## NY-603 Long Island Continuum of Care

## Coordinated Entry Policies & Procedures

Table of Contents

[Section 1: Planning & Purpose 5](#_Toc525632647)

[What is coordinated entry? 5](#_Toc525632648)

[What are these standards intended to deliver? 5](#_Toc525632649)

[What outcomes can our community expect? 6](#_Toc525632650)

[Alignment with Federal Opening Doors Plan 6](#_Toc525632651)

[Section 2: Guiding Principles 7](#_Toc525632652)

Low barriers for entry to housing and services ………………………………………...…7

Single referral source………………………….. ………………………………………...…7

Housing first programs ..……………………………..…………………………………...…7

Low barriers for entry to housing and services ………………………………………...…8

Participant choice and person-centered models …………………...…..……………...…9

Progressive engagement ………………………….…………………...………………...…9

[Section 3: Accessing Coordinated Entry 9](#_Toc525632653)

[Subpopulation specific access point protocol for non-subpopulation households 10](#_Toc525632654)

[Training for access point providers 11](#_Toc525632655)

[Reasonable accomodations to access 13](#_Toc525632656)

[Safety planning for victims of domestic violence 13](#_Toc525632657)

[Advertising for coordinated entry 14](#_Toc525632658)

[Section 4: Assessment 14](#_Toc525632659)

[Pre-screen procedures 14](#_Toc525632660)

[Assessment procedures 14](#_Toc525632661)

[DV assessment procedures 15](#_Toc525632662)

[Assessing client choice 16](#_Toc525632663)

[Section 5: Prioritization 16](#_Toc525632664)

[Prioritization for Emergency Services 16](#_Toc525632665)

[Prioritization for Permanent Supportive Housing 17](#_Toc525632666)

[Sectopm 6: Summary of Program Eligibility, Screening, & Prioritization 18](#_Toc525632667)

[Definitions 18](#_Toc525632668)

[Category 1 Homelessness: 18](#_Toc525632669)

[Category 2 Homelessness 18](#_Toc525632670)

[Category 3 Homelessness: 18](#_Toc525632671)

[Category 4 Homelessness 19](#_Toc525632672)

[Chronic Homelessness 19](#_Toc525632673)

[Section 7: Referrals   
Referrals for rapid rehousing 20](#_Toc525632675)

[Referrals for permanent supportive housing 20](#_Toc525632676)

[Referrals for victim service providers 21](#_Toc525632677)

[Emergency transfer plan for victims of domestic violence 22](#_Toc525632678)

[Section 8: Standards for Providing Assistance 22](#_Toc525632679)

[Rapid rehousing 22](#_Toc525632680)

[Permanent supportive housing 25](#_Toc525632681)

[Termination from permanent supportive housing 27](#_Toc525632682)

[Moving on from permanent supportive housing 28](#_Toc525632683)

[Section 9 : Data Management 28](#_Toc525632684)

[Overview of Homeless Management Information System (HMIS) 28](#_Toc525632685)

[Service provider requirements 29](#_Toc525632686)

[Internal policy 30](#_Toc525632687)

[User policy 31](#_Toc525632688)

[Privacy, confidentiality and security regulations 32](#_Toc525632689)

[Section 10: Evaluation 33](#_Toc525632690)

[Appendix A: Non-discrimination policy 34](#_Toc525632691)

[Appendix B: Coordinated entry system memorandum of understanding 38](#_Toc525632692)

[Appendix C: Excerpt of VI-SPDAT scoring table 41](#_Toc525632693)

[Appendix D Emergency transfer plan for victims of domestic violence 42](#_Toc525632695)

[Appendix E CES referral determination forms 46](#_Toc525632696)

[Appendix F Progressive engagement assessment script 49](#_Toc525632697)

[Appendix G HMIS Long Island Legal Services memo 50](#_Toc525632699)

[Appendix H Posted privacy notice for HMIS participation 55](#_Toc525632700)

# Section 1: Planning & Purpose

## What is Coordinated Entry?

Coordinated entry (CE) is an important process through which people experiencing or at risk of experiencing homelessness can access the crisis response system in a streamlined way, have their strengths and needs quickly accessed, and quickly connect to appropriate, tailored housing and mainstream services within the community or designated region.

Standardized assessment tools and practices used within local CE processes take into account the unique needs of children and their families as well as youth. When possible, the assessment provides the ability for households to gain access to the best options to address their needs, incorporating participant choice, rather than being evaluated for a single program within the system. The most intensive interventions are prioritized for those with the highest needs.[[1]](#footnote-1)

## What are these standards intended to deliver?

The standards as outlined in this document will go effect January 23rd, 2018, and are intended to:

1. Provide community-wide expectations for all homeless housing projects
2. Ensure transparency on the part of all CoC and ESG-program funded projects for determining eligibility and prioritization of potential participants in housing and supportive services
3. Provide a minimum set of standards and quality controls for all CoC- and ESG- funded projects

## What outcomes Can our Community Expect?

Adherence to these policies and procedures will result in:

* Increased coordination among housing and human service organizations
* Universal access to services so that no person is left out of the system
* New partnerships formed among organizations such as housing and service providers, local charitable organizations, law enforcement, universities, and missions
* Improved decision-making for system-level leaders, such as the CoC Governance Board, the Office of Mental Health, and the Department of Veterans Affairs.

## Alignment with Federal Opening Doors Plan

The CES has aligned its work with the goals set forth in Opening Doors: the Federal Plan to Prevent and End Homelessness. Specifically, the CES embraces the following goals:

* Ending veteran homelessness by 2015 ✓
* Ending chronic homelessness by 2017
  + Expanding the capacity of our network to house the chronically homeless through the creation of more permanent supportive housing units
* Ending youth and family homelessness by 2020
  + Expanding the capacity of our network to rapidly rehouse individuals and families through the creation of more rapid rehousing units
* Improving access to housing and supportive services through a coordinated entry system with community-wide access
* Collaborating with community stakeholders and legislators in our region to ensure that the needs of homeless individuals and families are prioritized

The following groups oversee efforts to move the region forward on its goals:

* CoC Governance Board
* Priority One Veteran’s Committee
* Chronic Homeless Working Group
* Youth Committee
* Coordinated Entry Feedback Committee

## SECTION 2: Guiding Principles

**Low Barriers for Entry to Housing and Services**Low barriers allow the most vulnerable people with the most severe needs to access housing and services without preconditions. All potential participants in housing or supportive services are guaranteed equal and fair access in determining eligibility for CoC-program funded projects, regardless of the severity of their needs. Further, programs agree to uphold all federal, state, and local fair housing and human rights protections, by signing onto the Non-Discrimination Policy found in Appendix A. This means that potential participants are not screened out due to:

* Having too little or no income
* Active or history of substance use disorder
* History of domestic violence
* Criminal record, with the exception for state-mandated restrictions
* Belonging to any groups protected in the Non-Discrimination Policy

**A note on shelter access:** The CoC works closely with the Nassau and Suffolk County Department of Social Services (DSS), but does not directly oversee emergency shelter placement. The CoC advocates for low barriers to shelter access and regularly engages both counties DSS to ensure that households are not screened out of shelter. The CoC also provides information to its network of providers about the rights of people seeking out shelter in extreme weather and other dangerous situations as outlined by directives from the Governor’s office.

**Single Referral Source**  
All participating programs in the CES agree to uphold the Housing First/Coordinated Entry MOU found in Appendix B. All programs agree to use LICH as their ONLY referral source, eliminating all side-door referrals. Programs agree to be monitored by LICH to ensure compliance with the MOU and take all necessary steps for corrective action in an expedient manner.

**Housing First Programs**Housing First is a programmatic and systems approach that centers on providing people who are homeless with housing quickly and then providing services as needed.   
This means that:

* Housing is not contingent upon participation in support services
* Participants are expected to enter into a standard lease agreement and are provided with services and supports to help maintain housing and prevent eviction
* Providers collaborate with participants to determine plans that support housing stability, such as utilizing active engagement strategies to reach those who present as disengaged from housing, treatment, or recovery plans

Providers participating in the coordinated entry system must use a housing first model of intervention, as evidenced by their sign-on to a Memorandum of Understanding which can be found in Appendix B.

**Participant Choice and Person-Centered Models**CES projects agree to engage participants using a person-centered model that focuses on participant choice and nonjudgmental collaboration. Participant choice can relate to the types of housing and services offered, as well as determination of outcomes related to housing plans or personal goals. Person-centered, nonjudgmental engagement is evidenced in written standards and reinforced by all program staff.

**Progressive Engagement** CES projects are designed to give participants the minimum amount of assistance they need to succeed in maintaining permanent housing. This allows the system to serve the maximum number of households possible.

## section 3: AccessING Coordinated Entry

ACCESS POINTS  
The CES covers the entire geographic region of Nassau and Suffolk counties through multiple access points for all people in different homeless populations and subpopulations. The central access point is located at the Continuum of Care lead office, The Long Island Coalition for the Homeless. There are also web and phone-based community access points are available for general access, as well as access points for specific subpopulations.

Coordinated entry access is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. All participating providers must adhere to the Non-Discrimination Policy found in Appendix A. Providers must attend annual training about upholding fair housing law and the Equal Access Rule. Shelters awarded ESG funds receive additional training about single-sex shelter regulations as they pertain to the EAR.

|  |  |  |
| --- | --- | --- |
| Population | Access Point Type | Access Point Locations |
| **All households who are homeless, staying in cars, or places not meant for human habitation** | In-person screening (by appointment)  Answering Service   Virtual Access Point [www.addressthehomeless.org](http://www.addressthehomeless.org)  Referrals managed by LICH CES team | 600 Albany Ave, Suite 2  Amityville, NY 11701  631-464-4314 x118  Calls returned within 10 business days by  LICH CES Team |
| **Survivors of Domestic Violence** | Domestic Violence Shelters, County Domestic Violence Hotlines | Domestic Violence Shelters  and hotlines |

## Subpopulation Specific Access POint Protocol for Non-Subpopulation Households

Access point providers are trained to link all households seeking service to the CES, regardless of the population they are intended to serve. If a household presents at an access point not intended to serve a particular subpopulation, providers ensure that the household is provided access to the answering service at LICH, as well as the virtual access point. The main contact at the access point then notifies the Coordinated Entry Manager about the presenting household and which type of connection they were provided to the CES.

