



**SOUTH DAKOTA HOUSING FOR THE  
HOMELESS CONSORTIUM  
COORDINATED ENTRY SYSTEM  
POLICY AND PROCEDURE MANUAL**

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Homeless Consortium, SD-500 CoC

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# I. Purpose

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

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

## Coordinated Entry System Functions/Objectives/Principles

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

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

## II. Definitions

### 1. Literally Homeless (HUD Definition) (21 CFR 91.5)

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

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

### 2. Disability (HUD Definition)

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

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

- i) Has a disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423) or
- ii) Is determined by HUD regulations to have a physical, mental or emotional impairment that:

- a) Is expected to be long, continued, and indefinite in nature;
- b) Substantially impedes his or her ability to live independently; and
- c) Is such of a nature that such ability could be improved by more suitable housing conditions, or
- iii) Has a developmental disability as defined in the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 15002(8)), or
- iv) Has the disease acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiology agent for acquired immunodeficiency syndrome (HIV).

### 3. Imminent Risk of Homelessness (HUD Definition)

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

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

#### **At risk of Homelessness, as defined in 24 CFR 91.5 *At risk of homelessness*:**

(1) An individual or family who:

- (i) Has an annual income below 30 percent of median family income for the area, as determined by HUD;
- (ii) Does not have sufficient resources or support networks, *e.g.*, family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the “Homeless” definition in this section; and
- (iii) Meets one of the following conditions:
  - (A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
  - (B) Is living in the home of another because of economic hardship;
  - (C) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;
  - (D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals;
  - (E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;
  - (F) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
  - (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan;

4. Homeless under other Federal statutes (HUD Definition)

(2) A child or youth who does not qualify as “homeless” under this section, but qualifies as “homeless” under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section 3(l) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(l)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); or (3) A child or youth who does not qualify as “homeless” under this section but qualifies as “homeless” under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living with her or him.

Unaccompanied Youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who;

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

5. Chronic Homeless (HUD Definition)

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

6. Fleeing Domestic Violence (HUD Definition)

Any individual or family who;

- (i) Is fleeing, or is attempting to flee, domestic violence
- (ii) Has no other residence; and
- (iii) Lacks the resources or support networks to obtain other permanent housing
- (iv) Domestic violence, which is defined in 24 CFR 5.2003 includes felony or misdemeanor crimes of violence committed by:
  - (v) 1) A current or former spouse or intimate partner of the victim (the term “spouse or intimate partner of the victim” includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship);
  - (vi) 2) A person with whom the victim shares a child in common;

- (vii) 3) A person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner;
- (viii) 4) A person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving HOME-ARP funds; or
- (ix) 5) Any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.
- (x) Dating violence which is defined in 24 CFR 5.2003 means violence committed by a person:
  - (xi) 1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; and
  - (xii) 2) Where the existence of such a relationship shall be determined based on a consideration of the following factors:
    - (xiii) a. The length of the relationship;
    - (xiv) b. The type of relationship; and
    - (xv) c. The frequency of interaction between the persons involved in the relationship.
- (xvi) Sexual assault which is defined in 24 CFR 5.2003 means any nonconsensual sexual act proscribed by Federal, Tribal, or State law, including when the victim lacks capacity to consent.
- (xvii) Stalking which is defined in 24 CFR 5.2003 means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:
  - (xviii) 1) Fear for the person's individual safety or the safety of others; or
  - (xix) 2) Suffer substantial emotional distress.
- (xx) Human Trafficking includes both sex and labor trafficking, as outlined in the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7102). These are defined as:
  - (xxi) 1) *Sex trafficking* means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or

2) *Labor trafficking* means the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

**Other Populations where providing supportive services or assistance under section 212(a) of NAHA (42 U.S.C. 12742(a))** would prevent the family's homelessness or would serve those with the greatest risk of housing instability. HUD defines these populations as individuals and households who do not qualify under any of the populations above but meet one of the following criteria:

(1) Other Families Requiring Services or Housing Assistance to Prevent Homelessness is defined as households (i.e., individuals and families) who have previously been qualified as "homeless" as defined in 24 CFR 91.5, are currently housed due to temporary or emergency assistance, including financial assistance, services, temporary rental assistance or some type of other assistance to allow the household to be housed, and who need additional housing assistance or supportive services to avoid a return to homelessness.



