

Columbus

DRAFT

Muscogee /
Russell
County
Continuum of
Care
GA-505

GOVERNANCE
CHARTER

ADOPTED January 27, 2014

AMENDED August 11, 2016

Amended August 24, 2017

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1. Organization

The name of this unincorporated organization is the Columbus-Muscogee / Russell County Continuum of Care. HUD refers to this COC as the GA-505 Columbus-Muscogee / Russell County COC. The principal office of the Columbus-Muscogee / Russell County COC shall be at the office of Home for Good (HfG) unless changed by the COC.

Mailing address:

Home for Good
P.O. Box 1157
Columbus, GA 31902

Home for Good
1100 Fifth Avenue
Columbus, GA 31902

Executive Director: Pat Frey email: pat@unitedwayofthecv.org

Office: (706) 327-3255

Website: <http://www.homeforgoodcv.org>

2. Geographic Area

The Columbus-Muscogee / Russell County COC carries out its activities throughout all of Muscogee County, Georgia, and Russell County, Alabama areas.

3. Mission, Purpose, and Description

Mission: Our mission is to work to end the cycle of homelessness in the Columbus-Muscogee / Russell County COC through interagency collaboration, effective allocation of resources, increased access to immediate services, and development of new strategies. Using shelters, the Homeless Resource Network and Home for Good as a point of contact, we will identify the service and housing needs of people who are homeless or about to become homeless and create solutions needed to prevent homelessness and move people from homelessness to housing and self-sufficiency.

Purpose:

- Promote a community-wide commitment to the goal of ending homelessness;
- Provide funding for efforts by nonprofit providers and local governments to re-house homeless individuals and families rapidly while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness;
- Promote access to and effective utilization of mainstream programs by homeless individuals and families; and
- Optimize self-sufficiency among individuals and families experiencing homelessness.

Description: The Columbus-Muscogee / Russell County COC is the voluntary association that provides leadership, strategic planning services, advocacy, and information for the Columbus — Muscogee/Russell County region's homeless population.

4. Responsibilities

The Columbus-Muscogee / Russell County COC is responsible for fulfilling four major duties, as follows:

4.1. Operation of the Columbus-Muscogee / Russell County COC

- Hold meetings of the full membership, with published agendas, at least semi-annually;
- Issue a public invitation annually for new members to join within the geographic area;
- Adopt and follow a written process to select a COC board and review, update, and approve the process at least once every five years;
- Appoint additional committees, subcommittees, or workgroups;
- Adopt, follow, and update annually a governance charter in consultation with the collaborative applicant and the HMIS lead;
- For COC and ESG grants, establish performance targets appropriate for population and program type in consultation with recipients and sub-recipients, then monitor recipient and sub-recipient performance, evaluate outcomes, take actions against poor performers, and report to HUD;
- Establish and operate a centralized or coordinated assessment system in consultation with recipients of ESG Funds; and
- Establish and follow written standards for providing COC assistance in consultation with recipients of ESG Funds. At a minimum, these written standards must include:
 - a. Policies and procedures for evaluating individuals' and families' eligibility for assistance;
 - b. Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
 - c. Policies and procedures for determining and prioritizing which eligible families and individuals will receive rapid rehousing assistance;
 - d. Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance; and
 - e. Policies and procedures for determining which eligible individuals and families will receive permanent supportive housing assistance.
 - f. Policies and procedures for eligibility are in accordance with 24 CFR Part 5 [Docket No. FR 5863–F–02] RIN 2506–AC40, which provides for equal access regardless of sexual orientation, gender identity, or marital status.

4.2. Designation and operation of a Homeless Management Information System (HMIS)

- Designate a single HMIS for its geographic area and designate an eligible applicant to manage its HMIS.
- Review, revise, and approve privacy, security, and data quality plans;
- Ensure consistent participation of recipients/sub-recipients in HMIS;
- Ensure that the HMIS is administered in compliance with HUD requirements; and
- Provide funding for adequate operation of the HMIS system.

4.3. Continuum of Care Planning

- Coordinate implementation of a housing and service system; within its geographic area that meets the needs of the homeless individuals (including unaccompanied youth) and families. At a minimum, such system encompasses the following:
 - (i) Outreach, engagement, and assessment;
 - (ii) Shelter, housing, and supportive services;
 - (iii) Prevention strategies.
- Planning for and conducting, at least biennially, a point-in-time count of homeless persons within the geographic area that meets the following requirements:
 - (i) Homeless persons who are living in a place not designed or ordinarily used as a regular sleeping accommodation for humans must be counted as unsheltered homeless persons.
 - (ii) Persons living in emergency shelters and transitional housing projects must be counted as sheltered homeless persons.
 - (iii) Other requirements established by HUD by Notice.
- Conducting an annual gaps analysis of the homeless needs and services available within the geographic area;
- Providing information required to complete the Consolidated Plan(s) within the Continuum's geographic area;
- Consulting with State and local government Emergency Solutions Grants program recipients within the Continuum's geographic area; on the plan for allocating Emergency Solutions Grants program funds and reporting on and evaluating the performance of Emergency Solutions Grants program recipients and subrecipients.
- VAWA emergency transfer plan. The Continuum of Care must develop the emergency transfer plan for the Continuum of Care that meets the requirements under § 578.99(j)(8). [77 FR 45442, July 31, 2012, as amended at 81 FR 80809, Nov. 16, 2016]

4.4. Preparation of a COC Application for Funds

- Design, operate, and follow a collaborative process for the development of applications and approve submission of applications in response to a COC Program Notice of Funding Availability (NOFA);
- Establish priorities for funding projects;
- Designate the collaborative applicant to submit the application;
- The collaborative applicant must collect and combine the required application information from all projects within the geographic area and potentially apply for funding for COC planning activities.

5. COC Membership

5.1. Open Membership and New Members

Membership in the Columbus-Muscogee / Russell County COC is open to all stakeholders in Muscogee / Russell County, including nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, homeless or formerly homeless persons and organizations that serve veterans and homeless and formerly homeless individuals.

Annually, the Columbus-Muscogee / Russell County COC shall issue a public invitation for any interested person within Muscogee / Russell County, to become a member of the COC. The invitation will be sent to relevant organizations in Muscogee / Russell County and published in a daily newspaper with wide circulation in Muscogee / Russell County.

New members may enroll at any time during the year by providing to the COC their names, contact information, and any relevant affiliations.

5.2. Responsibilities of Members

Most of the responsibilities of the Columbus-Muscogee / Russell County COC will be carried out by its Board (with input from Members), with the following exceptions:

- Members will vote directly to approve the governance framework set forth in this Governance Charter and any subsequent changes or additions to the Governance Charter;
- Every five years following initial approval of this Governance Charter, members will review, update, and approve changes to the Governance Charter;
- Unless the Board selection process is changed by a subsequent amendment to the Governance Charter, members will vote annually to elect directors to vacant/expiring board positions.

5.3. Membership Meetings

The full membership of the Columbus-Muscogee / Russell County COC shall meet at least semi-annually. The semi-annual meetings shall include a report on the CoC's activities, funding, and progress toward meeting goals. All Columbus-Muscogee / Russell County COC members shall be notified of the date and location of membership meetings.

The final meeting of the year will be the Annual Meeting. The agenda for the Annual Meeting will include, but not limited to:

- The election of directors to serve on the Board;
- A review of any proposed changes to the Columbus-Muscogee / Russell County COC Governance Charter followed by a vote on those changes; and
- Any other business the Board chooses to put before its members.

5.4. Notice of Meeting and Attendance

Notice of the place, date and time of each Membership Meeting, including the Annual Meeting, shall be sent to members by email or other reasonable means of communication at least five business days before the meeting date, along with the agenda for the meeting.

5.5. Attendance and Participation

- A. **Continuum of Care Grantees:** All Supportive Housing Program (SHP), Supportive Services Only (SSO), and Shelter Plus Care (S+C) grantees are required to actively participate in the COC. Executive Directors or program decision makers may designate an agency representative. HUD COC grantees must attend at least 75% of the previous twelve Program Grantee meetings in order to maintain funding or be included in the combined HUD application to receive new funding.
- B. **Other Agencies:** Attendance and participation is crucial in meeting the mission of the CoC. As such, active participation is also a must to maintain funding. Additionally, the active participation of other agencies is essential in workload distribution. Participation ensures the fair distribution of workload; each agency is required to actively participate on a minimum of one working committee.
- C. **Individuals:** Individual attendance and active participation is essential in meeting the mission of the CoC. Therefore, all individual members are expected to actively participate on a minimum of one working committee. This will assist in equal workload distribution of the CoC.

5.6. Quorum and Voting

The members present at any properly announced meeting of Columbus-Muscogee / Russell County COC members shall constitute a quorum. Issues presented to Columbus-Muscogee / Russell County COC members for a vote will be decided by simple majority of the votes cast.

6. Board

The Columbus-Muscogee / Russell County COC shall be governed by a Board, which will provide oversight and accountability for all Columbus-Muscogee / Russell County COC responsibilities.

6.1. Responsibilities of the Board

Except for those responsibilities assigned to the Columbus-Muscogee / Russell County COC members (in paragraph 5.2 above), the Board will act on behalf of the Columbus-Muscogee / Russell County COC to fulfill the regulatory duties of a continuum of care set forth in 24 CFR § 578. The Board shall be responsible for approval and implementation of all COC policies and procedures,

6.2. Board Membership

6.2.1. Composition

The Board will consist of an odd number of Columbus-Muscogee / Russell County COC members totaling no less than 7 and no more than 11 members. The Board must be representative of the stakeholder organizations identified in paragraph 5.1 and must include a representative of the COC Collaborative Applicant and the HMIS Lead, as well as representatives of each of the following four groups: 1) Government; 2) Nonprofit Homeless Service Providers; 3) Consumers and Advocates; and 4) Community Stakeholders. The Board must, at all times, include at least one homeless or formerly homeless individual. Examples of each of the four categories are provided below.