OutReach & Serving Households LEast Likely to Engage   
In order to best serve those who are least likely to engage with the system, the CES utilizes HMIS data to determine a by-name list of households with the longest history of homelessness. CES staff then outreach these households directly, contacting the household, shelter in which the household is staying, and LDSS when more information is necessary to make contact.

LICH outreach staff are trained on assertive, housing-focused engagement strategies for engaging unsheltered households. LICH outreach staff perform weekly outreach to unsheltered households and coordinate with outreach teams from other organizations, covering the entire geographic area of the CoC. During the winter months, outreach staff also regularly coordinate with Non-DSS winter church shelters. Outreach teams attempt to make bi-weekly contact with each assigned household, utilizing the following strategies:

1. Attempting face-to-face visit to the last known address
2. Phone contact with care and service providers, including LDSS
3. Contacting local government units, SPOA, etc.
4. Contacting collaterals, emergency contacts and supports to include parent, guardian or legally authorized representative, family
5. Contacting the household’s Parole or Probation Officer
6. Accessing online criminal justice resources (webcrim, inmate look-up, vinelink)
7. Contacting schools
8. Contacting methadone clinics
9. Reviewing Hospital alerts
10. Other efforts appropriate to the member and to support search efforts.
11. Contact the household’s Pharmacy

## Training for Access Point Providers

Access point providers must complete training on eligibility, assessment tools, and service referral, not less than once annually as overseen by the Community Training Manager and ComplianCES Coordinator. Additionally, all providers complete competency training, offered by The Long Island Coalition for the Homeless, in the following areas: harm reduction, motivational interviewing, administering NARCAN, SOAR, and cultural competency for survivors of domestic violence, LGBT people, veterans, and youth. All material from the listed trainings that is made available by training providers is also available on the CoC website: <http://www.lihomeless.org>

|  |  |  |
| --- | --- | --- |
| Training Area | Scheduled | Material Covered |
| **Systems Operation Training** | On-boarding for new screening points & annually for all in second quarter | Client engagement, knowing when/how to make reasonable accommodations, privacy & confidentiality, how to administer assessment tools, moving household through system |
| **Equal Access Rule & LGBT Cultural Competency** | First Quarter | Equal Access Rule in housing, defining sex, gender, identity, expression, sexual orientation |
| **Harm reduction/NARACAN** | Second Quarter | Harm reduction in case management, case studies, administering NARCAN |
| **Motivational Interviewing** | Third Quarter | OARS of motivational interviewing, readiness to change tools, case studies |
| **SOAR** | Ongoing | Completing applications for SSA, linking to mainstream benefits/resources |
| **Domestic Violence** | Fourth quarter | Crisis intervention, trauma-informed care, safety planning, recordkeeping for Category 4 homelessness |
| **Veterans** | Fourth Quarter | Accessing VA, overview of services, trauma-informed care, |
| **Youth** | Fourth Quarter | Outreach skills for engaging youth, positive youth development |

## Reasonable Accomodations to Access

Reasonable accommodations are made for households who present with barriers to accessing the CES. Physical access points are required to be accessible by public transportation and facilities must be accessible for people with mobility impairments. Access point providers are trained to recognize and respond to a household’s need for further accommodations, such as requiring an alternative meeting location outside of the office.

The CES provides services for households with limited English proficiency, notifying each household of their right to free language assistance services. On-call translation services are also available to assist with the completion of vital documents.

Coordinated entry materials are available in large print and auxiliary aids are available as necessary. All providers participating in the CES must provide auxiliary aids as outlined in the Non-Discrimination Policy and as recipients of federal funds.

## Safety Planning for Victims of Domestic Violence

After extensive and ongoing workgroup planning between the CoC lead and service providers, it has been determined that all households seeking assistance through CE will be briefly screened for domestic violence and sexual assault, then referred to specialized services if this is what they desire.

CE staff at the main access point in the region are trained in culturally competent, trauma-informed interview and assessment techniques. As additional access points join the CE process, their housing teams will also be trained in trauma-informed service delivery. All households seeking assistance receive information about privacy and confidentiality and are informed of their right not to share information in HMIS with no impact on the availability of services or housing.

As privacy and confidentiality can be an area of great concern for victims of domestic violence, housing staff are trained to explore this area in greater detail with households who disclose a history or current experience with domestic violence. All housing and service providers funded through the CoC receive at minimum an annual cultural competency training for working with survivors of domestic violence.

## Advertising for Coordinated Entry

The coordinated entry system is publicly advertised through the Suffolk and Nassau county websites, linking to a web-based access point. An ansewring service is also available for households seeking to access the system. If a household seeking assistance presents at an access points that is not intended to serve the subpopulation to which they belong, access point staff link the household to the virtual access point. Target schools with the highest incidence of youth homelessness, libraries, and public transit hubs are also provided advertising material describing the assistance available through coordinated entry and CoC-program funded projects. The broad advertisement of the system ensures that all households within the CoC’s geographic area in need of homeless services will have fair and equal access to the system regardless of where or how the household presents at any entry point.

## Section 4: Assessment

## Pre-screen procedures

All households seeking assistance, as well as those with the longest lengths of time homeless as indicated in HMIS, are engaged to complete a Pre-Screen survey. This Pre-Screen survey collects basic data including contact information, household composition, and length of time homeless. Households are then prioritized for follow-up for a full housing assessment based on the longest reported length of time homeless.

## Assessment procedures

Households who are prioritized for a full housing assessment are screened by either staff at LICH, or a secondary screening site. Staff explain that households are going to be asked questions about their housing and other life circumstances. Staff explain that households do not have to answer any questions in the assessment, but that this may result in an assessment outcome that doesn’t reflect the household’s true needs for service. The appropriate VI-SPDAT is then administered, based on household composition (singles, families, youth, or prevention).

Once a VI-SPDAT is complete, staff review service preferences and accommodations that the household may need from providers, such as auxiliary aides or translation services. Households are then informed about programs for which they are eligible and that they will be contacted by a program for which they are eligible once there is an opening. Households are informed that the CES access point must have their most up to date contact information, as this will be the primary mode of communication community housing and service providers will utilize to contact them once an opportunity is available. The CES Coordinator then places the household on a waitlist within HMIS, which follows local priority order, prioritizing households with the longest lengths of time homeless. When a household is nearing the top of the waitlist, CES staff reach out to them to inform them about possible upcoming opportunities, confirm their contact information, and review their service preferences.

The CES team at the central access point will take phone, virtual, and physical outside referrals while secondary screening points perform VI-SPDATs through specific HMIS contact assignments from the CES Coordinator, coupled with a “no wrong door” approach; all households presenting at secondary screening points are connected to the virtual access point. Each VI-SPDAT completed at a secondary screening point is uploaded into HMIS and allows the CES Coordinator to create the prioritization list, which informs how households are referred to housing and services.

## DV assessment procedures

DV access point staff utilize the VI-SPDAT to assess households that present at any of the DV-specific access points. Staff then submit a deidentified client ID number to the CES Coordinator, along with household size and assessment score. This information is used to generate a totally de-identified by-name list. When a DV program has an opening, the CES Coordinator provides the deidentified household number to the program and informs them to contact the specifically assigned DV shelter program manager. The DV shelter program manager then facilitates communication between the client and the housing program.

Assessing client choice   
When assessing clients, all access points complete a client preference form, which considers the needs and preferences of the household experiencing homelessness. This information is utilized so that appropriate housing and service matches are determined based on what will work for the household. Households are in no way penalized or prevented from receiving services based on their preferences. Households remain in their prioritized order even if they deny housing and service offers. CES staff will explore issues of system capacity based on their preferences and utilize motivational interviewing techniques to expand possible options for clients, based on their identified housing and service goals.

## Section 5: Prioritization

## Prioritization for Emergency Services

The CES has worked with local DSS, which oversees the provision of shelter services, to ensure that access to emergency services, including shelter and domestic violence services, will not be prioritized, allowing for an immediate crisis response. CES staff encourage LDSS to adopt low-barrier shelter models, as well as sign onto the CES Non-Discrimination Policy. Further, the CES Community Training Specialist provides training and consultation to shelter providers about upholding fair housing laws as applicable by funding source and jurisdiction.  
  
Prioritization for Rapid Rehousing

The CES follows an order of priority for rapid rehousing referrals similar to that for permanent supportive housing. The CES prioritizes households for rapid rehousing based length of time homeless and VI-SPDAT scores within a range of 4-7 for families and 4-9 for single households. If a household is assessed as needing PSH, but it is estimated that a PSH unit will not become available within 90 days due to system capacity constraints, the household may be referred to rapid rehousing with an indication that they are a candidate for bridge housing to other, more supportive permanent housing options should they become available.

## Prioritization for Permanent Supportive Housing

On September 9th, 2016, the NY-603 LI CoC adopted the prioritization order for providing permanent supportive housing as outlined by HUD in Notice CPD-16-11[[2]](#footnote-2). The order is as follows:

* Chronically homeless households with the longest history of homelessness and most severe service need\*
* Chronically homeless households with the longest history of homelessness

\*Severe service needs are defined as scoring 9+ for F-VISPDAT and 8+ for VI-SPDAT. The CES team recognizes the need for dynamic prioritization, which allows the CES Coordinator to determine aplan of action for households who score low on VI-SPDAT, but who are determined to have high service needs.