(2) **At Greatest Risk of Housing Instability** is defined as household who meets either paragraph (i) or (ii) below:

(i) has annual income that is less than or equal to 30% of the area median income, as determined by HUD and is experiencing severe cost burden (i.e., is paying more than 50% of monthly household income toward housing costs);

(ii) has annual income that is less than or equal to 50% of the area median income, as determined by HUD, AND meets one of the following conditions from paragraph (iii) of the "At risk of homelessness" definition established at 24 CFR 91.5:

(A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;

(B) Is living in the home of another because of economic hardship;

(C) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;

(D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals;

(E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau;

(F) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or

(G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan.

#### 7. VI-SPDAT/PR-VISPDAT™

Set of assessment tools used in prioritizing housing service offers based upon a vulnerability score. The Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) and Prevention/Re Housing Vulnerability Index Service Prioritization Decision Assistance Tool (PR-VISPDAT), developed and owned by OrgCode and Community Solutions, are triage tools that assist in informing an appropriate match to a particular housing intervention based upon acuity. SDHHC has agreed to use VI-SPDAT as the universal assessment and vulnerability prioritization tool.

#### 8. Homeless Management Information System (HMIS)

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

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

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

#### 10. Continuum of Care (CoC)

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

#### 11. Access Points

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

#### 12. Emergency Solutions Grants Program (ESG)

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

### III. General Policies

All CES participating agencies and service providers shall maintain and adhere to the policies and procedures delineated in this manual. The definitions provided in this manual shall be used by all participating in CES. All CoC Program-funded and ESG Program-funded projects are required to participate in CES. The CoC aims to have all homeless assistance projects participating in the CES process, and will work with all local projects and funders in the statewide CoC to facilitate their participation in CES.

## 1. Maintaining low barrier to enrollment

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

## 2. Providing appropriate safety planning

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

## 3. Enrollment process

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

## 4. Contributing data to HMIS is mandatory

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

## 5. CES Staff training and supervision

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

## 6. Emergency Services

The CES process allows for emergency services, including all domestic violence and services hotlines, drop-in service programs, and emergency shelters, including domestic violence shelters and other short-term crisis residential programs, to operate with as few barriers to entrance as possible. Households can access emergency shelter, independent of the operating hours of the CES intake and assessment process.

Emergency services providers are provided with CES marketing materials clearly explaining how participants are to be connected as soon as possible with intake and assessment processes of CES. Information on emergency shelters should be made available at all access points.

## IV. Roles and Expectations

### 1. Authorized CES HMIS User Agencies

Service providers identified as Covered Homeless Organizations (CHO) in the SDHMIS Governance Charter, have direct access to the HMIS database.

### 2. Coordinated Entry System Administrator

The Coordinated Entry System Administrator is responsible for the oversight, development and implementation of the CES system. The CES Administrator is the lead position responsible for day to day management of the system, data reporting and coordination of case conferencing, annual training and reporting to the CES Committee and Policy and Advisory Committee.

### 3. Regional Coordinators

- Statewide CES efforts organize South Dakota into four Regions. Each of the four regions has a designated Regional Coordinator. Regional Coordinators serve as a liaison in the local community to educate and engage community partners in the Coordinated Entry process and serve to provide oversight of the activities of the applicable Access Point staff, participate in case conference meetings with Access Point staff, the CES System Administrator and other regional service providers to determine the disposition of enrollments in the CES.

### 4. CES Lead Agency

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

### 5. Access Points

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

### 6. Receiving Programs

The following project types are considered receiving programs and are required by funding source to receive referrals for project openings exclusively from CES. Projects are responsible to report vacancies to the CES Administrator in accordance with referral procedures. All projects that receive referrals from the CES are responsible for responding to that referral and participate in case conferencing.