Government Representatives

- City of Columbus, GA
- City of Phenix City, AL
- Muscogee / Russell County Law Enforcement
- Veterans Administration

Nonprofit Homeless Assistance Providers

- Housing Opportunities for Persons with AIDS (HOPWA) provider
- Veterans Services provider
- Domestic Violence Services provider
- Emergency Food and Shelter provider
- Homeless Service provider

Consumers and Advocates

- Homeless/formerly homeless person
- Health Care for the Homeless Consumer Board
- HIV/AIDS Consumer Board
- Community advocacy agency
- National Alliance Mental Illness

Community Stakeholders

- Regional funders (United Way of the Chattahoochee Valley, Community Foundation)
- Faith-based Organizations
- Affiliated Chambers of Commerce (Columbus and Phenix City)
- Hospitals

6.2.2. Term of Office

Directors will serve staggered terms of three years so that approximately one-third of directors will stand for election each year. In the first year, newly-elected directors will draw lots to determine the length of their term—one, two, or three years. There is no limit to the number of terms a director may serve.

6.2.3. Nomination and Voting

Each year the existing Board will solicit recommendations from COC members and develop for Membership approval a slate of candidates for election to the Board. The Membership will vote for vacant/expiring Board positions at the Annual Meeting.

6.2.4. Resignation and Removal

Unless otherwise provided by written agreement, any representative may resign at any time by giving written notice to the Chair. In addition, directors may be removed from the Board by a majority vote of remaining Board members for repeated absence, misconduct, failure to participate, or violation of conflict of interest policies.

6.2.5. Vacancies

When a director resigns or is removed from the Board or cannot serve his/her full term for any reason, the Board may appoint another Columbus-Muscogee / Russell County COC member to fill the unexpired term.

6.3. Officers

6.3.1. Officers

The officers of the Columbus-Muscogee / Russell County COC shall be a Chair, a Vice Chair, and a Secretary.

6.3.2. Election and Term

The officers shall be elected by the Columbus-Muscogee / Russell County COC Members annually, at the Annual Meeting. Each officer shall hold office for a term of one year or until their successors have been elected and qualified. No person may hold more than one office.

6.3.3. Chair and Vice Chair

The Chair is responsible for scheduling meetings of the Columbus-Muscogee / Russell County COC, ensuring that the Columbus-Muscogee / Russell County COC meets regularly or as needed, and for setting the agenda for meetings in collaboration with the Steering Committee. In the absence of the Chair, the Vice Chair assumes the duties of the Chair.

6.3.4. Secretary

The Secretary shall keep accurate records of the acts and proceedings of all meetings of the COC Board, or designate another person to do so at each meeting, including documenting all actions taken without a meeting. Such records will include the names of those in attendance. The Secretary shall give all notices required by law and by these Regulations. The Secretary shall perform such other duties as the Columbus-Muscogee / Russell County COC may designate, and shall chair Columbus-Muscogee / Russell County COC meetings in the case of the absence of the Chair and Vice Chair.

6.3.5. Resignation of Officers

Unless otherwise provided by written agreement, any officer may resign at any time by giving written notice to the Chair or the Secretary. Any such resignations shall take effect at the time

specified within the written notice or if the time is not specified therein upon its acceptance by the Columbus Muscogee / Russell County COC.

6.3.6. Officer Vacancies

Vacancies among the officers may be filled for the remainder of the term by a vote of the majority of the Columbus-Muscogee / Russell County COC directors at any meeting at which a quorum is present.

7. Rules of Governance for the Board

7.1. Quorum and Voting

A number equal to a majority of the Board shall constitute a quorum for the transaction of business at any meeting.

At all meetings, business items may be decided by arriving at a consensus. If a vote is necessary, all votes shall be by voice or ballot at the will of the majority of those in attendance at a meeting with a quorum represented. If no quorum is present, votes may be taken electronically or telephonically. Each representative seat shall have one vote. No member may vote on any item which presents a real or perceived conflict of interest.

7.2. Proxies

Board members may have non-voting proxies attend meetings in their place.

7.3. Action Without a Meeting

Any action that may be taken at any meeting of the Columbus-Muscogee / Russell County COC Board may be taken without a meeting if that action is approved, in writing (e.g. letter, email) by a majority of all Columbus-Muscogee / Russell County COC Board members who would be entitled to vote if a meeting was held for such purpose.

8. Committees and Working Groups

The Columbus-Muscogee / Russell County COC will carry out its responsibilities through the work of a number of Committees and Working Groups. All COC Members may participate on Committees and Working Groups, with the exception of the Steering Committee, which must be made up -of members of the Board of Directors. Policies and policy decisions made by Committees and Working Groups must be approved by the Board before taking effect.

8.1. Standing Committees

The Columbus-Muscogee / Russell County COC shall have four standing committees, as follows:

8.1.1. Steering Committee

The Steering Committee shall set agendas for Board meetings and shall carry out the work of the Columbus-Muscogee / Russell County COC between quarterly Board meetings. The Committee shall be made up of: the representative of the Collaborative Applicant, the Board Chair, the Board Vice Chair, the Board Secretary, and up to three additional members of Board.

8.1.2. Performance and Outcomes Committee

The Performance and Outcomes Committee will collaborate with the Collaborative Applicant, CoC-funded entities, and COC Membership to:

- Review PIT and HIC data, conduct a gaps analysis, and make recommendations for Board approval the priorities to be used in ranking requests for COC funding;
- Establish performance targets appropriate for population and program type in consultation with recipients and sub-recipients, then monitor recipient and sub-recipient performance, evaluate outcomes, and recommend to the Board actions to be taken against poor performers;
- Develop performance measures to evaluate Muscogee / Russell County 's overall success in eliminating homelessness, using guidance available from HUD and making changes over time as necessary to incorporate new regulations or guidance available from state or local authorities;
- Evaluate outcomes of projects funded under the COC Program, and provide outcome data to the Collaborative Applicant to report to HUD; and
- Consult with state and local government agencies, homeless service providers, private funders, and other relevant entities and organizations to evaluate available resources and reach an agreement about how those resources can be allocated most effectively to implement plans to eliminate homelessness.

8.1.3. COC Application Committee

The COC Application Committee will:

- Work with the Collaborative Applicant to design and implement a collaborative process for developing a consolidated application for Muscogee / Russell County programs and projects seeking COC funding;
- Review findings of the Performance and Outcomes Committee, the program priorities established by the Board, and the applications for new programs or projects, and make recommendations to the Board about which programs/projects to include in the annual COC application, and rank projects for the application, suggest reallocation of monies from renewal projects; and
- Develop and oversee operation of a grievance process for agencies whose applications for funding have not been selected by the COC.

8.1.4. Mainstream and Outreach Committee

The Mainstream and Outreach Committee will work with Service Providers to:

- Develop strategies and programs to improve connections between persons experiencing homelessness and mainstream services, especially in the areas of vocational training, employment, and supportive services,
- Oversees education and outreach to the homeless population, as well as the general population through collaborative relationships and public education efforts; and
- Updates the Board as to any areas of concern or gaps in services.

8.1.5. HMIS/Data Committee

The HMIS Committee will work with the HMIS Lead to:

- Develop, annually review, and, as necessary, revise for Board approval a privacy plan, security plan, and data quality plan for the HMIS, as well as any other HMIS policies and procedures required by HUD.
- Develop for Board approval and implement a plan for monitoring the HMIS to ensure that:
 - Recipients and sub-recipients consistently participate in HMIS;
 - HMIS is satisfying the requirements of all regulations and notices issued by HUD;
 - The HMIS Lead is fulfilling the obligations outlined in its HMIS Governance Charter and Agreement with the COC, including the obligation to enter into written participation agreements with each contributing HMIS organization.
- Oversee and monitor HMIS data collection and production of the following reports:
 - Sheltered point-in-time count;
 - Housing Inventory Chart;
 - Annual Homeless Assessment Report (AHAR); and
 - Annual Performance Reports (APRs).

8.1.6 Other Committees

- The COC may establish committees or ad hoc committees as it deems necessary. Two existing groups assist the COC in meeting its regulatory obligations:
 - Centralized/Coordinated Intake and Assessment Committee ensures satisfactory operation of the centralized or coordinated assessment system. Which is designed to ensure that homeless persons and persons at risk of becoming homeless are matched as quickly as possible, with the intervention that will most efficiently and effectively end their homelessness.
 - Count Committee, The Street Count Committee comes together during December and January each year to plan for and undertake the annual point-in-time street count.

9. Appointment of Agents and Designation of HMIS

9.1. Collaborative Applicant

United Way of the Chattahoochee Valley serves as the Columbus-Muscogee / Russell County CoC's Collaborative Applicant.

9.2. HMIS Lead

United Way of the Chattahoochee Valley currently serves as the Columbus-Muscogee / Russell County CoC's HMIS Lead.

9.3. HMIS Designation

The Columbus-Muscogee / Russell County COC designates Client Track as the single Homeless Management Information System for its geographic area.

9.4. HMIS Governance Charter

The duties and responsibilities of the Columbus-Muscogee / Russell County COC, the HMIS Lead, the HMIS/Data Committee and Contributing HMIS Organizations are set forth in further detail in the HMIS Governance Charter, approved simultaneously with this Columbus-Muscogee / Russell County COC Governance Charter.

10. Code of Conduct and Conflicts of Interest

10.1. Conduct and Attendance

Directors, committee members, and other Columbus-Muscogee / Russell County COC agents and employees must exercise care, diligence and prudence when acting on behalf of the Columbus Muscogee / Russell County COC. These individuals must timely complete work they have agreed to undertake on behalf of the Columbus-Muscogee / Russell County COC. In addition, they must attend Board and committee meetings and be prepared to discuss matters presented for their deliberation. Active participation is critical to the success of our mission. As such, members who are absent from two meetings without notice or explanation will receive written notification regarding their absences. The third absence without notice or explanation within a calendar year or repeated failure to complete work assignments will be grounds for removal from the Board and/or committee assignments.

10.2. Conflict of Interest

10.2.1. Rules Regarding Conflict

Directors, committee members, and other Columbus-Muscogee / Russell County COC agents and employees must abide by the following rules in order to avoid conflicts of interest and promote public confidence in the integrity of the COC and its processes. Failure to honor these rules will be grounds for removal from the Board and any of its committees.