The prioritization order the CoC follows when providing PSH for non-chronically homeless households is as follows:

* Homeless households with a disability with long periods of episodic homelessness and severe service needs
* Homeless households with a disability with severe service needs
* Homeless households with a disability coming from places not meant for human habitation, safe haven, or emergency shelter without severe service needs
* Homeless households with a disability coming from transitional housing

## SECTION 6: Summary of Program Eligibility, Screening, & Prioritization

## Definitions

Category 1 Homelessness: Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Category 2 Homelessness: Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing

Category 3 Homelessness: Unaccompanied youth under 25 years of age, or families with Category 3 children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers

Category 4 Homelessness: Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing

Chronic Homelessness: Any individual or family who: has experienced homelessness for: Twelve (12) months or longer, continuously, or Four (4) times in three (3) years, totaling at least twelve (12) months AND who has a disability, specifically: A diagnosable substance abuse disorder, A serious mental illness, A developmental disability, A chronic physical illness or disability. Breaks in homelessness include: Seven (7) days or more in a hotel/motel the household paid for themselves (not by DSS) Seven (7) days or more in a relative or friends home, ninety (90) days or more in an institutional setting, such as a jail, prison, hospital, psychiatric hospital, etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Prevention | ESG-funded Rapid Rehousing | CoC-funded Rapid Rehousing | Permanent Supportive Housing |
| **Eligibility** | Homeless Categories  2, 3, 4 | Homeless Categories  1 & 4 | Homeless Categories  1 & 4 | Homeless Categories  1 & 4 |
| **Other Requirements** | At or below 30%  of AMI | At or below 30%  of AMI after one year in program | N/A | Chronic homelessness |
| **Screening Tool** | VI-SPDAT | VI-SPDAT | VI-SPDAT | VI-SPDAT |
| **Prioritization** | VI-SPDAT score  > 4 or household who has previously received RRH | LOT homeless &  VI-SPDAT score > 4 | LOT homeless & VI-SPDAT score >4 | LOT homeless & VI-SPDAT score >8 singles & youth, >9 families |
| See Appendix C for VI-SPDAT scoring table used to determine prioritization for service | | | | |

## SEction 7: Referrals Referrals for Rapid Rehousing

All referrals (non-DV) will be made by the Coordinated Entry Manager through the HMIS to the designated points of contact at each referral destination. The CES Coordinator is responsible for ensuring that appropriate referrals are made based on the prioritization order, targeting services to those with the longest lengths of time homeless.

## Referrals for permanent supportive Housing

All referrals (non-DV) will be made by the Coordinated Entry Manager through the HMIS to the designated points of contact at each referral destination. The CES Coordinator is responsible for ensuring that appropriate referrals are made based on the prioritization order. The first person on the prioritization list will be offered the opportunity to view the available housing and participate in an overnight stay if they are interested, based on the program’s availability to accommodate the request.

Once the CoC Coordinated Entry Manager has referred a household to a program, the program will have ten (10) business days from the date of referral to contact the household and complete an interview. Programs that have the availability to conduct overnight trial visits for households who are interested are encouraged to do so. Once the interview is completed, the provider and potential participant will have two (2) business days to make a determination about the referral. See Appendix E for the following referral determination forms: provider acceptance, provider decline, client decline.

**Provider intake decisions**

Declining participant’s admission into program should be rare and occur only in following circumstances:

* The household presents with more people than referred by the coordinated entry system
* The household poses a risk for potential harm to staff or participants in the program, specifically:
  1. There are families in a congregate site program with at least one child under the age of 18, and a member of the household identifies as a sex offender or identifies as having a criminal record with a history of a violent crime
  2. A member of the household has a prior history of assault or harassment of staff or consumers at this program.

If a household is declined for admission into the program for any of the permissible reasons listed in the Provider Decline Form found in Appendix E of this manual, LICH coordinated entry staff will confirm the appropriateness of the declination within two (2) business days. All decline forms must include Instructions for how to appeal a rejection decision, including all relevant contact information and applicable time frames.   
  
**Case Conferences**Any provider that declines a referral through the coordinated entry system will have to case conference with the ComplianCES Coordinator before the next referral is made. Programs with outlying rates of discharge/turnover based on vacancy reporting will be requested to case conference at the discretion of the CoC ComplianCES Coordinator.

## Referrals for Victim SErvice Providers

DV access point staff utilize the VI-SPDAT to assess households that present at any of the DV-specific access points. Staff then submit a deidentified client ID number to the CES Coordinator, along with household size and assessment score. This information is used to generate a totally de-identified by-name list. After extensive DV working group discussion, DV providers in the region decided to prioritize Category 4 homeless households based on vulnerability first and length of time homeless, second. The rationale was that those households in the riskiest situations need to access housing as quickly as possible and should be given priority for housing and services.

When a DV program has an opening, the CES Coordinator provides the deidentified household number to the program and informs them to contact the specifically assigned DV shelter program manager. The DV shelter program manager then facilitates communication between the client and the housing program.

## Emergency Transfer Plan for Victims of Domestic Violence

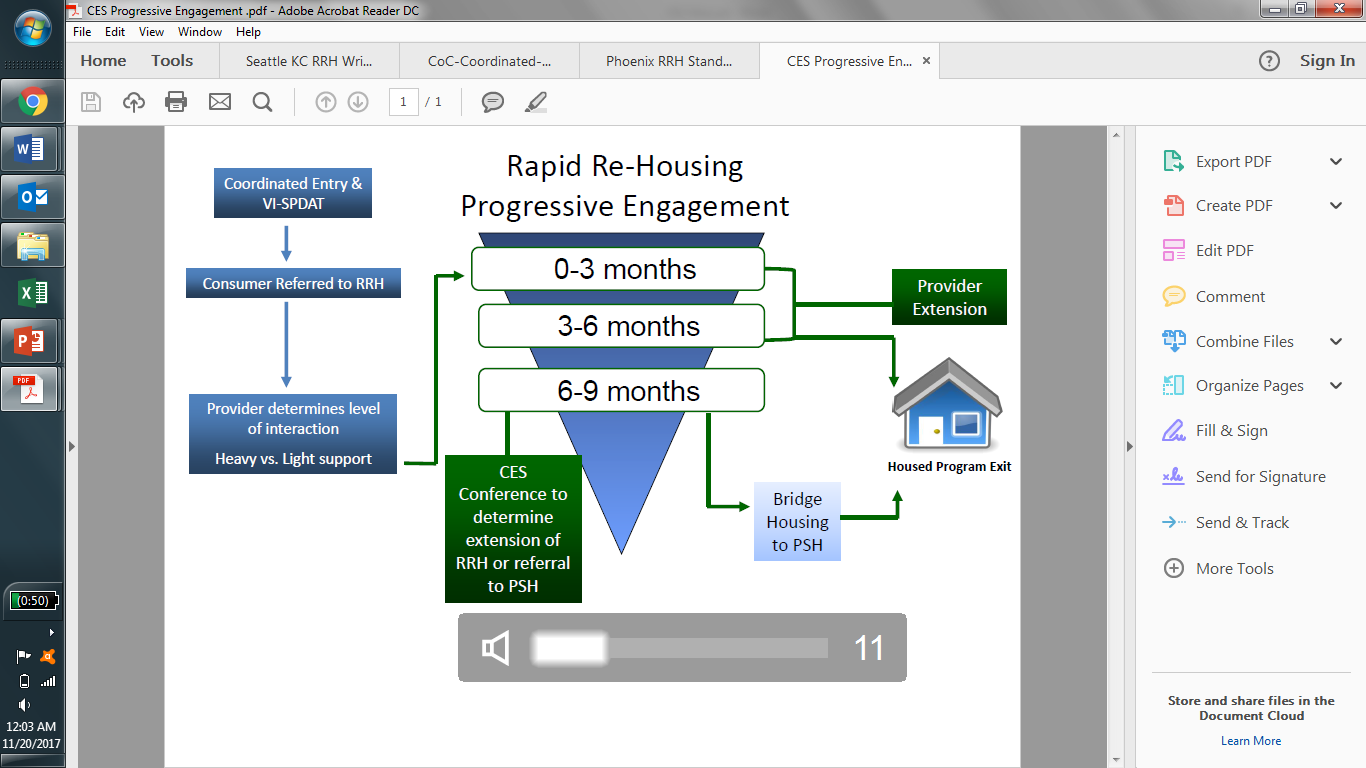
Households who need to move due to safety concerns related to domestic violence are given first priority for all available housing for which they are eligible for through Coordinated Entry, regardless of when or how they entered the system. **See Appendix D for full Emergency Transfer Plan for Victims of Domestic Violence**

Section 8: Standards for Providing Assistance

## Rapid Rehousing

The following minimum standards will be applied to all rapid re-housing programs:

* Household eligibility must be determined and documented; households must meet eligibility as outlined in Homeless Categories 1-4.
* The only documentation necessary to access rapid rehousing is proof of homelessness.
* Order of preference for eligibility documentation for Category 1 homelessness is as follows: Written observation by outreach worker/HMIS records; written referral by another housing or service provider; Self-certification by head of household seeking assistance stating that (s)he was living on the streets or in shelter.
* Order of preference for eligibility documentation for Category 4 homelessness, for documenting the initial incident of violence include: written observation by the housing or service provider; a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom the victim has sought assistance; or medical or dental, court, or law enforcement records.
  + Documentation of reasonable belief of further domestic violence, dating violence, sexual assault, or stalking includes written observation by the housing or service provider; a letter or other written documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom the victim has requested assistance; a current restraining order, recent court order, or other court records; or law enforcement reports or records.
  + The housing or service provider may also consider other documentation such as emails, voicemails, text messages, social media posts, and other communication. Because of the particular safety concerns surrounding victims of domestic violence, the interim rule provides that acceptable evidence for both the original violence and the reasonable belief include an oral statement. **This oral statement does not need to be verified, but it must be documented by a written certification by the individual or head of household.**
* Maximum participation in a rapid re-housing program cannot exceed 24 months
* Support services must be available to the participant throughout the duration of stay in housing
* Program participants must enter into a standard lease agreement, which is terminable only for violation of the standard lease agreement
* The lease must be automatically renewable upon expiration, except on prior notice by either the participant or provider
* Habitability of all housing units must be inspected and approved by program staff
* ESG-funded RRH must assess households after one year of service and may only continue to serve those at or below 30% of AMI
* Rental assistance will be determined based on an individualized, flexible basis using a progressive engagement model, as illustrated below:



A script for assisting with monthly determinations through progressive engagement financial assistance can be found in Appendix F.