COC: Joint Transitional Housing/Rapid Re Housing, Rapid Re Housing and Permanent Supportive Housing

ESG: Rapid Re Housing and Homeless Prevention

HOME ARP: Rapid Re Housing and Homeless Prevention

SDCES has the capacity to issue referrals to providers for other housing project types not listed above if the project agrees to document service delivery in the SDHMIS system and adhere to CES policy and procedure.

## 7. Policy and Advisory Committee (PAC)

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

## 8. SDHHC CES Committee

The CES committee meets monthly and oversees the implementation and function of CES. CES Committee membership should be comprised of access points, receiving programs and stakeholders that represent the statewide homeless response system.

## 9. Coordinated Entry Queues

SDHHC has established a state-wide by-name list of all assessed literally homeless and at-risk households who are seeking housing and services to resolve their housing crisis. The queues are organized according to current living situation, participant need, vulnerability, and risk.

SDHHC has established three queues managed in accordance with HUD definitions:

CE: Literally Homeless households

Homeless Prevention: Imminent risk households

Youth Homeless Demonstration Project (YHDP): Youth and Young Adult households under age 24 including literally homeless and at risk. This includes unaccompanied youth up to the age of 24, including pregnant and parenting youth who meet Category 1, 2 or 4.

The queues provide an effective way to manage an accountable and transparent prioritization process. CES Lead Agency manages the queues in close collaboration with the other entities involved. Newly assessed households will be added to CES queues and existing households' rank on the prioritization list will be managed according to the prioritization principles as established by the CoC.

## V. Specific Policies & Procedures

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

#### 1. Access

Households in need may initiate a request for services in person or via phone through designated physical Access Points or through the statewide telephone call center. Access Points that are physical locations are required to ensure that steps are taken to ensure access to individuals with disabilities, including access for individuals who use wheelchairs. Access Points are required to ensure effective communication with individuals with disabilities. Appropriate auxiliary aids and services necessary to ensure effective communication will be provided including but not limited to Braille, audio, large type, assistive listening devices, and sign language. Reasonable steps to offer CES process materials in the language of those with Limited English Proficiency will be made by Access Points. Outreach providers will assist potential participants to contact the most appropriate Access Point (either a physical location or via the CES toll-free call-in number 800-664-1349). Current Access Points that are physical locations and hours of assessment are listed on the SDHHC Webpage <https://www.sdhda.org/housing-for-the-homeless/services/coordinated-entry-system>. CES access is available statewide for connecting people experiencing homelessness or those at risk of becoming homeless with available resources via CES toll-free call-in service, and callers attempting access to CES outside business hours are directed to Helpline Center's 211 for emergency shelter housing resources information. CES messages left by participants at Access Points are to be returned within 2 business days. Agencies interested in providing CES access either as a physical Access Point or by another Access Point means such as street outreach, or in a limited and specific capacity without set hours of assessment, should contact CES Lead Agency SDHDA and propose their plans for providing CES access to participants. Outreach providers and other homelessness services agencies may be approved by CES Lead Agency to provide access and may serve as access points that are not necessarily specific physical locations, and may provide access to participants based upon where the participants may be encountered in communities. A standardized CES HMIS work flow is followed and standardized assessments are completed. Considerations must be made to the importance of ensuring privacy for participants when completing CES intake assessments. All agencies identified as access points, advertised and non-advertised, must adhere to a Memorandum of Understanding with the SDHHC and adhere to all regulation and operating procedures outlined in this manual.

## 2. Assessments and Special Populations

Assessments and screening are conducted at Access Points. Individuals are not screened out for assistance based upon perceived barriers to housing and services including, but not limited to; too little or no income, active or history of substance abuse, domestic violence history, resistant to receiving services, the type or extent of a disability-related service or support needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

### Consent:

Households consent to a verbal release of information, documented in HMIS and signed electronically by the assessor in compliance with HUD standards.

Households can opt in to be contacted by the SDHHC and/or a third-party evaluator for survey purposes. Consent to be contacted for survey purposes releases the household's name, program enrollment dates and primary contact information. Consent for survey/research purposes is not contingent on program enrollment or participation.