- Directors, committee members, and other Columbus-Muscogee / Russell County COC agents and employees may not participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefit to:
 - Any organization that they or a member of their immediate family represents; or
 - Any organization from which they or a member of their immediate family derives income or anything of value.
- Whenever Columbus-Muscogee / Russell County COC directors, committee members, agents, employees, or any of their immediate family members have a financial interest or any other personal interest in a matter coming before the Board or one of its committees, they must:
 - Fully disclose the nature of the interest; and
 - Withdraw from discussing, lobbying or voting on the matter.

10.2.2. Disclosure

At the beginning of every meeting of the Board or committee, Board and committee members must disclose if they have any conflicts of interest or potential conflicts of interest regarding any business included in the meeting's agenda.

10.2.3. Abstention from Decision-Making

Any matter in which directors or Columbus-Muscogee / Russell County COC committee members have an actual or potential conflict of interest will be decided only by a vote of disinterested individuals. In addition, the minutes of any meeting at which such a vote is conducted must reflect the disclosure of interested directors' and committee members' actual or potential conflicts of interest and their abstention.

10.2.4. Annual Conflict of Interest Acknowledgement Form

Columbus-Muscogee / Russell County COC directors and Columbus-Muscogee / Russell County COC committee members must sign a conflict of interest form annually, affirming that they have reviewed the conflict of interest policy and disclosing any conflicts of interest that they face or are likely to face in fulfillment of their duties as directors.

11. Approval of Governance Charter and Subsequent Amendments

This Governance Charter and every subsequent amendment to it must be approved by a majority of Columbus-Muscogee / Russell County COC members, in consultation with the Collaborative Applicant and the HMIS Lead, the Board will review the Governance Charter annually and recommend to the Members changes to improve the functioning of the Columbus-Muscogee / Russell County COC and maintain compliance with federal and state regulations. In addition, every five years, the Board will invite interested COC Members to participate in a review and discussion of the Governance Charter. Based on the consensus achieved in that discussion, the Board will ask Columbus-Muscogee / Russell County COC Members to ratify the existing Governance Charter or approve proposed changes to the Governance Charter at their next Annual Meeting.

Certification

I, Beth Schwartz, the undersigned, the duly elected and acting Chair of the COLUMBUS – MUSCOGEE / RUSSELL COUNTY CONTINUUM OF CARE, GA-505, do hereby certify the foregoing Governance Charter was originally adopted January 27, 2014 and subsequently amended August 11, 2016. Both adoption and amendment were duly presented to the full membership of said CoC and approved by same.

Beth Schwartz
Chair
Columbus – Muscogee / Russell County
Continuum of Care
GA - 505

APPENDIX

Appendix A

Proposed Community-Wide Prioritization Standards for Coordinated Entry

If we follow these Priorities:

1. Veterans
2. Chronically Homeless
3. Families/Youth
4. Singles

AND

If we agree that all Youth and Chronics are vulnerable

If we say PSH is for:

1. Chronically Homeless
2. Youth (Chronic or 19-26 score)
3. Families (Chronic or 11-21 score)

AND

If we say RRH is for:

- Youth (Non-Chronic and 0-18 Score)
 Families (Non-Chronic and 0-10 score)
 Singles (Non-chronic)

AND

If we say we are not doing any specific subpopulation carve-outs because we don't have enough resources,

Then... We prioritize as follows:

Housing intervention	Prioritization	Subpopulation	Secondary Prioritization
PSH	1	<i>Chronic Youth *At last revision, there is no known service</i>	1 Veteran
			2 Prioritization Score
			3 Length of homelessness
			4 Date of Assessment
	2	<i>Chronic Families *At last revision, there is no known service</i>	1 Veteran
			2 Prioritization Score
			3 Length of homelessness
			4 Date of Assessment
	3	Chronic Singles	1 Veteran
			2 Prioritization Score
			3 Length of homelessness
			4 Date of Assessment
	4	Non-Chronic 19-26 Score Youth	1 Veteran
			2 Prioritization Score
			3 Length of homelessness
			4 Date of Assessment
	5	Non-Chronic 11-21 Score Families	1 Veteran
			2 Prioritization Score
			3 Length of homelessness
			4 Date of Assessment
	6	Non-Chronic High-Scoring Singles	1 Veteran
			2 Prioritization Score
			3 Length of homelessness
			4 Date of Assessment

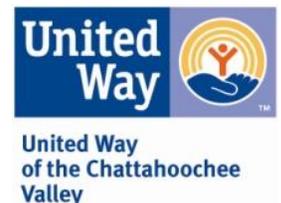
Housing intervention	Prioritization	Subpopulation	Secondary Prioritization
RRH	1	Non-Chronic and 0-18 Score Youth	1 Veteran
			2 Prioritization Score
			3 Length of homelessness
			4 Date of Assessment
	2	Non-Chronic and 0-10 Score Families	1 Veteran
			2 Prioritization Score
			3 Length of homelessness
			4 Date of Assessment
	3	Non-Chronic Singles	1 Veteran
			2 Prioritization Score
			3 Length of homelessness
			4 Date of Assessment

Things to know about your housing intake

- **If you do not want to or cannot fill out the attached form, you may call 2-1-1 or 706-405-4775 and a call agent will assist you.**
- Answering yes or no to any question, or refusing to answer any question, does not automatically qualify or disqualify you for services; however, answering completely helps us identify the best program for your needs.
- The information you provide will be shared with agencies that may be able to help. Why is it important that we share this information?
 - To better assess your needs and the needs of others in your community, as well as what services are available to you.
 - To track whether your needs, and the needs of others in your community, were actually met.
 - To improve the quality of care and service for homeless individuals and families.
- **Completing this form is not a promise or guarantee of future housing.**
- What are the next steps?
 - Your intake will be assessed by close of business the following business day and sent to program(s) that may be able to assist you with your housing needs.
 - If you have provided a cell phone number, please make sure the voicemail is set up so we can leave messages for you if we can't reach you
 - You should be contacted by an agency representative by the close of business on the 3rd business day.
 - **If you have not been contacted by an agency by the close of business on the 5th business day, please call 2-1-1 or 706-405-4775.**
 - **Please keep this cover sheet for your records**

Date of Intake: ____ / ____ 3rd Business Day: ____ / ____ 5th Business Day: ____ / ____

(Calls will not be returned on weekends or holidays)



FULL NAME: _____ Gender: Female____ Male____

DATE OF BIRTH_____/_____/_____ LAST FOUR OF SSN **_*** _____

CONTACT NUMBER: (____) _____ - _____ EMAIL: _____

What's the best time of day to contact you? MORNING_____ AFTERNOON_____

If we can't contact you by phone, where's the best place to find you?

Answering YES or NO or refusing to answer any of the following questions neither automatically qualifies nor disqualifies you for a program; it simply helps us identify the best program to meet your needs.

1. Where did you sleep last night? (check one) _____ Outside/Street/Park _____ Shelter _____ Hospital _____ Hotel (self-pay) _____ Hotel (agency-paid) _____ Jail _____ Friend/Family _____ Other
2. Have you (and/or your spouse) ever served in the Military (Active Duty, Guard or Reserves)? YES _____ NO _____
 - If so, are you eligible for VA Benefits? YES _____ NO _____ NOT SURE _____
3. Are you **ACTIVELY FLEEING** an episode of Domestic Violence **NOW**? YES ____ NO ____
4. Is this your first experience with homelessness? YES _____ NO _____
5. How long have you been homeless THIS TIME? _____
6. How many times have you been homeless in the past 3 years? _____
 - How many months total in the past 3 years have you been homeless? _____
7. Do you have a source of income? YES _____ NO _____
 - If yes, what is your approximate income \$ _____ per MONTH
8. Do you have a mental or physical disability or illness? YES _____ NO _____
9. Do you have now or ever had a substance abuse issue? YES _____ NO _____
 - If Yes, do you have an active substance abuse issue? YES _____ NO _____
10. Do you have a spouse/partner or other family members with you? YES _____ NO _____
 - If Yes, how many family members are with you? _____
 - How many are under the age of 18? _____
11. Do you currently have Health Insurance? YES _____ NO _____

12. What is your employment status?

- Disabled _____
- Employed: Full Time _____ Part Time _____ Temp/Day Labor _____
- Unemployed _____
- Student (employed) _____ Student (unemployed) _____
- Maternity Leave _____ Retired _____ Self-employed _____

13. Do you receive any type of assistance? **Circle all that apply**

Child Support Food Stamps Foster Care Supplement General Assistance
 Medicaid Medicare PeachCare Pension Retirement Section 8
 Social Security/SSI/SSDI TANF Unemployment Veteran’s Benefits
 WIC Worker’s Compensation None Other: _____

14. Is there any additional information you would like to provide? _____

By signing below, I give my permission for this information to be shared with agencies that may be able to assist me in locating and obtaining transitional and/or permanent housing.

Signature _____

Date _____

FOR AGENCY COMPLETING INTAKE USE ONLY

Agency Completing Intake _____

Agency Phone Number _____ - _____ - _____

Intake Date ____ / ____ / ____ Intake completed by: _____

Shelter or other Diversion resources were provided to the client Yes _____ No _____

ClientTrack ID# (if known) _____

Please email or fax to: tredding@unitedwayofthecv.org FAX 706-571-2271

211 Client ID _____ 211 Contact # _____ Sent to CES ____ / ____ / ____

**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.0

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1 (800) 355-0420 info@orgcode.com www.orgcode.com

**COMMUNITY
SOLUTIONS**



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

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The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
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- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdatt/

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Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___ : __ AM/PM	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
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- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters
- Transitional Housing
- Safe Haven
- Outdoors**
- Other (specify):**

Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.

SCORE:

2. How long has it been since you lived in permanent stable housing? _____

Refused

3. In the last three years, how many times have you been homeless? _____

Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? _____

Refused

b) Taken an ambulance to the hospital? _____

Refused

c) Been hospitalized as an inpatient? _____

Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____

Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____

Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____

Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

5. Have you been attacked or beaten up since you've become homeless? Y N Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

8. Does anybody force or trick you to do things that you do not want to do? Y N Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money? Y N Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Y N Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT.

SCORE:

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y N Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.

SCORE:

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y N Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.

SCORE:

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? Y N Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.