## Permanent Supportive Housing

The following minimum standards will be applied to all permanent supportive housing programs:

* The only documentation necessary to access permanent supportive housing is proof of homelessness and proof of disability.
* All CoC-funded permanent supportive housing beds will be 100% dedicated for chronically homeless households, as verified by the CES team.
* Order of preference for eligibility documentation for chronic homelessness is as follows:   
  Length of time;
  + HMIS Record or record from comparable database
  + Written observation by an outreach worker of the conditions individual was living
  + Written referral by another housing or service provider
  + Self-certification, accompanied by the intake worker’s documentation of the living situation and the steps taken to obtain the evidence listed above.
  + 100% of breaks in homelessness can be documented by self-report

Disability;

* Written Verification of the disability from a licensed professional
* Written verification from SSA\*
* Receipt of a disability check\*
* Intensive, evidenced-based case management services must be available to clients throughout the duration of stay in housing to ensure housing stability
* Program participants must enter into a standard lease agreement, which is terminable only for violation of the standard lease agreement (save for mandates from other funding sources)
* The program needs to have either a sub-lease with the client or a three-way lease between participant, housing provider and landlord. Leasing programs cannot have an occupancy agreement and the sub-lease must confer all of the legal rights and protections of the lease between agency and landlord
* The program enters into a lease agreement with program participant for a term of at least one year, which is terminable only for cause. The lease must be automatically renewable upon expiration for a minimum term of one month
* The lease must be automatically renewable upon expiration, except on prior notice by either the participant or provider
* There is no designated length of stay for program participants
* Agencies are not required to impose occupancy charges on program participants as a condition of residing in the housing. However, if occupancy charges are imposed, they must be imposed on all participants of the program and they may not exceed the highest of:
  + 30% of the household’s monthly adjusted gross income; or
  + 10% of the household’s monthly income; or
  + If the household is receiving payments for welfare assistance from a public agency and a part of the payments is specifically designated by the agency to meet the household’s housing costs, the portion of the payments that is designated for housing costs.
* Habitability of all housing units must be inspected and approved by program staff

TERMINATION from Permanent Supportive HousingTermination is expected to be limited to only the most severe cases. Programs will exercise judgment and examine all extenuating circumstances when determining if lease violations are serious enough to warrant termination.

The program may only terminate services when a participant ceases to follow the terms of their lease. In terminating assistance to a program participant, the agency must follow due process provisions as outlined in the CoC Interim Rule. This includes a formal process that recognizes the rights of individuals receiving assistance under the due process of law. This process, at minimum, must consist of:

* + Providing the program participant with a written copy of their lease and the termination process before the participant begins to receive assistance;
  + Written notice to the program participant containing a clear statement of the reason for termination;
  + A review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and
  + Prompt written notice of the final decision to the program participant.

Termination under this section does not bar the recipient or sub-recipient from providing further assistance at a later date to the same individual or family.

Clients who are entering an institution (medical, mental health, or crisis) should not immediately be terminated from PSH projects. HUD SHP PSH providers are permitted to maintain open units for individuals and families who are institutionalized for a maximum of 60 days.

## Moving On From Permanent Supportive Housing

All permanent housing programs will utilize a “move-on” strategy for all participants experiencing a high level of stability in PSH or who have been housed for three years or more. Providers are encouraged to utilize PHAs and other housing resources as destinations for households that no longer require the level of support from a PSH program. These strategies must be evidence-based and rooted in a motivational, client-centered orientation to service delivery. Programs will look to guidance from established advocacy organizations to inform their move-on strategies, such as the “Moving-On Toolkit” from the Corporation for Supportive Housing. The toolkit may be accessed through the following link: <http://www.csh.org/moving-on/>

Section 9 : Data ManagemenT

## Overview of Homeless Management Information SYstem (HMIS)

The United States Department of Housing and Urban Development (HUD) requires that all recipients of financial assistance under the Continuum of Care (CoC) program, the Emergency Solutions Grant (ESG) program, the Rural Housing Stability Assistance (RHS) program and other programs funded under the McKinney-Vento Act must use a Homeless Management Information System, or HMIS, to collect client-level data on all persons served.

An HMIS is computer software that helps agencies with program administration, operations, and reporting. An HMIS can be used for many different functions including maintaining client and agency information, bed/unit availability, and service delivery. Some of the typical benefits of an HMIS include:

* Improved service delivery and prompt referrals for clients
* Immediate access to important client information
* Quick and easy preparation of reports for funders, stakeholders

Other benefits of an HMIS include the ability to produce unduplicated estimates of the number of homeless persons accessing services from homeless assistance providers, aggregate reporting of basic demographic characteristics of homeless persons and patterns of service use, including information on shelter stays and homelessness episodes over time.

The Long Island HMIS, also known as AWARDS, is a software package developed by Foothold Technology that has been implemented in many communities across New York State. The Long Island Coalition for the Homeless (LICH), through grants received from HUD, implemented the Long Island HMIS and continues to oversee its strategic direction and administration. LICH, together with the Continuum of Care groups in both Nassau and Suffolk Counties, actively works to increase resource development and quality assurance for the HMIS. LICH staff manage the daily operations of the HMIS, and provide technical support, training, and program customization as needed.

Please see Appendix G for an analysis of New York State and Federal laws that may or may not impact your agency’s implementation of the HMIS. It is not exhaustive or necessarily applicable to your agency. It is provided as a courtesy. Agencies concerned about legal implications, as always, should consult their internal general counsel.

## Service Provider Requirements

Service providers must meet all of the requirements below in order to participate in the HMIS. Failure to develop, implement, maintain or adhere to these policies are grounds for the suspension or termination of an agency’s access to the HMIS.

## Internal Policy

HMIS participating agencies are required to create and adhere to internal policies regarding each of the following:

1. Each HMIS participating agency must identify an individual whose position includes responsibility for HMIS activities at the agency. This individual will have the full authority to make decisions for the agency regarding HMIS implementation and operation. This person will be assigned to the Agency Executive Officer user group in the HMIS for the HMIS participating agency. This person will be referred to as the “Participating Agency HMIS Administrator.” Only one person at each agency may be identified as the Participating Agency HMIS Administrator.
2. Each Participating Agency HMIS Administrator must complete the full Foothold approved training for operating AWARDS prior to being issued a user ID and password.
3. An HMIS participating agency shall have access only to data entered by the agency’s authorized HMIS users pertaining to clients served by the agency.
4. HMIS participating agencies shall be bound by all restrictions imposed by clients pertaining to the use of personal data that clients do not formally release. It is a client’s decision about which information, if any, entered into the HMIS may be shared and with whom. A Client Consent to Exchange of Information shall be signed if the client agrees to share information with any HMIS participating agency other than the agency from which s/he receives services.
5. Each authorized HMIS user will be issued a unique user ID and password. Sharing of passwords and user IDs is expressly forbidden. HMIS participating agencies must create and adhere to a policy identifying any violation of the “no-sharing” policy as a serious contravention of agency operations, and must further identify appropriate repercussions for such violation.
6. Each authorized HMIS user will complete the full Foothold approved training for operating AWARDS prior to being issued a user ID and password.

## User Policy

Each authorized HMIS user will be issued a unique user ID and password. Sharing of passwords and user IDs is expressly forbidden. All HMIS users must take all reasonable precautions to ensure that his/her password is physically secure. Each authorized HMIS user will complete the full Foothold approved training for operating AWARDS prior to being issued a user ID and password.  
  
HMIS users have an obligation to maintain client privacy and to protect and safeguard the confidentiality of each client's protected personal information (PPI). PPI shall include, but not be limited to, the client's name, address, telephone number, social security number, date of birth, type of care provided, medical condition or diagnosis, veteran status, employment information, and any and all other information relating to the services provided to the client by any agency. Only authorized HMIS users and the client about whom the information pertains may view a client’s information in the HMIS. HMIS users must never discuss PPI with anyone in a public area. Information in the HMIS may only be viewed, obtained, disclosed or otherwise used to enable the authorized HMIS user to successfully perform his/her job.

If client information from the HMIS must be saved in a digital format, then such information must be saved in a secure folder or drive that is accessible only to authorized HMIS users. Hard copies of HMIS data must be kept in a secure file, and must not be left in public view. All digital and hard copies of HMIS data will be destroyed when no longer needed.

All authorized HMIS users must log off of the HMIS prior to leaving the work area where the computer is located. A computer that has the HMIS “open and running” shall never be left unattended, for any length of time. Failure to log off of the HMIS appropriately may result in a breach of client-confidentiality and system security. Authorized HMIS users who notice or suspect a security breach must immediately notify the Participating Agency HMIS Administrator.