The assessment process is to be person centered. Physical access points are to provide safe and confidential areas for individuals to identify sensitive information or safety issues in a private and secure setting. CES employs a Housing First approach which is focused on rapidly housing participants without preconditions. The most appropriate service or housing options will be based upon the vulnerability and needs of those assessed. A standardized script is used to screen or refer and the workflow is followed to determine the needs of those seeking help. Households that are determined in initial screening in need of Domestic Violence (DV) Services are immediately referred to SD Domestic Violence Hotline, 1-800-430-7233. Individuals and families who have or are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, human trafficking, or stalking have equal access to the coordinated entry system based upon the standardized assessment processes and may not be denied access to CES. These individuals or families may seek non-victim specific housing and services referrals via CES. Victim services agencies may participate in CES and are encouraged to do so on a voluntary basis by participating in regional case conferencing meetings, by accepting CES housing and service referrals, and assisting with access to CES while adequately providing for the safety and confidentiality of participants as needed. Victim services agencies receiving ESG funding are encouraged to also serve non-victims as their organizational capacity allows.

Households are initially screened to determine if they meet criteria for literally homeless or imminent risk of homelessness. CoC and ESG projects will work cooperatively to ensure the CoC's CES process allows for coordinated screening, assessment, and referrals for ESG projects consistent with the written standards for administering ESG assistance. SD CES will prioritize interventions for Homeless Prevention, Rapid Re-housing and Permanent Supportive Housing services, and not for entry into emergency services or similar services, thus allowing for an immediate crisis response for emergency services. Information gathered in the assessment process will only be used to determine the household's acuity in relationship to prioritization for referral to appropriate services. Eligibility for available services will not be determined using priority assessments.

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

All assessments completed at Access Points are completed in standard HMIS intake and assessment work flow. A specific VI-SPDAT/PR-VISPDAT is completed for 3 specific populations; families, individuals, and youth. Households are prioritized for Homeless Prevention, Permanent Supportive and Rapid Re-housing services based upon the score of the assessments. Households should be reassessed if more than 180 days have passed since previous assessment and they remain homeless. CES assessment is to be applied consistently in order to achieve fair, equitable, and equal access to services.

### 3. Referral

Referrals are made throughout the intake processes and following case conferencing depending upon participant eligibility and needs identified. Resource connections may be made for; Domestic Violence Services, Veteran Services, Emergency Shelter, Mainstream and Community-Based Emergency Assistance. Formal referrals for CoC/ESG and HOME ARP funded housing options will be made in accordance with prioritization for each project type as identified in Prioritization section of this manual.

Following assessment, eligible households will enter a queue status in either Homeless Prevention, CE or YHDP according to their current living situation. The CES Administrator is responsible for routinely monitoring enrollments in each queue and make appropriate referrals to housing services based upon available project openings and the use of case conferencing. Referrals are made based on intake and assessment information. Participants are screened for intervention options and eligible programs in HMIS CES workflow process. Households decide which program offer that they will accept. Households should be encouraged to continually seek housing solutions outside of CES housing placement options.

Once a referral is made for housing, the Receiving Program has 2 business days to acknowledge the receipt of the referral. The Receiving Program must act on the referral within 7 business days. The Receiving Program may reject the referral if the program is unable to contact the referred household within 7 business days of acknowledgement and acceptance of referral. The Receiving Program is required to document attempts to contact participants in HMIS.

All referral and case information is documented in HMIS case notes. Upon receipt and acknowledgement of referral, the Receiving Program assumes responsibility for updating client level data in HMIS including referral outcome and associated result, project enrollment (when applicable) and exiting the CES enrollment. CES enrollments should be exited once the client is permanently housed with the appropriate



exit destination associated with the housing type. Clients may appeal eligibility decisions including rejection by Receiving Programs. Appeal is accomplished by completing CES Grievance Form. Information for grievance process is provided by all Access Points and Receiving Programs and is located in the Appendices of this document. (See Appendix I)

Once the appropriate intervention is identified by use of an assessment script and processes, assessment tools are scored, and case conferencing occurs (if necessary), eligible households will be referred to the appropriate housing services.