SCORE:

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? Y N Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? Y N Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? Y N Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? Y N Refused
19. When you are sick or not feeling well, do you avoid getting help? Y N Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant? Y N N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? Y N Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? Y N Refused
- b) A past head injury? Y N Refused
- c) A learning disability, developmental disability, or other impairment? Y N Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

SINGLE ADULTS

AMERICAN VERSION 2.0

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? **Y** **N** Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? **Y** **N** Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

27. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? **Y** **N** Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ___ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- legal status in country
- children that may reside with the adult at some point in the future
- ageing out of care
- income and source of it
- safety planning
- mobility issues
- current restrictions on where a person can legally reside

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

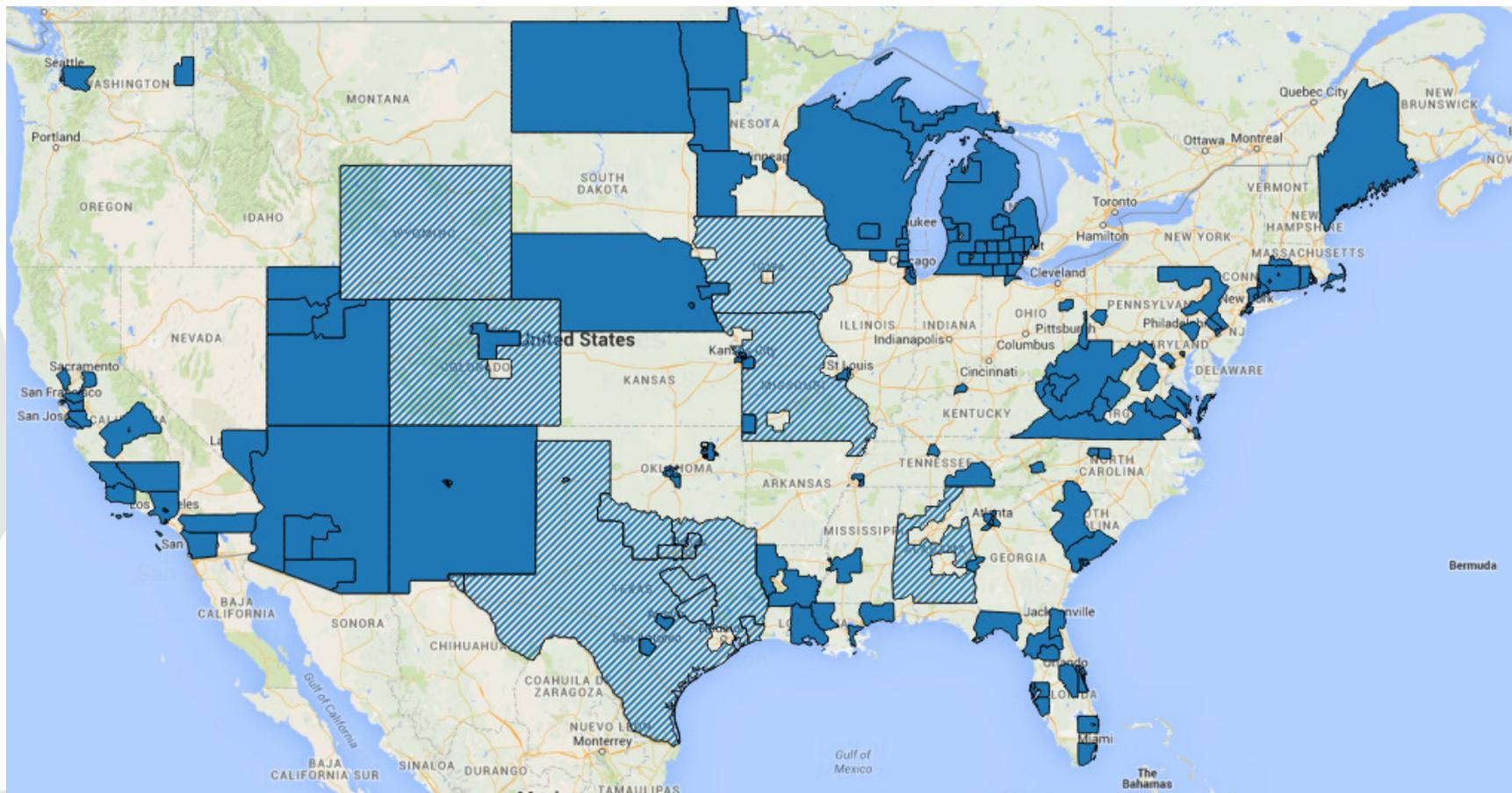
Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama

- Parts of Alabama Balance of State

Arizona

- Statewide

California

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado

- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia

- District of Columbia

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia

- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii

- Honolulu

Illinois

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa

- Parts of Iowa Balance of State

Kansas

- Kansas City/Wyandotte County

Kentucky

- Louisville/Jefferson County

Louisiana

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts

- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland

- Baltimore City
- Montgomery County

Maine

- Statewide

Michigan

- Statewide

Minnesota

- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri

- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi

- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina

- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

- Las Vegas/Clark County

New York

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio

- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma

- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania

- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country
- Columbia/Midlands

Tennessee

- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas

- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah

- Statewide

Virginia

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing

**Vulnerability Index -
Service Prioritization Decision Assistance Tool
(VI-SPDAT)**

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___:___	Survey Location _____

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Basic Information

PARENT 1	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
			Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No
PARENT 2	<input type="checkbox"/> No second parent currently part of the household		
	First Name _____	Nickname _____	Last Name _____
	In what language do you feel best able to express yourself? _____		
	Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Security Number _____
			Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No
IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.			SCORE: <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>

Children

1. How many children under the age of 18 are currently with you? _____ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ Refused
3. **IF HOUSEHOLD INCLUDES A FEMALE:** Is any member of the family currently pregnant? Y N Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**. **SCORE:**

IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
 - Shelters
 - Transitional Housing
 - Safe Haven
 - Outdoors**
 - Other (specify):** _____
 - Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1. **SCORE:**

6. How long has it been since you and your family lived in permanent stable housing? _____ Refused
7. In the last three years, how many times have you and your family been homeless? _____ Refused

IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1. **SCORE:**

B. Risks

8. In the past six months, how many times have you or anyone in your family...

- a) Received health care at an emergency department/room? Refused
- b) Taken an ambulance to the hospital? Refused
- c) Been hospitalized as an inpatient? Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? Refused
- e) Talked to police because they witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told them that they must move along? Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

- 9. Have you or anyone in your family been attacked or beaten up since they've become homeless? **Y** N Refused
- 10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

- 11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? **Y** N Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.

SCORE:

- 12. Does anybody force or trick you or anyone in your family to do things that you do not want to do? **Y** N Refused
- 13. Do you or anyone in your family ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.

SCORE:

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? **Y** **N** Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? **Y** **N** Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT. **SCORE:**

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? **Y** **N** Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY. **SCORE:**

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? **Y** **N** Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE. **SCORE:**

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted? **Y** **N** Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS. **SCORE:**

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? **Y** **N** Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart? **Y** **N** Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? **Y** **N** Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? **Y** **N** Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help? **Y** **N** Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH. **SCORE:**

VULNERABILITY INDEX - SERVICE PRIORITIZATION DECISION ASSISTANCE TOOL (VI-SPDAT)

FAMILIES

AMERICAN VERSION 2.0

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? **Y** N Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern? **Y** N Refused

b) A past head injury? **Y** N Refused

c) A learning disability, developmental disability, or other impairment? **Y** N Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use? **Y** N N/A or Refused

IF "YES", SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking? **Y** N Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS**.

SCORE:

31. *YES OR NO:* Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced? **Y** N Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA**.

SCORE:

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days? **Y** N Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.

SCORE:

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation? **Y** N Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days? **Y** N Refused

36. **IF THERE ARE SCHOOL-AGED CHILDREN:** Do your children attend school more often than not each week? Y **N** N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.

SCORE:

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that? **Y** N Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.

SCORE:

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that? Y **N** Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

a) 3 or more hours per day for children aged 13 or older? **Y** N Refused

b) 2 or more hours per day for children aged 12 or younger? **Y** N Refused

41. **IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:** Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that? **Y** N N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.

SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	Score: Recommendation: 0-3 no housing intervention 4-8 an assessment for Rapid Re-Housing 9+ an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
E. FAMILY UNIT	/4	
GRAND TOTAL:	/22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ____ : ____ or
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need a practical, evidence-informed way to satisfy federal regulations while quickly implementing an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

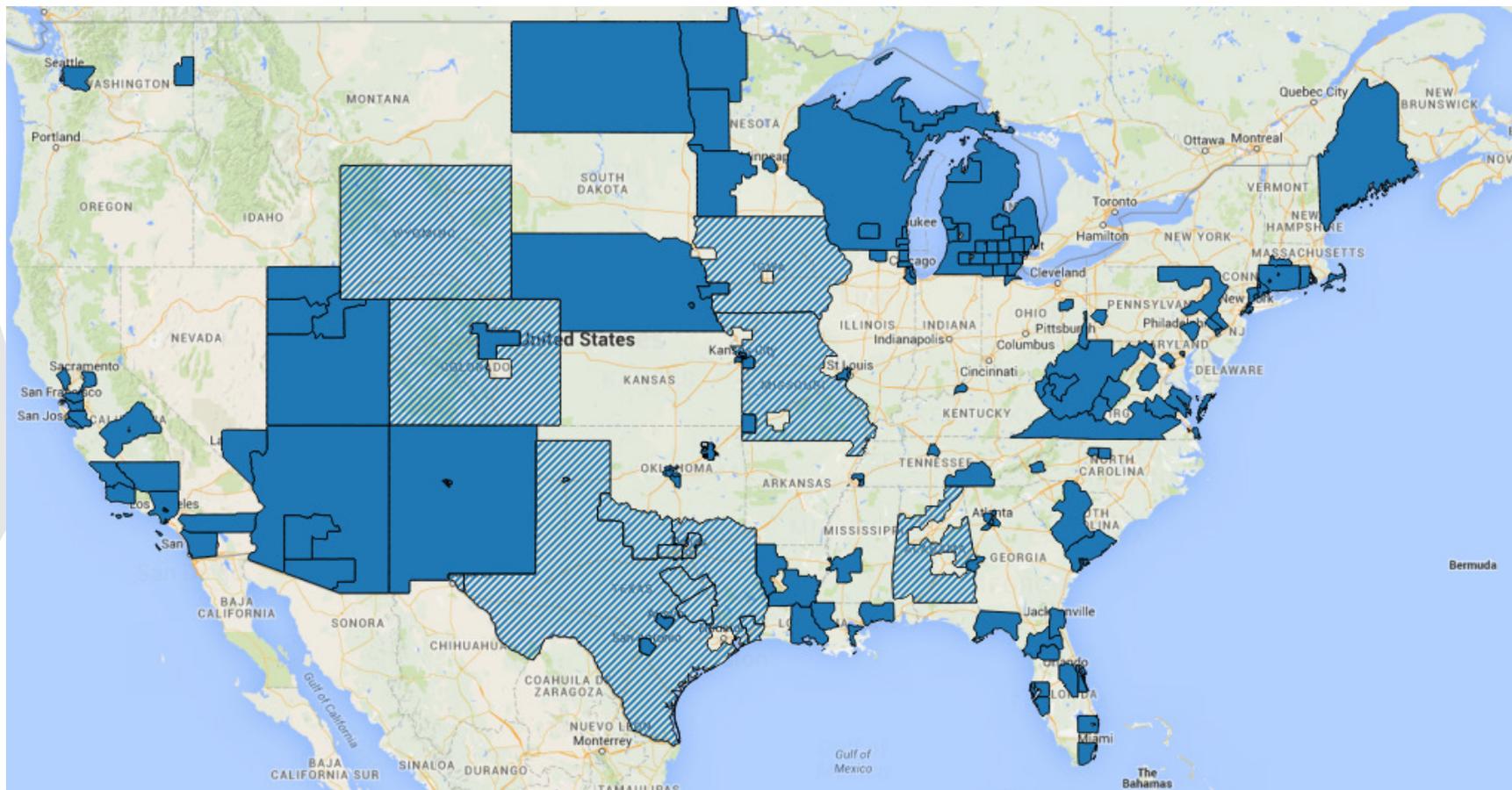
Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama

- Parts of Alabama Balance of State

Arizona

- Statewide

California

- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado

- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut

- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia

- District of Columbia

Florida

- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia

- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii

- Honolulu

Illinois

- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa

- Parts of Iowa Balance of State

Kansas

- Kansas City/Wyandotte County

Kentucky

- Louisville/Jefferson County

Louisiana

- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts

- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland

- Baltimore City
- Montgomery County

Maine

- Statewide

Michigan

- Statewide

Minnesota

- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri

- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi

- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina

- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota

- Statewide

Nebraska

- Statewide

New Mexico

- Statewide

Nevada

- Las Vegas/Clark County

New York

- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio

- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma

- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania

- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island

- Statewide

South Carolina

- Charleston/Low Country
- Columbia/Midlands

Tennessee

- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas

- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah

- Statewide

Virginia

- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington

- Seattle/King County
- Spokane City & County

Wisconsin

- Statewide

West Virginia

- Statewide

Wyoming

- Wyoming Statewide is in the process of implementing

Appendix D

Coordinated Entry Protocols for those actively fleeing Domestic Violence

Domestic Violence Shelters provide emergency shelter, advocacy and support for victims that are fleeing domestic violence.

Those claiming Domestic Violence status have two ways in which to access housing services.

1. Crisis Line/Police/911 Entry Point to Shelter and Housing Services

- A victim can call the crisis line which is answered 24 hours a day/365 days a year.
- The victim will speak with an advocate – the first question that is asked is “Are you safe” if the victim is safe the advocate will complete an assessment with the victim. If it is not safe for the victim to talk the advocate encourages them to call 911 for assistance.
- The assessment includes demographics, lethality assessment, and information on the last incident of domestic violence. For shelter services the victim must be in immediate danger and must be a victim of intimate partner violence. *Intimate partner is defined as current or past spouse/partner and/or the other parent of your child(ren) – someone you had an intimate relationship with.* If the victim qualifies for shelter and there is space she will be provided a bed. If there is not space in the shelter for the victim, the advocate working with the victim will help find another safe location for the victim to go.

2. Coordinated Entry System (CES) via 2-1-1

- If a client calls 2-1-1 (CES) they will first be asked if they are safe and are seeking immediate shelter. If the caller fears for his/her safety and it is not safe for the victim to talk the call agent will encourage them to call 911 for assistance and/or talk them through the Crisis Line intake procedure for shelter services as outlined by the DV Shelter staff.
- If the victim feels safe the call agent will complete the Coordinated Entry Assessment with the victim and obtain a verbal Release of Information.
- Once a referral is received through the CES, the DV shelter will return calls to the client as soon as possible – the advocate on duty will call the victim and see what services they need, if shelter is needed and there is space an assessment will be done to see if the victim qualifies. If shelter is not needed or the client does not qualify for services the referral will be sent back to the Coordinated Entry Administrator for re-evaluation.
- Once a victim is in the shelter, the victim will set goals with their case manager to include housing. DV Shelters may self-refer to other housing programs since the client has already entered the CES through their initial intake either through Crisis Line or 2-1-1. Victims may choose to re-enter the CES via 2-1-1 at their discretion. Victims will be provided the CES number (2-1-1) if they are no longer qualified for services through the domestic violence shelter and are looking for alternative housing programs.

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www.homeforgoodcv.org



United Way of the Chattahoochee Valley
Home for Good (HFG), a program of United Way of the Chattahoochee Valley
Department of Housing and Urban Development (HUD)
Continuum of Care Muscogee/Russell (COC) Program
Coordinated Entry System (CES)/2-1-1, a program of United Way of the Chattahoochee Valley

Memorandum of Understanding (MOU) between United Way of the Chattahoochee Valley's Home for Good (HFG) program, Muscogee/Russell Continuum of Care (COC) and Coordinated Entry System (211) and _____ (Project Applicant)

PURPOSE

The Department of Housing and Urban Development (HUD)'s new regulations requires that all Continuums of Care (COCs) develop and implement a Coordinated Entry and assessment system for all COC funded programs. A Coordinated Entry System (CES) is a centralized or coordinated process designed to coordinate program participant intake, coordinate assessments, and coordinate the provision of referrals to housing. The CES will enable clients to move quickly through the system and be matched to the best intervention strategy that will permanently and effectively end their homelessness. The CES will also reduce duplication of efforts, reduce returns to homelessness, and assist with ending homelessness.

In order to accomplish effective coordination with homeless services, documentation in the program eligibility matrix, including but not limited to, client eligibility, intake procedures, service provision expectations, and dedicated program staffing resources will be updated annually or at the request of the CES. Use of the program eligibility matrix will ensure that all providers including the CES are using the system in an open, transparent, and consistent way.

GENERAL PROVISIONS

(HFG) will:

- 1) Serve as the Lead Agency in the Continuum of Care (COC);
- 2) Maintain the Homeless Management Information System (HMIS), including the CES Workflow;
- 3) Coordinate the system of homeless and homelessness prevention services in the Muscogee/Russell COC area;
- 4) Provide lead staff to guide the CES Workgroup and any relevant subgroups;
- 5) Coordinate, integrate, and leverage resources to maximize impact of services for individuals who are experiencing homelessness;
- 6) Develop and implement policies and procedures on how the CES will be operated;



- 7) Provide guidance and supervision to CES staff;
- 8) Evaluate performance and progress of the CES and make adjustments as necessary.
- 9) Oversee the Case Conferences and Appeals process as necessary.

Project Applicant will:

- 1) Comply by the Coordinated Entry Policies and Procedures Manual developed for and by the CES committee of the CoC.
- 2) Accept client referrals for PSH and/or RRH services through the CES only;
- 3) Enter and maintain timely client data in HMIS;
- 4) Update all CES referrals within 3 business days;
- 5) Name a designated staff contact for the CES.

CONFIDENTIALITY

All parties agree that they shall be bound by and shall abide by all applicable Federal or State statutes or regulations pertaining to the confidentiality of client records or information, including volunteers. The parties shall not use or disclose any information about a recipient of the services provided under this agreement for any purpose connected with the parties' contract responsibilities, except with the written consent of such recipient, recipient's attorney, or recipient's parent or guardian.

EQUAL OPPORTUNITY

All parties agree to be bound by and abide by all applicable anti-discrimination statutes, regulations, policies, and procedures as may be applicable under any Federal or State contracts, statutes, or regulations, or otherwise as presently or hereinafter adopted by the agency.



TERMS OF AGREEMENT

This MOU shall be effective upon adoption by each signatory agency and entity.

This MOU shall be reviewed and revised as needed to further implementation of strategic and long-term goals of the project.

This MOU can be expanded, modified, or amended, as needed, at any time by the consent of all agencies.

This MOU shall be in effect unless terminated by mutual agreement in writing.

By:

Name:

Title:

Date:

