing Stability Assistance Program, change in HUD’s definition of homelessness and chronic homelessness, simplified match requirement, increase in prevention resources and emphasis on performance.

HMIS

Homeless Management Information System, a computerized data collection tool used to collect client-level data and data on the provision of housing and services to individuals and families at risk of and experiencing homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD’s data collection, management, and reporting standards.

Housing First

A flexible and adaptable service model that addresses homelessness by quickly places individuals and families experiencing homelessness into housing without any preconditions or barriers to entry and offering voluntary supportive services to meet the household's needs.

HUD

U.S. Department of Housing and Urban Development

HUD'S HOMELESS DEFINITION

1. **Category 1: Literal Homelessness**
Individuals or families who live in a place not meant for human habitation (including the streets or in a car), emergency shelter, transitional housing, and hotels paid for by a government or charitable organization.
2. **Category 2: Imminent Risk of Homelessness**
Individuals or families who will lose their primary nighttime residence within 14 days and have no other resources or support networks to obtain other permanent housing
3. **Category 3: Homeless under Other Statutes**
Unaccompanied youth under 25 years of age, or families with children and youth, who do not meet any of the other categories but are homeless under other federal statutes, have not had a lease and have moved 2 or more times in the past 60 days and are likely to remain unstable because of special needs or barriers.
4. **Category 4: Fleeing Domestic Violence**
Individuals or families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and who lack resources and support networks to obtain other permanent housing.

NHAP

The Nebraska Homeless Assistance Program. A grant program that comprises the Nebraska Homeless Shelter Assistance Trust Fund (HSATF) and the Department of Housing and Urban Development (HUD) Emergency Solutions Grant (ESG.)

Non-Public Access Points

HMIS or non HMIS agencies that will not be publicly advertised. Able to make referrals to the All Doors Lead Home Coordinated Entry system either directly in HMIS, or by partnering with an HMIS agency.

PATH

Project for Assistance in Transition from Homelessness. Grant funds for services and supports authorized by SAMHSA for people with serious mental illness experiencing homelessness.

PIT

Point in Time. A snapshot of the homeless population taken on a given day. HUD requires this count to be completed during the last 10 days in January of each year. This count includes street homeless and all clients in emergency and transitional beds.

PSH

Permanent Supportive Housing. Long-term, community-based housing that has supportive services for people with disabilities. This type of supportive housing enables the special needs populations to live as independently as possible in a permanent setting. Permanent housing can be provided in one structure or in several structures at one site or in multiple structures at scattered sites.

Public Access Points

Homeless and housing service providers that are publicly advertised, utilize the HMIS system, and can make immediate referrals to the All Doors Lead Home Coordinated Entry system

ROI

Release of Information.

RRH

Rapid Rehousing. A Housing First Intervention designed to help individuals and families quickly exit homelessness and return to permanent housing.

SSVF

Supportive Services for Veteran Families Program. Program to help low-income Veteran families residing in or transitioning to Permanent housing by providing a range of support services.

TAY

Transition Age Youth. Targets 17- to 24-year-olds.

VA

Department of Veteran Affairs.

VASH

HUD-Veterans Affairs Supportive Housing provides permanent housing for eligible homeless Veterans who are single or eligible homeless Veterans with families. The program is developed for the homeless Veteran, so eligible Veteran families must include the Veteran.

VAWA

Violence against Women Act. A piece of legislation that sought to improve criminal justice and community-based responses to domestic violence, dating violence, sexual assault and stalking in the United States.

YHDP

Youth Homelessness Demonstration Project

APPENDIX A

Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

[Introduction to Emergency Transfers](#)

In accordance with the Violence Against Women Act (VAWA), programs allow tenants who are survivors of domestic violence, dating violence, sexual assault, or stalking (herein DV) to request an emergency transfer from the tenant's current unit to a different unit that is deemed safer for the survivor. VAWA protections, including emergency transfers, are available to all DV survivors regardless of sex, gender identity, or sexual orientation. The ability of programs to honor emergency transfer requests for tenants currently receiving assistance, however, may depend on 1) a preliminary determination that the tenant is or has been a survivor of DV, and 2) whether the program has a safe and available unit to offer the tenant for temporary or more permanent housing.

This plan identifies eligibility criteria for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and resources for tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), which is the federal agency that oversees VAWA compliance for CoC and ESG projects. In addition, this plan applies to other homeless-designated programs funded by the State of Nebraska.

[Emergency Transfer Eligibility](#)

A tenant who is a DV survivor, as specified in HUD's regulations at 24 CFR part 5, subpart L, is eligible for an emergency transfer if the tenant reasonably believes there is a threat of imminent harm from further violence if they remain within the same unit. If the tenant is a survivor of sexual assault, the tenant may also be eligible for an emergency transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding an emergency transfer request. A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan. Tenants who are not in good standing within the program may still request an emergency transfer if they meet the eligibility requirements detailed in this section.

[Emergency Transfer Request Documentation](#)

Every housing provider must have a procedure that complies with the requirements in this plan to request an emergency transfer. Housing providers' emergency transfer procedures must be written into their policies and procedures. Further, all housing providers must inform all tenants of their ability to request an emergency transfer and of the documentation required.

Housing providers do not need to require third-party documentation of DV incidents to approve an emergency transfer. However, housing providers may require a verbal or written self-certification from the tenant. To request an emergency transfer, the tenant shall notify their housing provider's management office and submit a written transfer request, if one is required. All housing providers will provide reasonable accommodations to this policy for individuals with disabilities.