All CES Receiving Programs previously defined in this document will enroll households exclusively utilizing the CES referral process. To facilitate prompt referrals and reduce vacancy rates, Receiving Programs must inform the CES Administrator of any known and anticipated upcoming vacancies. When a housing vacancy occurs in RRH, joint TH/RRH or PSH, the provider agency will alert the CES Administrator within 5 business days. \* The notification should include specific details on the vacancy including project name, unit size, location, and any funder defined eligibility requirements. A referral to the Receiving Program should be made by the next case conferencing meeting from the CES queue based upon prioritization criteria.

- \* For Homeless Prevention enrollments referrals will be sent automatically to Receiving Programs within 2 business days of enrollment. Households that are rejected by a Receiving Program for the provider being at staff capacity will be referred to another Receiving Program.

There may be instances when Receiving Agencies reject a referral from CES. Rejections should be documented in the Referral Outcome and Result in HMIS. Rejections by Receiving Agencies are only accepted in certain situations.

- The participant does not meet the projects eligibility criteria.
- The project was unable to locate the household after multiple attempts to contact or the contact information for the household is no longer valid.
- The household is offered the housing intervention and declines.
- The project is at capacity and unable to accept referrals at this time.

#### 4. Case Conferencing

Case conferencing occurs at the regional and state levels and in combination. The CES Administrator is responsible for ensuring that case conferencing occurs with the CES regional case conferencing teams regularly. Case conferencing serves as the process for referring households to housing options. Housing vacancies should be filled appropriately and as quickly as possible following the policy and procedures of this manual. Case conferencing is a tool to resolve barriers to housing and to prioritize the queues. Case conferencing is to be completed with decisions based on the prioritization of the most vulnerable individuals while considering the length of time households have been homeless as described in this manual. Households with completed enrollments in the CES queues should be contacted regularly following intake.

Households are matched with the currently available housing options. Housing offers are made to those on the queue and the offers are either accepted or rejected by households. The offers are recorded in HMIS, as are the rejection or acceptance of the offers, and the dates involved. Households will have five business days after housing offer to accept housing offer. Households that reject a housing offer do not forfeit their prioritization score.

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

#### 5. CES Staff Training

CES provides training at least annually to Access Points and Receiving Programs. CES case conferencing team members and PAC members are encouraged to attend annual CES training. CES updates and distributes training protocols at a minimum annually and more frequently as necessary to respond to changing needs within the CES system. Training includes “new user HMIS” training with specific emphasis on understanding SD CES matching and prioritization, as well as, training regarding equal access and non-discrimination requirements. Use of the grievance procedure by CES clients is emphasized. Access Point staff administering assessments are provided with materials that clearly describe the methods by which assessments are to be conducted with due fidelity to CES written policy and procedure.

The CES training curriculum includes topics for conducting assessments; review of CES written policies and procedures, requirements for use of assessment information for determining prioritization, and criterion for uniform decision making and referrals. All staff administering CES assessments use trauma informed, culturally and linguistically competent practices. CES annual training will incorporate required cultural and linguistic training that reduce barriers to housing and services for special populations, including engagement and addressing the needs of youth and young adults. Special consideration and application of trauma informed assessment techniques are afforded victims of domestic violence or sexual assault to help reduce the chance of re-traumatization. All assessment staff are trained on safety planning and procedures.

#### 6. Marketing

The CES will be widely marketed throughout the homeless services system in South Dakota. Receiving Programs will receive ongoing information updates regarding CES. In turn, those programs/agencies will reach out to potential CES participants to facilitate their entry into CES. The CES will actively market to all known and operating homelessness service providers information on access to CES system for participants.

## 7. Grievance Process

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

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

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

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

Participants that believe they have been a victim of discrimination within the CES should be directed to the Office of Fair Housing and Equal Opportunity (FHEO) 1-800-669-9777 in order that they may file an official complaint.