## Privacy, Confidentiality and Security Regulations

**HMIS Notice Requirements**

HUD has set forth specific guidelines and regulations governing the use of HMIS data, privacy policies and the notification of persons whose personal information may be entered into HMIS. Among the requirements are:

* A “Public Notice” summarizing the HMIS participating agency’s HMIS Privacy Policy and purpose of data collection; the Public Notice must be displayed publicly in each office or other location where staff may be collecting personal information about persons they serve
* An HMIS participating agency’s HMIS Privacy Policy, which must be made available upon request.

Samples of a Public Notice and an HMIS Privacy Policy can be found in Appendix H. The full list of agencies participating in HMIS can be found on the CoC website at [www.lihomeless.org](http://www.lihomeless.org) Please refer to the July 30, 2004 Federal Register for a complete description of the HUD requirements on this topic.

**Informed Client Consent**

All agencies participating in CES have been advised of best practices to gain written informed client consent for participation in HMIS. Agencies have also been informed that clients can withhold information from the HMIS and still have access to the full range of services offered by the CoC.

Section 10: Evaluation   
The implementation of the coordinated entry system necessitates significant, community-wide change. To help ensure that the system is effective and manageable for households and providers alike, the coordinated entry process will be formally evaluated not less than once annually. Surveys will be sent to all participating providers and a sample of households who have participated in the CES at random. Data gathered through the feedback process will be compiled the CoC ComplianCES Coordinator and Community Support Specialist. This data will be presented to CoC Governance Board, who will then convene a Coordinated Entry working group to develop system improvement plans.

Appendix A

**NY-603 Long Island COC  
Nondiscrimination and Equal Opportunity Policy**

The Long Island Coalition for the Homeless, as the Continuum of Care lead for the region of Nassau-Suffolk, mandates that all member agencies operate in compliance with federal, state, and local nondiscrimination and equal opportunity laws.

**Federal Requirements**

The Department of Housing and Urban Development, in conjunction with other federal partners, has a vibrant history of furthering the rights of those persons who belong to vulnerable classes and who are most likely to experience discrimination. All member agencies must abide by the CoC Interim Rule and observe all requirements outlined in 24 CFR 5.105(a). These laws include, but are not limited to, The Equal Opportunity in Housing Programs, Civil Rights Act of 1964, Age Discrimination Act of 1975, Rehabilitation Act of 1973, Americans with Disabilities Act, Nondiscrimination Based on Handicap in Federally Assisted Programs and Activities, Equal Employment Opportunity Program, and most importantly, the Fair Housing Act.

The Fair Housing Act identifies protected classes of people and prohibits discrimination on the basis of:

• Race  
• Color  
• Religion  
• Sex  
• Handicap  
• Familial Status  
• National Origin

**Equal Access to Housing in HUD Programs   
Regardless of Sexual Orientation or Gender Identity**

On February 3, 2012, HUD published its final rule expanding protections in housing for the LGBT\* community. This rule further prohibits discrimination based on:

• Actual or perceived sexual orientation

• Actual or perceived gender identity, where gender identity means “actual or perceived gender-related characteristics”

• Actual or perceived marital status

Furthermore, CoC-program funded projects that provide single-sex accommodations must follow guidelines set forth by HUD in Notice CPD-15-02 when inquiring about sex and gender with regard to placement, safety, and privacy.

**State Requirements**

New York State has long been a leader in civil rights protections for those at risk of facing discrimination. All member agencies must abide by the New York State Human Rights Law , which protects all of the previously listed classes of people and further prohibits discrimination based on:

• Creed  
• Age  
• Sexual Orientation, which is also protected further under the Sexual Orientation Nondiscrimination Act (SONDA)  
• Marital Status  
• Military Status

**Ensuring Equal Access and Effective Service to People with Disabilities**

**Promoting Effective Communication**

All member agencies will make auxiliary aids and services available upon request for people who have communications disabilities. Communication with people who have hearing or vision disabilities must be as equally effective as communication with people without disabilities.

**Reasonable Accommodations and Modifications**

All member agencies will make reasonable accommodations to their rules, policies, practices, or services when necessary for people with disabilities to have equal opportunity to access services. Further, member agencies will allow reasonable modifications to housing facility structures so that people with disabilities have the equal opportunity to utilize and enjoy all aspects of their housing.

**Integrated Service Delivery**

All member agencies will provide services in the most integrated setting appropriate to the needs of people with disabilities.

**Transparency in Handling Allegations of Discrimination**

All CoC member agencies will operate with patience, respect, and transparency when handling allegations of discrimination. Member agencies will inform all prospective and current participants of their right to file a complaint with relevant federal, state, and local authorities, including, but not limited to:

**U.S. Department of Housing and Urban Development**Fair Housing Enforcement Center 26 Federal Plaza, Room 3532 New York, NY 10278-0068 212-264-1290 (voice) 212-264-0927 (TTY)<http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/complaint-process>

**New York State Office of the Attorney General**Civil Rights Bureau 120 Broadway New York, New York 10271   
212-416-8250 (voice) 800-788-9898 (TDD) civil.rights@ag.ny.gov www.ag.ny.gov

**New York State Division of Human Rights**One Fordham Plaza, 4th Floor Bronx, New York 10458   
718-741-8300 (voice) 718-741-8300 (TDD)   
[www.dhr.state.ny.us](http://www.dhr.state.ny.us)  
By signing below, you are indicating that you understand and agree to comply with all requirements set forth by the Nondiscrimination and Equal Opportunity Policy.  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Member Agency Program Director Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Member Agency Executive Director Date

Appendix B

Long Island (NY-603) Continuum of Care

Coordinated Entry System

Memorandum of Understanding

Memorandum of Understanding (MOU) between the NY-603 Continuum of Care and [INSERT NAME OF COC-FUNDED OR ESG-FUNDED PROVIDER AGENCY]

1. BACKGROUND

Provisions of HUD’s Continuum of Care (CoC) Program and Emergency Solutions Grant (ESG) Program interim rules require that all CoCs establish a coordinated entry system (CES). The NY-603 CoC has adopted the CES requirements as outlined in HUD Notice CPD 17-01 for all CoC and ESG grantees. The CES has been piloted (voluntary vacancy reporting and referrals) since February 2017 and will officially launch (mandated vacancy reporting and referrals) on **August 1, 2017**.

The CES represent a CoC-wide process for facilitating access to all homeless designated resources, identifying and assessing the needs of persons experiencing homelessness, and referring clients to the most appropriate housing and services. The CES will ensure that available housing resources in the region are offered to households who are homeless the longest with the most severe service needs.

1. GUIDING PRINCIPLES OF THE NY-603 CES

The NY-603 Continuum of Care will adopt all requirements of the *CoC Interim Rule* *24 CFR 578.7(a)(8),* and additional requirements outlined in *HUD Notice CPD-17-01*. The Long Island Coalition for the Homeless (LICH), as the NY-603 Continuum of Care lead, will implement and operate the CES for the Long Island (Nassau and Suffolk Counties) region, including the coordination of referrals to COC-funded programs.

1. PRIORITIZATION OF PERSONS EXPERIENCING CHRONIC HOMELESSNESS

The NY-603 CES will prioritize referrals to permanent housing programs (including rental assistance) following the order outlined in *HUD Notice* *CPD-16-11*. Housing referrals will be made based on program eligibility and client choice for those households who are homeless the longest with the most severe service needs.

1. HOUSING FIRST

All programs funded through the NY-603 competitive funding round are required to operate using a Housing First approach, outlined in the *Housing First in Permanent Supportive Housing HUD Brief*. Housing First removes barriers for homeless households accessing housing and services and ensures that every effort is made for clients to remain in housing and services.

1. ASSESSMENTS

All homeless households seeking assistance through the CoC will be assessed for housing and services, regardless of where in the region they present using the following process:

1. LICH staff or staff at other CES access points will confirm living situation to meet the HUD homeless definition and verify household type.
2. Clients who are determined to be HUD homeless will work with LICH staff and/or staff at other CES access points on housing placement. Non-HUD homeless clients will be referred to other community resources.
3. Clients will complete a Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT).
4. LICH staff or staff at other CES access points will verify program eligibility for clients with HUD approved documentation (such as disability documentation, third party verification of length of time HUD homeless, SPA acceptance for OMH programs, etc.)
5. Clients will be placed on a housing waitlist by the CES Coordinator for appropriate housing resources in prioritized order based on length of time homeless and level of service needs.

Please note that households presenting as actively fleeing or attempting to flee a domestic violence situation will not have data entered into HMIS.

1. CES REFERRALS

A CES system, as mandated by HUD (*HUD Notice CPD-17-01*) requires that all CoC-funded programs and all ESG-funded rapid rehousing receive 100% of client referrals to from LICH (CES Management).

1. Clients will be offered available housing and services for which they are eligible. Clients can choose to accept or decline the housing and services based on their preferences. Clients are not penalized for rejecting housing and services offered to them.
2. Permanent housing programs must accept eligible clients who are offered their housing and services; declining client referrals is only permissible in extremely limited circumstances.
3. RESPONSIBILITIES OF PARTICIPATING PROVIDERS

[INSERT LOCAL COC OR ESG PROVIDER NAME] will:

1. Establish clearly written policies and procedures with program eligibility requirements;
2. Operate using a Housing First model, as confirmed and indicated on all CoC funding applications and verified by LICH with program documentation (leases, subleases, program manuals) and CoC monitoring;
3. Report all vacancies/program availability to the CE Coordinator, per CES manual;
4. Receive 100% of referrals from the CES, which will be referred following the CoC Prioritization Order;
5. Make no lateral transfers of households into a permanent supportive housing unit, unless the household has been assessed and prioritized by the CES;
6. Resolve any errors regarding referrals or admissions in a timely manner;
7. Provide feedback to LICH on how to better serve homeless households through the CES;
8. Participate in trainings (required annually by HUD) on the CES;
9. Notify the CE Coordinator if there are staffing changes with established CES program points of contact;
10. Enter all data on clients in HMIS in a timely and complete manner and maintain a standard level of data quality, as determined by the HMIS lead (excluding DV providers);
11. Uphold all fair housing regulations, as outline in the *Fair Housing Act*;
12. Ensure client confidentiality, in accordance with all Federal and State regulations;
13. Regularly assess clients in permanent supportive housing to determine whether they still require the level of care provided by the program. If case management determines that clients no longer require the services provided by the program, other housing options should be explored with clients.