If a housing provider requires a written emergency transfer request, the written request should include:

1. A statement expressing that the tenant reasonably believes there is a threat of imminent harm from further violence if the tenant were to remain in the same unit assisted under the housing program, OR
2. A statement that the tenant is a sexual assault survivor and that the sexual assault occurred on the premises during the 90-day-calendar period preceding the tenant's emergency transfer request.

If a housing provider requires written documentation to approve an emergency transfer, they must allow a tenant to use any of the following forms of documentation to certify their need for an emergency transfer:

1. A complete VAWA certification (Form HUD-5382), OR
2. A record from a Federal, State, tribal, territorial, local law enforcement, or administrative agency, or a court that documents the DV incident, OR
3. A statement signed by the tenant and signed by an employee, agent, advocate or volunteer of a victim service provider, an attorney, or a medical or mental health professional (herein "professional"), from whom the tenant sought assistance in addressing DV or the effects of abuse. The professional must attest under penalty of perjury that they believe the DV incident(s) are grounds for protection.

Housing providers may also choose to accept other forms of documentation, provided they also accept the three forms of documentation listed above.

Housing providers cannot require tenants to submit more than one form of documentation. If a housing provider receives documentation that contains conflicting information, the housing provider can 1) obtain verbal verification from a DV advocate or 2) require an applicant or tenant to submit third-party

documentation, as detailed above, within 30 calendar days of the date for the third-party documentation request.

Confidentiality

Any housing provider that receives an emergency transfer request will keep all information the tenant submits regarding an emergency transfer request and all information about the emergency transfer confidential. The housing provider may only release information about the emergency transfer if:

1. The tenant signs an additional release of information for a specific timeframe, OR
2. Disclosure of the information is required by written law, OR
3. Disclosure is required by a court, or by official court documents signed by a judge for use in an eviction proceeding, OR
4. Disclosure is required by federal, state, or local law or regulation for hearings regarding termination of assistance from the covered program.

If a tenant gives written permission to share information on a time-limited basis with one or more agencies in the CoC and/or Victim Service Providers, those agencies will also keep all information regarding the transfer confidential.

See the Notice of Occupancy Rights under the Violence Against Women Act (form HUD-5380) for more information on housing providers' responsibility to maintain the confidentiality of information related to DV incidents.

Emergency Transfer Timing and Availability

The program cannot guarantee that a transfer request will be approved or guarantee a specific timeframe for processing a transfer request. The program will make every effort to act as quickly as possible to move a tenant who is a DV survivor to another unit, subject to availability of a unit that is deemed safer for the tenant. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. The program may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit. Nothing may preclude a tenant from seeking an internal emergency transfer and an external emergency transfer concurrently if a safe unit is not immediately available.

If the program does not have available units deemed safe for the tenant, the program will assist the tenant in identifying other housing providers who may have safe and available units into which the tenant could move. At the tenant's request, the program will also assist tenants in contacting local organizations and agencies aiding DV survivors. The original housing provider is responsible for ensuring the emergency transfer is completed quickly and safely.

If tenants qualify for an emergency transfer but a safe unit is not immediately available for an emergency transfer within their current agency, the DV survivor shall have priority over all applicants for rapid rehousing, transitional housing, permanent supportive housing, and other rental assistance projects in the CoC provided that 1) the individual or family meets all eligibility criteria required by federal law or regulation, or required by HUD NOFO, and 2) the individual or family meets any additional criteria or preferences established in accordance with section 578.93(b)(1), (4), (6), or (7). The individual or family shall not be required to meet any other eligibility criteria or preferences for the project. The individual or family shall retain their original homeless or chronically homeless status for the purpose of the transfer.

Safety and Security of Tenants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe. Tenants who are or have been DV survivors are encouraged to contact local DV shelters or the National Domestic Violence Hotline via phone at 1-800-799-7233, by texting "START" to 88788, or by chatting online at <https://www.thehotline.org/> for assistance in creating a safety plan. For persons with hearing impairments, the National Domestic Violence Hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who are or have been survivors of sexual assault may call the Rape, Abuse, & Incest National Network's National Sexual Assault Hotline at 1-800-656-4673 or by visiting their online hotline at <https://hotline.rainn.org/online>.

Tenants who are or have been survivors of stalking seeking help may contact the National Domestic Violence Hotline via phone at 1-800-799-7233, by texting "START" to 88788, or by chatting online at <https://www.thehotline.org/>, or they may visit https://www.nebraskacoalition.org/get_informed/stalking.html for assistance in and resources for creating a safety plan. For persons with hearing impairments, the National Domestic Violence Hotline can be accessed by calling 1-800-787-3224 (TTY).

A listing of agencies across Nebraska serving survivors of domestic & sexual violence, dating violence, and stalking is available through the Nebraska Coalition to End Sexual and Domestic Violence at https://www.nebraskacoalition.org/get_help/.

Resource Links

Coordinated Entry BOS and LNK resource page and downloadable documents:

<https://community-services.unl.edu/coordinated-entry/>

Coordinated Entry Core Elements as provided by HUD:

<https://www.hudexchange.info/resources/documents/Coordinated-Entry-Core-Elements.pdf>

Equal Access in Accordance with Gender Identity Final Rule- 2016:

<https://www.hudexchange.info/resources/documents/Equal-Access-Final-Rule-2016.pdf>

Equal Access to Fair Housing Final Rule – 2012:

https://www.hudexchange.info/resources/documents/EqualAccess_FinalRule_2.3.12.pdf

Definition of Chronic Homelessness:

<https://files.hudexchange.info/resources/documents/Flowchart-of-HUDs-Definition-of-Chronic-Homelessness.pdf>

Dedicated Plus:

<https://www.hudexchange.info/faqs/reporting-systems/e-snaps-homeless-assistance-application-and-grants-management-system/project-application/other/what-is-a-dedicatedplus-project/>

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