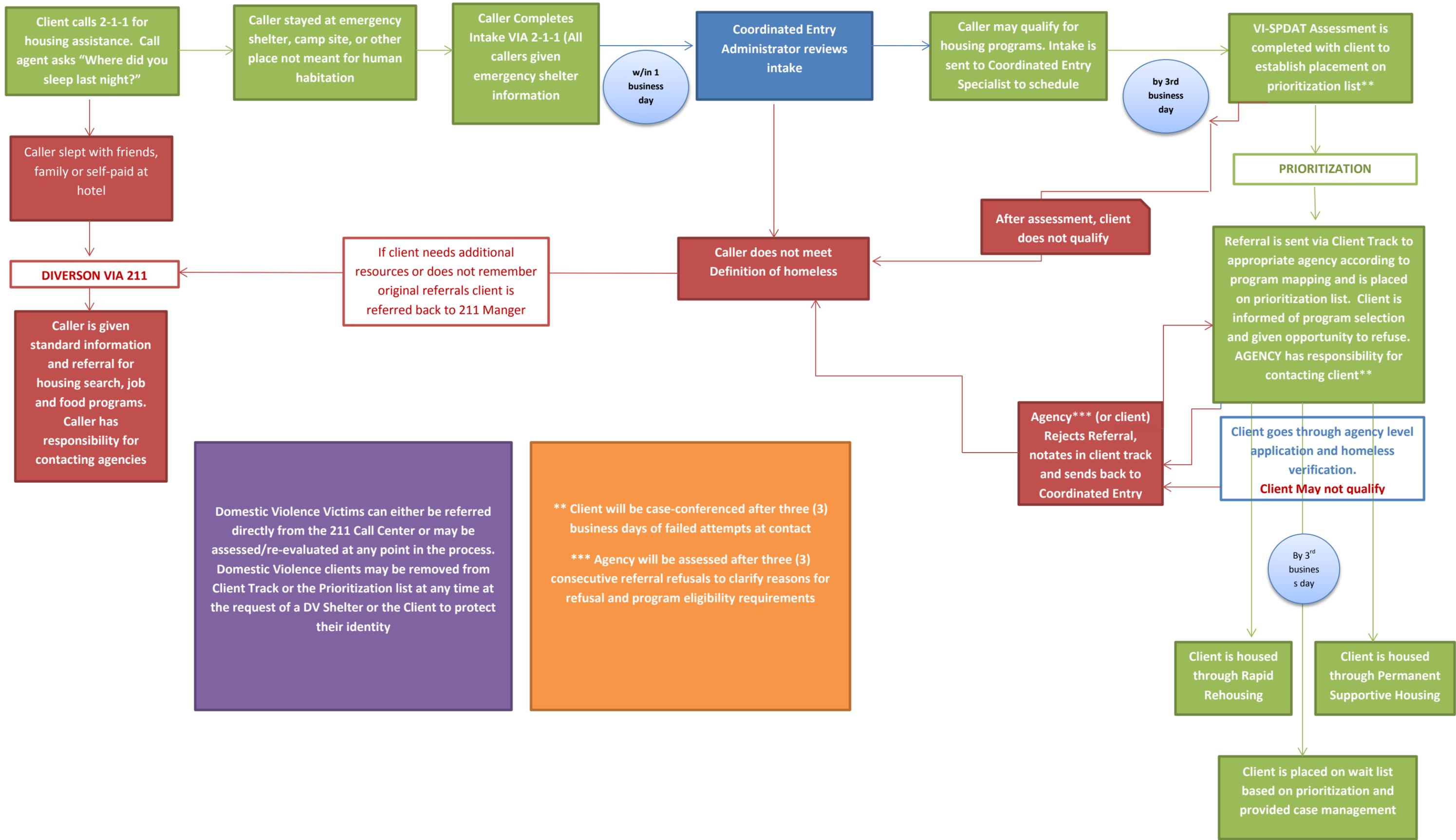
Home For Good, a program of United Way of the Chattahoochee Valley

By:

Name:

Title:

Date:



Domestic Violence Victims can either be referred directly from the 211 Call Center or may be assessed/re-evaluated at any point in the process. Domestic Violence clients may be removed from Client Track or the Prioritization list at any time at the request of a DV Shelter or the Client to protect their identity

** Client will be case-conferenced after three (3) business days of failed attempts at contact
 *** Agency will be assessed after three (3) consecutive referral refusals to clarify reasons for refusal and program eligibility requirements

Appendix G

Coordinated Entry Process- HMIS WorkFlow

1. Log into Client Track on the internet (e) at www.clienttrack.net/hrn **Click Green Arrow**
2. In the search box, enter” **the first two letters of the client’s first and last name**” to see if the client is already in the system. If the client is in the system, the name of the client will appear. Click the client’s name then attach the CE Intake to their files.
3. If the client is not in the system select the star on the top left page, complete the first three pages only. Page 1 will be the client’s Basic Information proceed by entering client demographic information, which will include. First and last name, Social Security Number, Gender, age, Also with Ethnicity, and Race choose **“Data not collected** select **“Finish”**.
4. Page 2 will be the client family’s information select **“CLOSE\ SAVE”**, and page three will be Program Enrollment select **“PROJECT”**, which will be Coordinated Entry then select **“SAVE”**. **“STAY ON THIS PAGE”! Click the X located below their gender to close out workflow then click yes and it will close out the workflow for that client.**
5. **“IF CLIENT IS IN SYSTEM attach file ONLY”** .To attach files go to the Left top of pg. Which is the Menu Bar click, and stroll down to Case Management underneath select **“Edit Client”**. Once the page changes to Edit file page, **“Click add files”** and, then” **Choose Files”** which will open the browser to attach **CE Intake** and select Save\Close.
6. **CE Intake** files are located on the **S drive**. Click on the S drive stroll down and click on **“Allocations”**. On the next Page, **click CE** at the top of page, next scroll down **Coordinated Entry Referrals** the list will open up. At the top right of the page there is a search box enter the last name, and that client CE Intake will appear click it ,and it will attach to client’s files.
7. Right below **“Intake”** to the right click on the **X** to close out the process. If you have not attached the file it is ok to go back an attach it. Repeat step 6.
8. To complete the VI-SPDAT Assessment.
9. Go back to the menu bar and **“Click on Assessments”** then stroll down to **VI-SPDAT**. Call the client from the number that is on their file, and proceed with the assessment. If you do not get an answer, please leave a message. Something like this. **“Hello my name is (your name) from HFG.” I am trying to contact (Client’s name). I am in the process of reviewing your CE Intake. I would like to ask you as series of question that could possible help refer you to an agency that could meet your needs. Please return my call. My number is 706-327-3255 ext. 219 “.” Thank-you”!**
10. – Next Add to your Calendar for the next three days as a reminder to you to contact the client to complete the VI-SPDAT. Go back to the menu bar **“click CASE NOTE”**, to the right top **“click ADD NOTES”**, and add your note then. In the regarding box put CE for Coordinated Entry **“Click Save”**. To edit your notes Hoover over the pencil, and make necessary changes.
11. **Within eight (8) Calendar days if you have not received a return call from the client close out the referral, and note it in client track.**

Coordinated Entry System – Project Eligibility Matrix (Coordinated Entry Policies and Procedures Appendix H)

Program Criteria	HOME FOR GOOD Rapid Rehousing	Priority Veteran Rapid Rehousing and Prevention	Salvation Army Emergency Shelter	Stewart Community Home Transitional/Permanent Housing
Primary Eligibility	Homeless Veterans or Chronically Homeless individuals, couples, and families	Homeless Veterans and their eligible families	Homeless Men	Semi-independent residence for adults with disabilities. group residential setting for adults requiring limited personal care
Criminal background (Look back period, open warrants, open cases without plea, sex offenders)	Open Warrants: Yes Open Cases without plea: Yes Sex offenders: Yes	Open Warrants: Yes (but clients with open warrants are ineligible for any other VA services) Open Cases without plea: Yes Sex offenders: Yes	Open Warrants: No Open Cases without plea: No Sex offenders: No	Open Warrants: No Open Cases without plea: No Sex offenders: No
Documentation Required (ID required, Social Security Card, Birth Certificates)	ID, SS card, Birth Certificate: Not required for entry. Will work with client to obtain if needed.	ID, SS card, Birth Certificate: Not Required for entry. Will work with client to obtain if needed. DD214: Not required for entry, will work with client to obtain if needed	ID, SS card, Birth Certificate: Not required for entry. Homeless background check from public safety office, must be dated the same date as the first night of stay	Application form, picture ID/driver license, medical or psych records, TB and/or RPR test results, insurance cards is applicable, background check, drug screening and proof of completion of substance abuse program if applicable.
In-take Hours (Referral acceptance hours, hours have to arrive until)	Intake Hours: 8:30 am to 5:00 pm MON – FRI, by appointment only	Referrals: 8:00 am to 4:00 pm, MON – FRI, by appointment only	5:00 pm to 6:30 pm daily	8:00 am to 5:00 pm MON – FRI, appointments preferred

DI Accessible (Wheelchair, Service Animals, Hear/Visual Impairment, Elevator)	Wheelchair accessible: Yes Service Animals: Yes-must have certification or documentation. Therapy Animals: Yes-must have certification or documentation Hear/Visual Impairment: Both ok as long as client has full self mobility	Wheelchair: Yes Service Animals: Yes Therapy Animals: Yes Hear/Visual Impairment: Both ok as long as client has full self mobility Elevator: Yes	Wheelchair: No Service Animals: No Therapy Animals: No Hear/Visual Impairment: Yes as long as client has full self mobility Elevator: No	Wheelchair: Yes Service Animals: Yes Therapy Animals: Yes Hear/Visual Impairment: Yes as long as client has full self mobility Elevator: No
Gender Identification (Transition/Transgendered Individuals)	Transition/Transgendered: yes	Transition/Transgendered: Yes	Transition/Transgendered: No	Transitioning/Transgendered No
Sobriety (Under the influence)	n/a	Eligible for services but intake or subsequent meetings will be rescheduled if client is actively intoxicated.	Will be turned away if they show up for intake and are actively intoxicated. There is zero tolerance for drug and alcohol consumption and residents must submit to frequent testing.	Must maintain sobriety
Ban/Out Until Staffed List	Ban list for those that have threatened staff, acts of violence, drug use on premises. No expiration date for removal from ban list.	Client's case will be closed and not reopened if they have directly threatened staff.	Ban list for those that have threatened staff, acts of violence, drug use on premises. No expiration date for removal from ban list.	Ban list for those that have threatened staff, acts of violence, drug use on premises. No expiration date for removal from ban list.
Average Length of Stay (Extensions Permitted & Reasons)	Must continuously homeless for a year or more or have had at least four episodes of homelessness in a three year	n/a	90 days, Extension is reviewed at 30/60 mark and determined by behavior while in shelter and progress of case plan	90 days, Extension is reviewed at 30/60 mark and determined by behavior while in shelter and progress of case plan. Residents can become "permanent" if there is no place for them to go as long as they follow the rules and guidelines of the home.
Bed count	n/a	n/a	37	Men: 33 Women: 17 TOTAL: 50