Clients in permanent supportive housing that no longer require the level of services offered by the program model will be assisted by the program provider with a move-on strategy to other permanent housing.

TERMS OF AGREEMENT

This MOU shall be effective upon adoption by each signatory agency and entity. Annually, this MOU will be reviewed and updated to incorporate changes and clarifications of roles and responsibilities. Agencies and entities that do not agree to the terms mentioned above in this MOU will not be eligible to apply for funding through the CoC or ESG.

[INSERT PROVIDER NAME] [INSERT COC NAME]

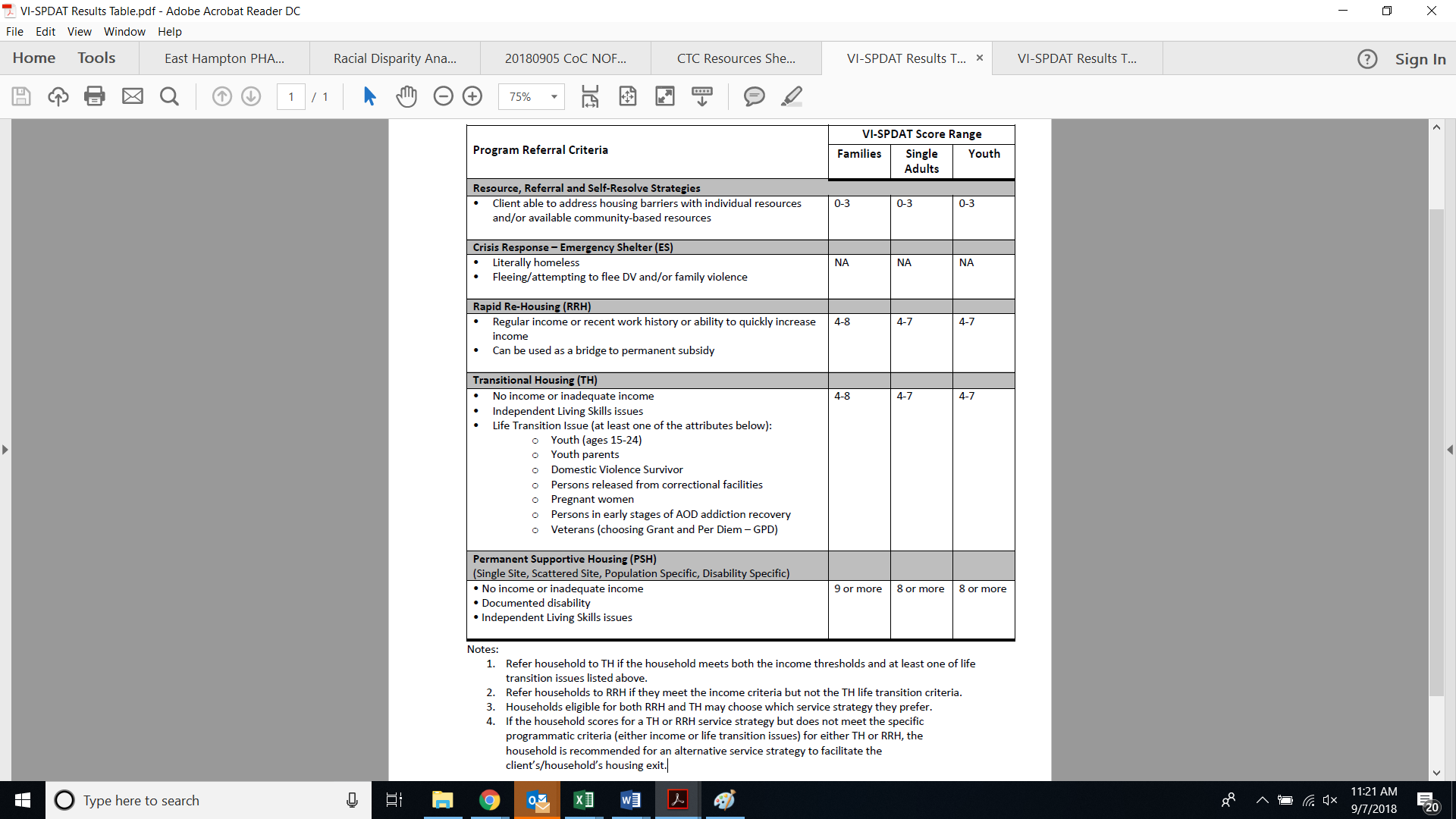
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Program CEO/Executive Director Signature of CoC Lead Agency Executive Director

Print Name: Print Name:

Title: Title:

Date: Date:

Appendix C  
VI-SPDAT Assessment Tool Scoring Table

## Appendix d

asdghd

## Appendix D

**Emergency Transfer Plan for Victims of Domestic Violence**The NY-603 CoC is concerned about the safety of tenants in housing programs which receive referrals through the Coordinated Entry System (CES), and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA),[[3]](#footnote-3) the CES allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant’s current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.[[4]](#footnote-4) The ability of the CES to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether the CES has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that all CoC-funded housing programs arein compliance with VAWA.

**Eligibility for Emergency Transfers**  
A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD’s regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

**Emergency Transfer Request Documentation**

To request an emergency transfer, the tenant shall notify the CES Coordinator and submit a written request for a transfer. CES staff will provide reasonable accommodations to this policy for individuals with disabilities. The tenant’s written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit; OR

2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant’s request for an emergency transfer.

**Confidentiality**   
CES staff will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives CES staff written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant.

**Emergency Transfer Timing and Availability**The CES Coordinator cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. The CES Coordinator will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. The CES Coordinator may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

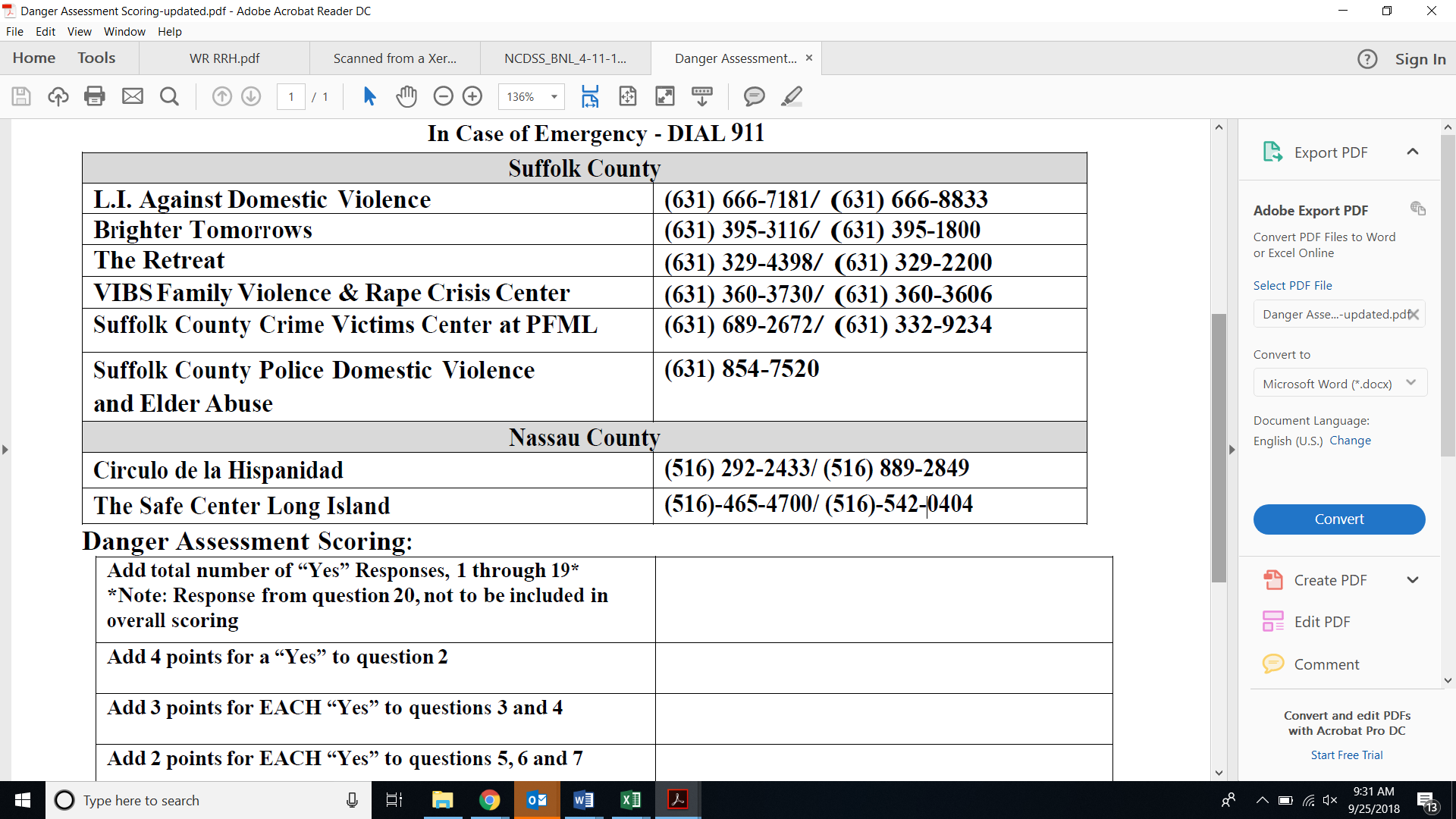
If the CES Coordinator has no safe and available units for which a tenant who needs an emergency is eligible, they will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant’s request, the CES Coordinator will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