All CES participating projects in South Dakota's CES must ensure that all people in different populations and subpopulations throughout the geographic area, including people experiencing chronic homelessness, veterans, families, families with children, youth, and survivors of domestic violence, have fair and equal access to the CES, regardless of location or method by which they access the CES. Access Points must be accessible to households with disabilities. CES strives to protect the rights and protections of households seeking assistance. Households have a right to be treated with dignity and respect. There is a right to appeal decisions of CES via CES Grievance Process. Households have the right to be treated with cultural sensitivity. Advocates may be present to assist during any part of the grievance process. Participants may request reasonable accommodations and these requests must be duly addressed and considered. Participants must be informed of their right to file a non-discrimination complaint. Participants may accept or reject housing offers. Confidentiality shall be maintained and any information disclosed, to whom, and for what purpose, shall be expressly explained and agreed upon by households seeking assistance. Any personal data collected through the CES assessment process is protected and to be used only for housing purposes. A verbal consent is completed by each participant allowing the sharing of personal client information to assist in housing or prevention of homelessness. Data that is free of personal identifying information or aggregate data may be utilized to complete reports, analyze project performance, and in decision making management processes. Participants may refuse to share information unless that information is deemed essential for safety or

other reasonable reasons involving housing. At the same time, participants must understand that the failure to share certain data required may stop them from receiving services for which the participant may have qualified. CES may not require participants to disclose specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining eligibility to make appropriate referrals.

## VII. Prioritization and Eligibility

The South Dakota CES seeks to prioritize the most vulnerable people seeking housing assistance for housing offers. The Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT/PR-VISPDAT) was developed and is owned by OrgCode and Community Solutions, and is the tool used by SD CES for triage assisting in informing an appropriate match to a housing intervention for literally homeless and at-risk households based upon their acuity in several core areas. The VI-SPDAT/PR-VISPDAT allows for prioritization based on presence of vulnerability across four components: history of housing and homelessness, risks, socialization and daily function, and wellness.

Participants seeking assistance should all receive the same information regarding what the CES process involves. Access Point assessors should communicate the assessment processes and its results clearly and consistently across the community. Participants must meet prioritization criteria in order to be referred within categories for housing options. Where two participants meet all criteria within a single priority category, providers will serve clients with the highest acuity score first. Where two participants met all criteria within a single priority category and have the same acuity score, providers serve participant families with the largest household size first, and then those with children under five. Among participants that meet all criteria within a single priority category, have the same VI-SPDAT score, and have the same household composition, providers will serve the household with the longest documented history of homelessness.

**Rapid Rehousing** is targeted to households who are not chronically homeless and have a lower acuity score.

**Permanent Supportive Housing** is targeted to persons who are chronically homeless and have a higher acuity score. SDHHC adopts as policy HUD notice CPD-16-11, Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing.

Homeless Prevention is targeted first to households facing eviction, those at imminent risk of housing loss second and all other households within eligible populations third.

Upon completion of the VI-SPDAT/PR-VISPDAT during assessment, the assessor should ask if the participant is currently working with a provider towards a form of housing assistance. If so, the participant should be encouraged to continue to engage with existing case management supports. If not, Access Point staff should provide a brief description of resources currently available within the community and ask if the family is interested in specific forms of housing assistance. Access Point staff must emphasize the importance of having reliable and comprehensive information regarding the best time, means, and place to contact participants. It is important to have reliable methods of contacting

or locating participants recorded in HMIS. Staff should also quantify which essential documents the participant possesses currently and begin to work with participants on locating any missing documents. Emphasis must be made that specific documentation is required for many programs, including but not limited to government issued photo identification, social security card, birth certificate, and any proof of income.

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

\* Not reflective of our prioritization criteria.