Unable to self-care	Not eligible	Not eligible	Not eligible	Not eligible
30 day out of programs policy	n/a	n/a	Once client is discharged for any reason, must be out a minimum of 30 days before re-admittance.	Yes
24 Hour Shelter & 3rd Shift Workers	n/a	n/a	24 Hr Shelter: No Takes 3rd Shift Workers: No	24 Hr Shelter: Yes Takes 3rd Shift Workers: Yes
Income	Must be able to maintain housing after placement	Must be able to maintain housing after placement	None needed to enter, but all income must be reported	Income is preferred, sliding scale based on ability to pay. Clients are given a stipend from their disability income
Extra Criteria	Head of household suffers from one or more disabling condition(s) including a diagnosable substance abuse disorder, severe and persistent mental illness, developmental disability or chronic physical illness or disability, which limit their ability to perform activities of daily living.	Participants may be eligible with Dishonorable or Other Than Honorable discharges Serves AL & GA	Clients are not allowed to keep non-working vehicles on the premises. All working vehicles must have up to date tags, insurance and registration.	Residents are not allowed to have personal vehicles on the premises.
Program Point of Contact Telephone Email				Kara VinZant, CEO 706.327.2707 kvinzant@sch-info.org Melissa Buice, Marketing mbuice@sch-info.org
Date Last Updated Person Updated	08/09/2017 T Gallups	07/21/17 M Shoemaker	07/06/17 Rev. M David	11/21/17 K VinZant

Program Criteria	Grace House Emergency Shelter	Trinity House Emergency Shelter	Virginia D Jackson Home (Open Door Community House) Transitional Housing	Welcome Home (Open Door Community House) Rapid Rehousing/Supportive Housing
Primary Eligibility	Shelter for homeless men	Shelter for homeless women (including women with children)	Transitional home for verifiably homeless unaccompanied women	Rapid-Rehousing for women with children.
Criminal background (Look back period, open warrants, open cases without plea, sex offenders)	Open Warrants: Yes Open Cases without plea: Yes Sex offenders: Yes *No questions asked*	Open Warrants: Yes Open Cases without plea: Yes Sex offenders: Yes *No questions asked*	Open Warrants: No Open Cases without plea: Depends on Charge Sex offenders: No	Open Warrants: No Open Cases without plea: Yes Sex offenders: Yes
Documentation Required (ID required, Social Security Card, Birth Certificates)	ID, SS card, Birth Certificate: Not required for entry. Will work with client to obtain if needed.	ID, SS card, Birth Certificate: Not required for entry. Will work with client to obtain if needed.	Application form, ID, SS card, Birth Certificate: Not required for entry. Will work with client to obtain if needed.	Application form, picture ID/driver license, homeless verification letter, proof of income
In-take Hours (Referral acceptance hours, hours have to arrive until)	7:00 am to 2:30 pm MON – FRI @SafeHouse	7:00 am to 2:30 pm MON – FRI @SafeHouse	8:00 am to 5:00 pm MON –FRI, by appointment only	8:00 am to 5:00 pm MON – FRI, by appointment only
DI Accessible (Wheelchair, Service Animals, Hear/Visual Impairment, Elevator)	Wheelchair accessible: Yes Service Animals: Yes Therapy Animals: Yes Hear/Visual Impairment: Yes	Wheelchair accessible: No Service Animals: Yes Therapy Animals: Yes Hear/Visual Impairment: Yes	Wheelchair accessible: Yes Service Animals: No Therapy Animals: No Hear/Visual Impairment: Yes	Scattered site housing, will vary upon placement and landlord

Gender Identification (Transition/Transgendered)	No	No	No	Yes
Sobriety (Under the influence)	Will be turned away if they show up for intake and are actively intoxicated. Must maintain sobriety	Will be turned away if they show up for intake and are actively intoxicated. Must maintain sobriety	Will be turned away if they show up for intake and are actively intoxicated. Must maintain sobriety	Will be turned away if they show up for intake and are actively intoxicated. Must maintain sobriety
Ban/Out Until Staffed List	7 day to 6 month suspension list for those that have threatened staff, acts of violence, drug use on premises. All are eligible for re-entry after suspension.	7 day to 6 month suspension list for those that have threatened staff, acts of violence, drug use on premises. All are eligible for re-entry after suspension.	Ban list for those that have threatened staff, acts of violence, drug use on premises. No expiration date for removal from ban list.	Ban list for those that have threatened staff, acts of violence, drug use on premises. No expiration date for removal from ban list.
Average Length of Stay (Extensions Permitted & Reasons)	150 days, Extension is reviewed weekly and is determined by behavior while in shelter and progress of case plan.	150 days, Extension is reviewed weekly and is determined by behavior while in shelter and progress of case plan.	Up to 1 year	Housed w/in 30 days Assistance up to 6 months
Bed count	48	24	12	n/a
Unable to self-care	Not eligible	Not eligible	Not eligible	Not eligible
30 day out of programs policy	N/A	N/A	Yes	Yes
24 Hour Shelter & 3rd Shift Workers	24 Hr Shelter: Yes Takes 3rd Shift Workers: Yes	24 Hr Shelter: Yes Takes 3rd Shift Workers: Yes	24 Hr Shelter: Yes Takes 3rd Shift Workers: Yes	n/a
Income	None needed to enter, must work to obtain income while in program	None needed to enter, must work to obtain income while in program	None needed to enter, must work to obtain income while in program	None needed to enter, must secure sustainable income necessary to maintain independent housing while in program
Extra Criteria		Male children who are prepubescent and up to age 12 may be accepted		Eligible clients must have barriers to securing or maintain permanent housing.

Program Point of Contact Telephone Email	Charles Jefferies	Charles Jefferies		
Date Last Updated Person Updated	11/22/17 N Richardson	11/22/17 N Richardson	06/22/17 A Powell	06/06/17 C Feliciano

Program Criteria	House of T.I.M.E (Phase 1 – 4) Transitional Housing	House of T.I.M.E (Homeless to a Home I, II, & III) Permanent Supportive Housing	House of T.I.M.E (Homeless to a Home W/ Children) Permanent Supportive Housing	Valley Interfaith Promise (VIP) Transitional Housing
Primary Eligibility	Residential Treatment Program for homeless women with alcohol/drug disorder and/or mental illness	Homeless women with mental health illness and/or alcohol/drug disorder	Homeless women with children with mental health illness and/or alcohol/drug disorder	Homeless Families
Criminal background (Look back period, open warrants, open cases without plea, sex offenders)	Open Warrants: No Open Cases without plea: Yes Sex offenders: No	Open Warrants: No Open Cases without plea: Yes Sex offenders: No	Open Warrants: No Open Cases without plea: Yes Sex offenders: No	Open Warrants: No Open Cases without plea: No Sex offenders: No
Documentation Required (ID required, Social Security Card, Birth Certificates)	Application form	Application form	Application form	Birth certificate, social security card, proof of income, picture ID/driver license, proof of legal status, criminal background check, drug screening, marriage license
In-take Hours (Referral acceptance hours, hours have to arrive until)	9:00 am to 5:00 pm MON - THUR, 9:00 am to 2:00 pm FRI Telephone interview after complete application packet is received	9:00 am to 5:00 pm MON - THUR, 9:00 am to 2:00 pm FRI Telephone interview after complete application packet is received	9:00 am to 5:00 pm MON - THUR, 9:00 am to 2:00 pm FRI, telephone interview after complete application packet is received	9:00 am to 5:00 pm MON – THU By appointment only (client requesting service must make call, no third-party/on-behalf calls)

DI Accessible (Wheelchair, Service Animals, Hear/Visual Impairment, Elevator)	Wheelchair accessible: Yes Service Animals: Yes Therapy Animals: Yes Hear/Visual Impairment: Both ok as long as client has full self mobility	Wheelchair accessible: Yes Service Animals: Yes Therapy Animals: Yes Hear/Visual Impairment: Both ok as long as client has full self mobility	Wheelchair accessible: Yes Service Animals: Yes Therapy Animals: Yes Hear/Visual Impairment: Both ok as long as client has full self mobility	Wheelchair accessible: ?? Service Animals: ?? Therapy Animals: ?? Hear/Visual Impairment:??
Gender Identification (Transition/Transgendered)	Transition/Transgendered: Only if female at birth	Transition/Transgendered: Only if female at birth	Transition/Transgendered: Only if female at birth	Transition/Transgendered: ??
Sobriety (Under the influence)	Cannot be actively using, Sobriety must be maintained after entrance	Cannot be actively using, Sobriety MUST be maintained after entrance	Cannot be actively using, Sobriety MUST be maintained after entrance	Will be turned away if they show up for intake and are actively intoxicated. Must maintain sobriety while enrolled
Ban/Out Until Staffed List	Ban list for those that have threatened staff, acts of violence, drug use on premises. Expiration date for removal from ban list: No	Ban list for those that have threatened staff, acts of violence, drug use on premises. Expiration date for removal from ban list: No	Ban list for those that have threatened staff, acts of violence, drug use on premises. Expiration date for removal from ban list: No	Ban list for those that have threatened staff, acts of violence, drug use on premises. No expiration date for removal from ban list.
Average Length of Stay (Extensions Permitted & Reasons)	9 months to 2 years	Indefinitely	Indefinitely	??
Bed count	24	Combined Total of 30 beds for Homeless to a Home Programs		14
Unable to self-care	Not eligible	Not eligible	Not eligible	Not eligible
30 day out of programs policy	Aftercare	n/a	n/a	??
24 Hour Shelter & 3rd Shift Workers	24 hour shelter: No 3rd Shift: Yes	24 hour shelter: No 3rd Shift: Yes	24 hour shelter: No 3rd Shift: Yes	n/a

Income	None	None	None	Must be able to maintain housing after placement
Extra Criteria	Female, 18/older, homeless, substance abuse history ok, mental health history ok	Female, 18/older, homeless, disabling condition, mental health history, substance abuse history ok	Female is 18/older, children are 17/younger, homeless, disabling condition, mental health history, substance abuse history ok	Local homeless families with children (accepted families can consist of no more than 14 people.) Victims of domestic violence are not eligible. Intake/interview process make take several days
Program Point of Contact Telephone Email				
Date Last Updated Person Updated	06/22/17 T Cole	06/22/17 T Cole	06/22/17 T Cole	06/22/17 C Poole