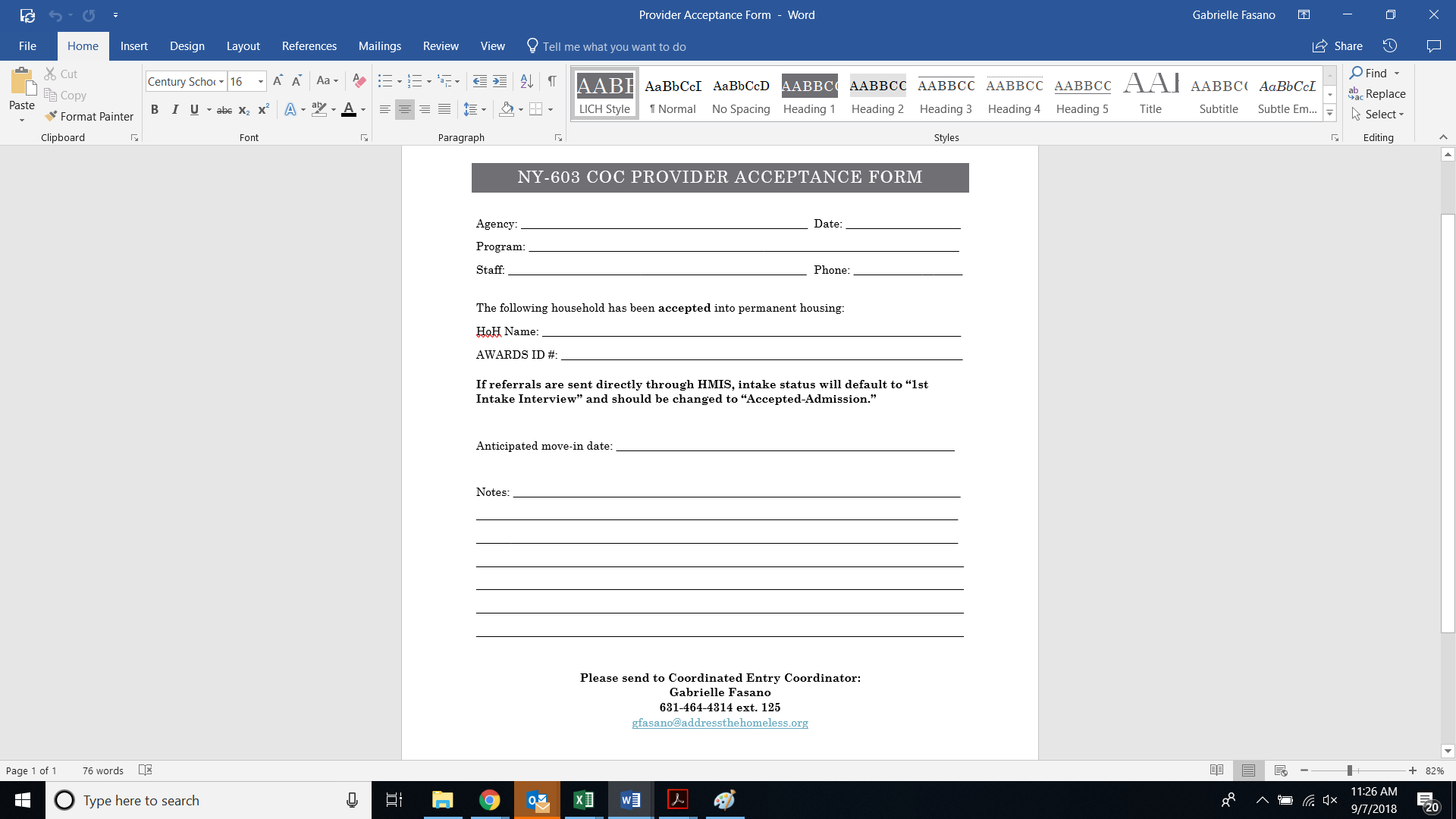
**Safety and Security of Tenants**  
Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

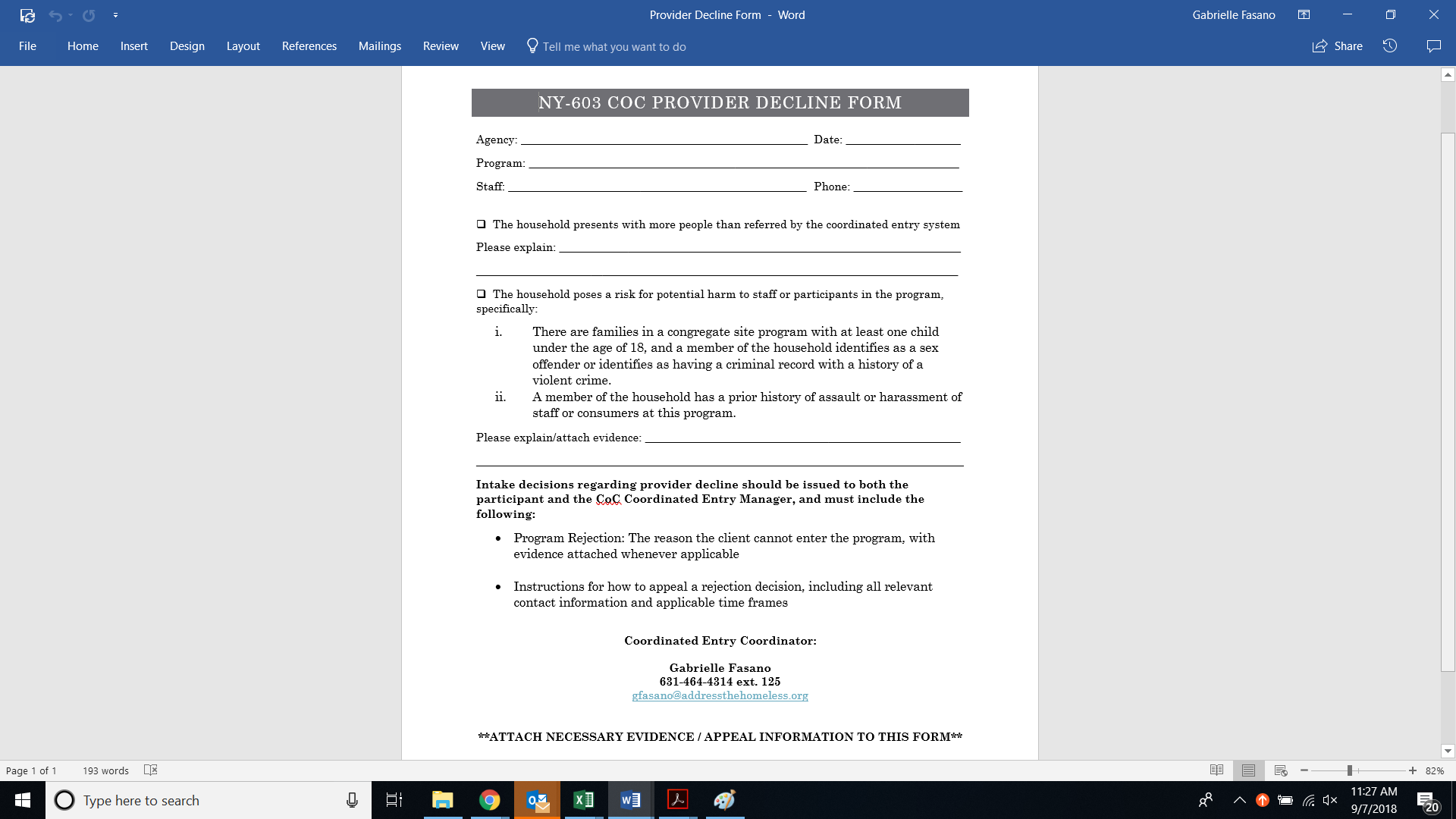
Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence providers for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