<b><u>Housing Service</u></b>	<b><u>SDHHC Target Population</u></b>	<b><u>Eligibility Criteria</u></b>
Homeless Prevention	<ul style="list-style-type: none"> <li>• All eligible households</li> </ul>	<ul style="list-style-type: none"> <li>• 30% AMI*</li> <li>• Imminent Risk of Homelessness</li> </ul>
Rapid Re-Housing	<ul style="list-style-type: none"> <li>• Non-Chronic</li> <li>• Lower VI-SPDAT</li> </ul>	<ul style="list-style-type: none"> <li>• Literally Homeless</li> <li>• Fleeing/attempting to flee DV</li> </ul>
Transitional Housing (including joint TH/RRH)	<ul style="list-style-type: none"> <li>• Youth</li> <li>• DV Survivors</li> </ul>	<ul style="list-style-type: none"> <li>• Literally Homeless</li> <li>• Imminent Risk of Homelessness</li> <li>• Fleeing/attempting to flee DV</li> </ul>
Permanent Supportive Housing	<ul style="list-style-type: none"> <li>• Chronically Homeless</li> <li>• Veterans</li> <li>• Highest VI-SPDAT</li> <li>• Chemically Dependent Clients</li> </ul>	<ul style="list-style-type: none"> <li>• Chronically Homeless</li> </ul>

\*ESG CV funding AMI threshold is 50% AMI

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

**1. Permanent Supportive Housing (PSH):**

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

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

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

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

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

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

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

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

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

## 2. Rapid Re-Housing (RRH):

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

1<sup>st</sup> Priority – Households with children.

2<sup>nd</sup> Priority – Households experiencing domestic violence.

3<sup>rd</sup> Priority – Households Consisting of unaccompanied youth.

## 3. Transitional Housing:

The prioritization for persons who are determined to be eligible for TH will be consistent with the SDHHC's scoring range for need and vulnerability associated with TH projects. TH is currently extremely limited in SDHHC CES. YHDP funded Transitional Housing and Joint Transitional Housing Rapid Re Housing projects are subject to YHDP specific prioritization standards.

## 4. Homeless Prevention

The prioritization for persons who are at imminent risk of homelessness and meet eligibility through established AMI thresholds is consistent with SDHHC scoring range for need and vulnerability.

1<sup>st</sup>: Households facing eviction from leased housing.

2<sup>nd</sup>: Households in other imminent risk situations with highest acuity.

## Youth Homeless Demonstration Projects (Transitional Housing/Rapid Rehousing)

Prioritization for YHDP TH and RRH projects will be prioritized for households having the highest acuity score including the following additional criteria:

- Households living with a disability
- Households with exposure to domestic violence and/or human trafficking
- Households with children
- Households aging out of foster care

## VIII. Evaluation

Coordinated Entry System development involves the ongoing management and evaluation of systemic processes and associated change. The CES policy and procedure will be reviewed at minimum on an annual basis. Feedback mechanisms include evaluation of CES critical data elements reviewed by the CES Committee and the PAC. Stakeholder feedback will be gathered through survey, focus groups and similar mechanisms will be used to inform system performance and independent evaluation. All individual data collected during evaluation activities is subject to the same data privacy requirements as all other data collected in the CES process. All revisions to CES policy and procedures are reviewed by the CES Committee and approved by Policy and Advisory Committee of SDHHC. The Policy and Advisory Committee is the governing board of South Dakota Housing for Homeless Consortium.

# IX. Appendices

## Appendix I: Grievance Form

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

If you believe you have been treated unfairly during your application to the South Dakota Coordinated Entry System (CES), you may file a complaint. Please attempt to resolve any concern you may have by contacting the individual and agency involved directly. If you are not satisfied with the outcome you receive, or you are uncomfortable addressing your concern directly, please provide the information requested below to begin CES Grievance Process.

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Name of individual filing Grievance Form

---

Address (City, State, ZIP Code)

---

Phone number where you can be reached

---

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

Please explain what has occurred resulting in your grievance?

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

When and where did this event occur?



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

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

\_\_\_\_\_  
Signature\*

\_\_\_\_\_  
Date

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

---

FOR CES USE ONLY

Grievance received: \_\_\_\_\_  
Date

By: \_\_\_\_\_  
CES Administrator

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

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

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

Document action taken to address attached Grievance Form. Please include any pertinent dates and attempts to contact individual completing Grievance Form.

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Signature

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Date