Program Criteria	Volunteers of America Southeast Rapid Rehousing and Prevention	Homeless Resource Network Rapid Rehousing for Shelter Residents	HOPWA	Hope Harbour Domestic Violence Shelter
Primary Eligibility	Homeless Veterans and their eligible families or Veterans facing evictions.	Persons experiencing homelessness residing in emergency shelter for 45 days and already have income or are work eligible.	HIV positive low income persons.	Domestic Violence Victims and their children. Victims must be in immediate danger and a recent victim of domestic violence. To be eligible for housing, clients MUST be in shelter or other safe location paid for by the shelter.
Criminal background (Look back period, open warrants, open cases without plea, sex offenders)	Open Warrants: Yes Open Cases without plea: Yes Sex offenders: Yes	Open Warrants: No Open Cases without plea: No Sex offenders: Yes	Open Warrants: Yes Open Cases without plea: Yes Sex offenders: Yes	No background check required
Documentation Required (ID required, Social Security Card, Birth Certificates)	ID, SS card, Birth Certificate: Not required for entry. Will work with client to obtain if needed. DD214: Not required for entry, will work with client to obtain if needed	Letter from shelter verifying 45 day stay. ID, SS card, wage inquiry, work history, proof of income,	Proof of HIV status. ID, SS card Not required for entry. Will work with client to obtain if needed.	No documentation required
In-take Hours (Referral acceptance hours, hours have to arrive until)	Referrals: 8:00 am to 4:30 pm, Monday - Friday	Monday- Friday by appointment Tuesday 9:00am to Noon walk-in.	Walk-in or appointment, however priority is given to appointments.	Crisis Line is answered 24 hours a day/365 days a year. Outreach office is open Monday – Friday 8:30am – 5:00pm
DI Accessible (Wheelchair, Service Animals, Hear/Visual Impairment, Elevator)	Wheelchair: Yes Service Animals: Yes Therapy Animals: Yes Hear/Visual Impairment: Both ok as long as client has full self mobility Elevator: NA	Wheelchair: Yes Service Animals: Yes Therapy Animals: Yes Hear/Visual Impairment: Yes Elevator: N/A	Wheelchair: Yes Service Animals: Yes Therapy Animals: Yes Hear/Visual Impairment: Yes Elevator: N/A	Wheelchair: Yes Service Animals: Yes Therapy Animals: Yes Hear/Visual Impairment: Yes as long as client can care for themselves Elevator: N/A
Gender Identification (Transition/Transgendered)	Transition/Transgendered: yes	Transition/Transgendered: Yes	Transition/Transgendered: Yes	Transition/Transgendered: Yes

Sobriety (Under the influence)	Will be turned away if they show up for intake and are actively intoxicated. No requirement of sobriety or testing for program requirements.	Will be turned away if they show up for intake and are actively intoxicated.	Will be turned away if they show up for intake and are actively intoxicated.	Eligible for services (cannot actively use on site)
Ban/Out Until Staffed List	n/a	Ban list for those that have threatened staff, acts of violence, etc. Expiration date for removal from ban list: No	Ban list for those that have threatened staff, acts of violence, etc. Expiration date for removal from ban list: No	Ban list if threatened staff or other residents, acts of violence in the shelter, disclosing the location of the shelter. Expiration date for removal from ban list: For safety of other shelter residents, banned clients may not return but may be assisted through Outreach office.
Average Length of Stay (Extensions Permitted & Reasons)	n/a	N/A	N/A	30 – 90+ days, dependent upon client needs
Bed count	n/a	N/A	N/A	43 beds (women & children), if space is available in the shelter and it is safe, male victims of DV can be housed. If there is no space the victim will be placed in an alternate safe location and receive the same services.
Unable to self-care	Not eligible	Not eligible	Not eligible	Not eligible
30 day out of programs policy	n/a			N/A
24 Hour Shelter & 3rd Shift Workers	n/a	N/A	N/A	Will accommodate work schedules
Income	Less than 50% AMI	Less than 50% AMI	Less than 80% AMI	no income required

Extra Criteria	Participants may be eligible with Active Duty/Honorable/Under honorable Conditions or Other Than Honorable discharges	Client must be able to obtain income in the next month(s) to sustain their housing. Cannot be waiting on disability approval/hearing for income.	Housing is not available without income.	
Program Point of Contact Telephone Email				
Date Last Updated Person Updated	08/01/17 M Morgan	08/21/17 L Dillard	08/21/17 L Dillard	12/13/17 L Reis

Program Criteria	GA Department of Community Supervision Rapid Rehousing			
Primary Eligibility	Those recently released (within 120 days) from incarceration in a GA State Correctional Facility. May be able to assist those released from Federal Institutions if resources are available			
Criminal background (Look back period, open warrants, open cases without plea, sex offenders)	Open Warrants: No Open Cases without plea: No Sex offenders: Yes			
Documentation Required (ID required, Social Security Card, Birth Certificates)	ID, SS card, Birth Certificate: Not required for entry. Will work with client to obtain if needed.			
In-take Hours (Referral acceptance hours, hours have to arrive until)	8:00 am to 4:30 pm MON - FRI			
DI Accessible (Wheelchair, Service Animals, Hear/Visual Impairment, Elevator)	Wheelchair: Yes Service Animals: Yes Therapy Animals: Yes Hear/Visual Impairment: Yes Elevator: NA			
Gender Identification (Transition/Transgendered)	Transition/Transgendered: yes			

Sobriety (Under the influence)	Will be turned away if they show up for intake and are actively intoxicated. No requirement of sobriety for program requirements. Clients may be subjected to random drug testing.			
Ban/Out Until Staffed List	n/a			
Average Length of Stay (Extensions Permitted & Reasons)	n/a			
Bed count	n/a			
Unable to self-care	Not eligible			
30 day out of programs policy	n/a			
24 Hour Shelter & 3rd Shift Workers	n/a			
Income				
Extra Criteria				
Program Point of Contact Telephone Email	Nell Wilkins 404-831-9761 Nell.wilkins@dcs.ga.gov			

Date Last Updated Person Updated	N Wilkins 01/29/2018			
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Appendix I
Coordinated Entry Referral Denial Form (Client)

This form should be completed by clients, whenever they are denying a referral that has been made by Coordinated Entry System. Forms should be returned to the Coordinated Entry Administrator.

Date _____

Client Initials _____

Reason for denial (please check a box, and you must explain in detail below)

- I/my household refuse further participation in this program

- I/my household are moving outside of the area that is served by this program

- I/my household are able to resolve my housing crisis without assistance

- I/my household are concerned about my health and safety at this program.

- I/my household needs cannot be addressed by the program. The program does not offer the services and/or housing supports necessary to successfully serve the household.

If you feel this was an inappropriate referral, please indicate that below with an explanation. Please describe why you are unable to accept this referral.

To be completed by the Agency Staff

Agency Name _____ Program name _____

Staff contact _____ Email _____

Phone _____

Client ClientTrack Number _____ Referral Date _____

Appendix J

Coordinated Entry Referral Denial Form (Program)

This form should be completed by Receiving Program whenever they are denying a referral that has been made by a Coordinated Entry System. Forms should be returned to the Coordinated Entry Administrator.

Date _____

Referral Date _____

Program Name _____

Staff contact _____ Email _____

Phone _____

Client ClientTrack Number _____

Reason for denial (please check a box, and you must explain in detail below)

- there is no actual vacancy available
- the household cannot be physically located by the CoC Outreach team
- the Receiving Program has been unable to make contact with the household for three (3) consecutive business days
- the household presents with more people than referred by the Coordinated Entry Administrator and the Receiving Program cannot accommodate the increase;
- the household was denied by independent property owner/landlord due to certain criminal behaviors
- based on their individual program policies and procedures as outlined in program mapping, the Receiving Program has determined that the household cannot be safely accommodated or cannot meet tenancy obligations with the supports provided by the program.

Programs may not decline persons with psychiatric disabilities for refusal to participate in mental health services.

The Receiving Program must update the referral outcome in HMIS for any decisions to accept or reject a client. If the ineligible client has not otherwise been accommodated for the night, e.g. via an intervention by emergency services, the Receiving Program must notify the Housing Navigator, refer the client back, and document the outcome in HMIS. Reason for denial forms must be submitted to the client on the same day as the decision was made if possible.

Please describe why you are unable to accept this referral:

If you were unable to contact client regarding this referral, please indicate the dates of attempted communication, to whom, and in what form (phone, email, etc).

If you feel this was an inappropriate referral, please indicate that below with an explanation.

Case Conferencing/Housing Navigation Meetings

- Meetings are held every other TUESDAY of the month at the United Way of the Chattahoochee Valley Office at 3:00 pm EST
- The meeting is intended for Receiving Program Case Managers and Executive Directors who have a vested interest in housing individuals and families experiencing homelessness
- All attendees must sign a Statement of Confidentiality (Appendix M) before being allowed in any discussion containing to specific, protected, sensitive or other individual/family information
- Standing Agenda Items:
 - Updates on individuals/families housed since the previous meeting
 - Notification of new individuals/families placed on the Prioritization List through the CES
 - Update on current bed/program availability
 - Individual/Family Case Conferencing to identify barriers to housing and strategize coordination of services to overcome those barriers
 - Report on number of referrals sent to each receiving program since the previous meeting to include yearly totals
 - Comments/Questions regarding CES referrals and/or Policies and Procedures



Statement of Confidentiality

As part of your work with you may have access to view, update or modify sensitive information. You must treat this information as confidential and not share with anyone unless specifically authorized. The Initiative defines Sensitive Information as:

- Client names, nicknames or any other identifying information
- Client address, location or whereabouts
- Client personal finance information including social security numbers, financial data or related information
- Client health information including information on medical conditions, treatment or history

All information collected, accessed or viewed as part of the Initiative is to be treated as confidential in written, electronic, printed and all other forms. Information is the shared property of the Initiative and the entity signing this agreement and should not be released, shared or discussed without prior authorization. This includes communication in any form with clients, co-workers, researchers, outside agencies or any other party.

Unauthorized disclosure of information may result in disciplinary or legal action or may result in dismissal from the Initiative.

As a participant with the Initiative, I understand I will have access to view, update or modify sensitive information. I understand and agree that I must maintain and safeguard the confidentiality of client information and other information that I may obtain through my activities with the Initiative. I also agree that such information shall be discussed only within the boundaries of my participation with the Initiative and the Housing Navigation Team. I agree not to divulge, publish or otherwise make known to unauthorized persons or to the public any identifiable personal information which is obtained in the course of my service as a participant on the Housing Navigation Team. I recognize that unauthorized release of confidential information may result in disciplinary or legal action and may result in dismissal from the Initiative.

Name: _____

Signature: _____

Date: _____