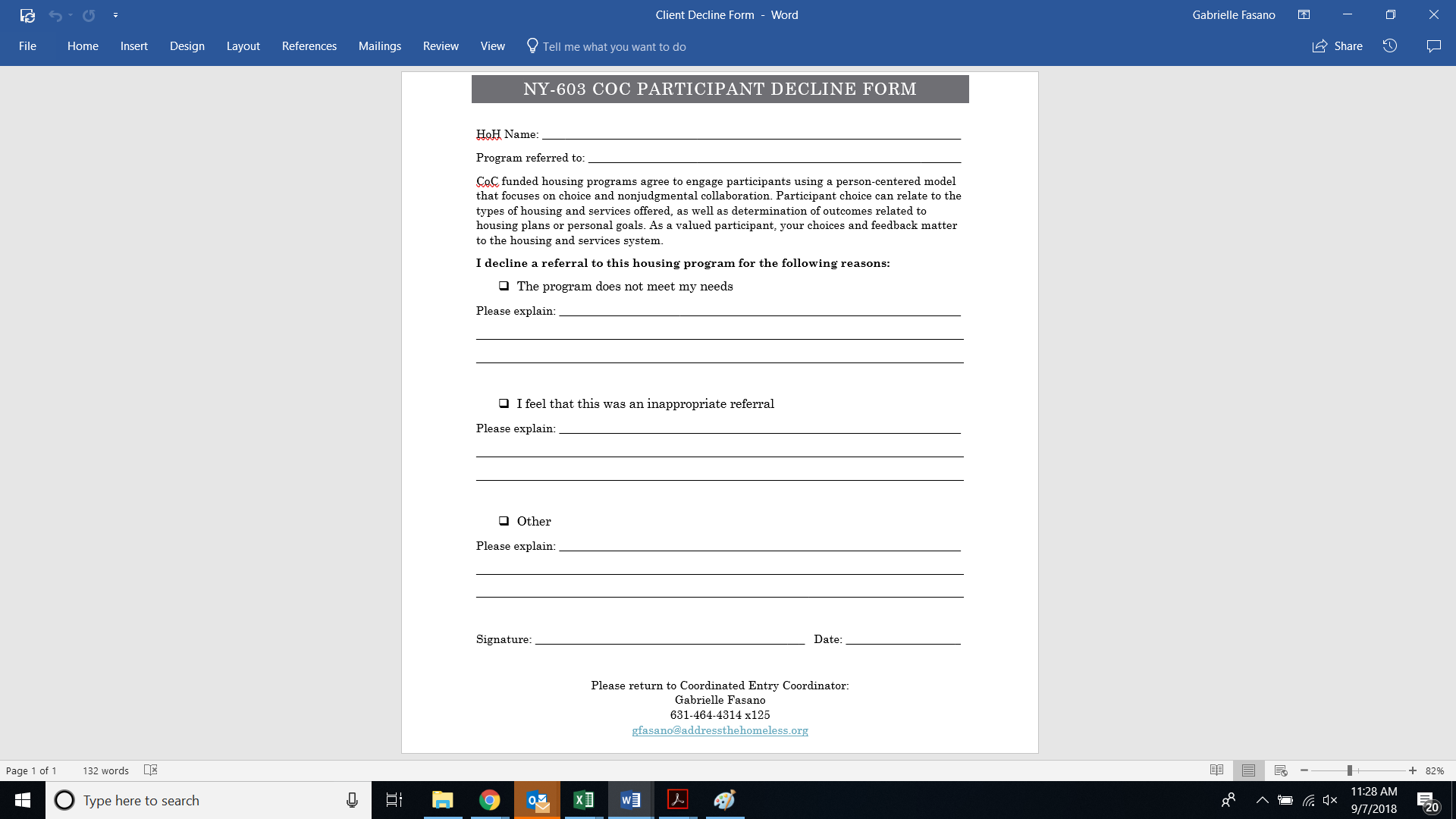
Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network’s National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at https://ohl.rainn.org/online/.

Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime’s Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

**Local Victim Service Providers**

Appendix E 





## Appendix F

## 

## Appendix G

*Memo prepared for HMIS Committee July 29, 2003 by Victoria Osk of Long Island Legal Services.*

***INTRODUCTION***

This memo provides an overview of the basic laws and regulations governing the types of data and information that will likely be included in the HMIS, based on the types of agencies participating.  
  
The types of data and information that fall under privacy and confidentiality regulations include the following areas: substance abuse; mental health; health care more generally; HIV/AIDS; legal involvement; and social work services. Each area is governed by its own unique systems of statute and regulation, some state and some Federal, and some of which are somewhat incompatible with others.  
  
***SPECIFIC FEDERAL & NY STATE STATUTES AND REGULATIONS*Drug and Alcohol Treatment**

Primarily by 42 USC § 290 dd(3) - 290ee(3) and 42 CFR Part 2 (2.3 et seq)  
Agencies can share information by executing a Qualified Service Agreement, which is done when one agency consistently provides services to another agency or to their clients. This is typically done when an agency hires a billing service, but can be done for other reasons as well. A client would have the right to know to whom their information might be released pursuant to a QSA. The agency receiving the information pursuant to a QSA would have the same confidentiality responsibilities as the originating program that conveyed the information.

The essential requirement as it relates to the release of specific client information without a QSA in place is that no licensed facility providing treatment can provide information about a client, including the acknowledgment they are a client or have received treatment, without a signed release. The release is mandated by the federal government and requires certain fields of information, including the nature and purpose of the information to be released, specifically to whom it will be released, the dates for which the release period is authorized and the point at which the release expires (which can be either a date or another event), and acknowledgement that the client has been advised of their right not to agree to release the information. There is no general exception for law enforcement, and the information cannot be released pursuant to subpoena, but only in obedience to a court order obtained after notice to the client as well as to the keeper of the records. The holder of the records has the responsibility to defend their privacy in court.

**HIV/AIDS**Controlled by Article 27-f of the New York State Public Health Law.  
  
There is no equivalent of a Qualified Service Agreement (QSA) for HIV information; in fact, most state-supervised programs maintaining this information must provide the state with a list of persons within their agency who are permitted access to this information and must regularly train those employees in confidentiality requirements. Every disclosure of HIV information, except for insurance payment, must be noted in the patient’s file. A notice prohibiting re-disclosure must accompany HIV/AIDS information release.  
  
Intentional violation is a criminal offense carrying a year in jail, but even inadvertent error, such as mislaying a file containing HIV information, is a violation that can bring civil penalties. As in the case of substance abuse treatment information, no information may be released except pursuant to a state-mandated release, which can be revoked at any time. Only the patient can sign the release unless the patient has been deemed incompetent. In the case of an incompetent person, a legal guardian may sign; incompetence is determined on a case-by-case basis, without regard to age. Therefore, a competent minor has the right to release or to conceal their HIV status, with determination of competence of each minor a rather complex matter entailing an individual evaluation. While there are a number of exceptions to this rule, such as health insurance companies (who have their own confidentiality requirements pertaining to HIV), death certificates, organ donation programs, etc., these are quite limited and specific. As with drug and alcohol programs, the information may not be released in response to a subpoena. Depending on the circumstances, information from which reference to HIV has been redacted may be supplied; if this is not practical, the subpoena must be opposed, and the information released only by court order issued on notice to the patient. There are also state regulations governing the maintenance of HIV information by licensed substance abuse and other state-supervised programs, such as the requirement for special computer security measures.

**Mental Health**Section 33.13 or the Mental Hygiene Law of New York State.  
  
Such information is only to be released pursuant to court order, to certain attorney representing the mentally ill, to certain quality control agencies, to certain criminal justice agencies under vary limited circumstances and for the purpose of providing care to the person, or pursuant to a release signed by the patient or a person permitted by law to act on the patient’s behalf. Unlike in other instances, however, there are limitations on releases of information based on consent of the patient or their legal guardian; the recipient must have a demonstrable need for the information, and the release of the information must not be detrimental to the patient, requiring some judgment on the part of the agency who has been requested to release information. Other that under those circumstances, agencies governed by 33.13 and its enabling regulations should not even acknowledge their prior contact with a patient. Under certain circumstances, there may be limits placed on the patient’s ability to review their own file if such limits are necessary in the patient’s best interests, although the patient may contest them.

**General Healthcare**In addition to the general demands of doctor-patient privilege, health care providers must comply with the HIPAA privacy rules. All individually identifiable health information is controlled under the HIPAA law. De-identified information, that does not identify an individual, is not controlled by HIPAA.

Entities may share information by executing a Business Associate Agreement (BAA), but these are intended to be limited to those organizations that provide certain services to or on behalf of the covered entity, billing is typical. Such agreements impose strict privacy requirements on the business associate. Patients may review the record sets covered under such agreements.  
  
Under HIPAA, providers must disclose information to patients and to certain federal quality control officers, and may (but need not) release the information for certain other purposes, including but not limited to purposes of treatment or payment, public interest or benefits activities (12 areas are designated), and uses and disclosures providing the patient with the opportunity to agree or object, including emergency situations. In that case, fairly informal agreement may be acceptable. However, where HIPAA conflicts with state law, the stricter of the two applies. Where none of the exceptions apply, a detailed authorization must be obtained with various required fields of information. All disclosures must be limited to the minimum necessary. Individuals have a right to an accounting of the disclosure of their information. Individuals may request special restrictions on the use of their information, although the provider may refuse to agree. In general, treatment should not be conditioned on an agreement on the part of a patient to sign an authorization, except in very limited circumstances. Security of electronically maintained information is key to HIPAA, and all providers must have a privacy plan.  
  
**Attorney-Client Privilege**All client confidences and secrets must be protected, including, for example, the fact that a client has committed extremely serious crimes, such as homicide. An intention on the part of the client to commit a future crime may be disclosed, but the attorney is not under any obligation to do so. Any violation of this simple rule is considered an ethical lapse that can lead the loss of a license to practice law. If the client is harmed, it is also potential malpractice, entitling the client to possible financial damages. At the same time, the privilege is easily compromised and waived. For example, if an advocate for an agency is present when the client discloses the information, the privilege is waived for all purposes, and everyone present, including the attorney, may be forced to disgorge the information to law enforcement, or in the course of other legal proceedings such as a lawsuit brought against the client.

## Appendix H

Example of Posted Privacy Notice for HMIS Participation

**HMIS Posted Data Privacy Notice**

We collect personal information about the people we serve in a computer system called HMIS (Homeless Management Information System). Many social service agencies use this computer system.

We use the personal information to run our programs and to help us improve services. Also, we are required to collect some personal information by organizations that fund our program.

You do not have to give us information. However, without your information we may not be able to help you. Also, we may not be able to get help for you from other agencies.

You have a right to review the personal information that we have about you. If you find mistakes, you can ask us to correct them.

You have a right to file a complaint if you feel that your data privacy rights have been violated. Please tell our staff if you have questions. If you need a grievance form or a complete copy of our privacy policy, please ask our agency staff.

1. Opening Doors: Federal and Strategic Plan to Prevent and End Homelessness <https://www.usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf> [↑](#footnote-ref-1)
2. Found in HUD Notice [CPD 16-11](https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf) [↑](#footnote-ref-2)
3. Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation. [↑](#footnote-ref-3)
4. Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status. [↑](#footnote-ref-4)