A Way Home for Tulsa
Tulsa City/County Continuum of Care
“All Doors Open”
Coordinated Entry System Policies and Procedures
These materials within this document have been developed locally for the
A Way Home for Tulsa City/County Continuum of Care
Coordinated Entry System

This Document. These written standards, and policies and procedures will
govern the implementation, expansion, governance, and evaluation of A Way
Home for Tulsa (AWH4T) City/County Continuum of Care Coordinated Entry
System, All Doors Open. It is expected that these standards will be adjusted as
programs evolve, partners gain more experience, and the data from HMIS and
other programs and services is analyzed. These policies may only be changed by
the approval of AWH4T CoC Governance Council. Policies will be reviewed at a
minimum annually in accordance with the AWH4T Charter.

This document replaces all previously approved Coordinated Entry policies. This
document shall be incorporated into the Tulsa City/County Continuum of Care
Standards. Any changes to Attachments shall not impact the body of this
document.

The development of this document was done in partnership and collaboration with
the following AWH4T partner agencies:

- 12 and 12, Inc.
- City of Tulsa Grants Department
- Community Service Council
- Counseling & Recovery Services of Oklahoma
- Dayspring Villa
- Domestic Violence Intervention Services
- Family & Children’s Services
- INCOG
- Iron Gate
- John 3:16 Mission
- Legal Aid Services of Oklahoma
- Mental Health Association of Oklahoma
- Morton Comprehensive Health Services
- Restore Hope Ministries
- Salvation Army, Center of Hope
- Surayya Anne Foundation
- Tulsa County Social Services
- Tulsa Day Center for the Homeless
- Tulsa Housing Authority
- U.S. Department of Veteran Affairs
- Volunteers of America
- Youth Services of Tulsa
This document is the compilation of community wide planning and system development session and use of various coordinated entry system operational manuals, policies and procedures, and reference materials which are not proprietary information and were developed through use of federal funds, and guidance from the US Department of Housing and Urban Development (HUD). All sources are included in end notes.
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DEFINITIONS

360 Degree Referral System. The web-based software powered by UniteUs used to make and receive referrals to community resources.

Access Points. Access points are the places—either virtual or physical—where an individual or family in need of assistance accesses the coordinated entry process.

All Doors Open. The coordinated entry system developed by A Way Home for Tulsa City/County Continuum of Care.

Built for Zero. The Built for Zero Initiative is a rigorous national change effort designed to help a core group of committed US communities end chronic and veteran homelessness. AWH4T was selected to participate in 2015.

By-Name-Lists. List of individuals and families experiencing homelessness in the service area prioritized for housing interventions. All Doors Open maintains individual By-Name-Lists for chronic individuals, families, Veterans, and youth.

Case Conferencing. Regular meetings in which partner provider staff track, engage, and connect individuals and families experiencing homelessness to permanent housing. These meetings occur regularly for Chronic Individuals, Veterans, Youth, and Families.

Case Conferencing Lead (CCL). Partner provider staff who attend case conferencing on regular basis and are assigned to prioritized individuals or families. The CCL works with the individual or family to gather required documents, assess individual and family preference and eligibility for housing services, and coordinate with partner providers to facilitate referrals.

CHBNL. Chronic By-Name-List, the community list of individuals and families experiencing chronic homelessness, prioritized based on acuity.

Chronically Homeless (Chronic).

(1) A “homeless individual with a disability,” who:
   (i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
   (ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are
included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Common Assessment. A standard set of questions used by all All Doors Open partner providers by which individuals and families experiencing homelessness are quickly assessed and prioritized based on their unique circumstances and needs. All Doors Open utilizes the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) as the common assessment.

Community Service Council. The local non-profit organization serving as the Lead Agency for A Way Home for Tulsa.

Continuum of Care (CoC). A program designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

Coordinated Entry. The CoC Program interim rule at 24 CFR 578.3 defines centralized or coordinated assessment as the following: “a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.”

Coordinated Outreach. A Way Home for Tulsa’s (AWH4T) Coordinated Outreach Task Force providing regular, targeted street outreach and comprised of a diverse group of AWH4T and external partner provider staff. Includes all other All Doors Open partner providers providing regular street outreach to individuals and families experiencing unsheltered homelessness.
**Disabling Condition.** A disabling condition is defined by HUD as “a diagnosable substance abuse disorder, a serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions.” In addition, “this disability is expected to be long-continuing and of indefinite duration, and substantially impedes his/her ability to live independently. This disability could be improved by the provision of more suitable housing conditions.”

**Diversion.** A strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.

**Emergency Shelter.** Any facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for the homeless in general or for specific populations of the homeless.

**Emergency Solutions Grant (ESG).** A program of the U.S. Department of Housing and Urban Development to provide emergency shelter to homeless individuals and families living on the street; rapidly re-house homeless individuals and families; and prevent individuals and families from becoming homeless.

**Family.** A household with at least one adult over the age of 18 and one dependent under the age of 18.

**FBNL.** Family By-Name-List, the community list of families experiencing homelessness, prioritized based on acuity.

**HEARTH.** The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 that includes Emergency Solutions Grant (ESG) and Continuum of Care (CoC) grants.

**HMIS (Homeless Management Information System).** A web-based software application designed to record and store person-level information regarding the service needs and history of households experiencing homelessness throughout the Continuum of Care jurisdiction, as mandated by HUD.

**Homeless.** HUD defines the term “homeless” at 24 CFR 583.5 as:
1. a person sleeping in a place not meant for human habitation (e.g. living on the streets) OR living in a homeless temporary shelter, OR
2. an individual or family who will imminently lose their primary nighttime residence within the next 14 days with no subsequent housing identified, OR
3. families or youth under age 25 who meet other Federal definitions of homelessness, OR
4. a person fleeing or attempting to flee domestic violence.
**Housing.** Refers to Permanent Housing and is community-based housing without a designated length of stay in which formerly homeless individuals and families live as independently as possible. Individuals and families must be the tenant on a lease (or sublease) and protected by state and federal landlord/tenant laws.

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

**Inactive Status** – Individuals and families become inactive when or if there is no contact with the assigned Case Conferencing Lead (CCL) or other All Doors Open providers within 30 days.

**Permanent Supportive Housing (PSH).** Long term permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.

**Prioritization.** People experiencing (or at-risk of) homelessness will be prioritized in a transparent, consistent manner that takes into account the individual’s vulnerability and needs. Prioritization will be a transparent process for the benefit of both providers and those seeking assistance.

**Participating Provider.** An organization that provides housing or services to people experiencing or at risk of homelessness

**Rapid Re-Housing (RRH).** An intervention designed to help individuals and families quickly exit homelessness and return to permanent housing.

**Safe Haven Housing (SH).** A form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who come primarily from the streets and have been unable or unwilling to participate in housing or supportive services.

**Screening Tool.** The common screening tool designed to connect unique populations to specialized services, prioritize prevention referrals, pursue diversion opportunities and refer individuals and families to emergency resources.

**Street Outreach.** Mobile assessors contact and engage homeless persons living on the streets, and connect them to housing and other community services. Outreach workers are trained in administering the common assessment tool and
enter those customers in HMIS for prioritization and housing referral through Coordinated Entry.

SSVF. Supportive Services for Veteran Families, a U.S. Department of Veterans Affairs program that provides supportive services grants to assist very low-income Veteran families residing in or transitioning to permanent housing, to promote housing stability.

Transitional Housing (TH). A form of supportive housing designed to provide homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing.

Youth. Individuals or families in which the head of household is 24 years of age or younger who are not accompanied by a parent or guardian during homelessness episode, including parenting youth. Also referred to as “unaccompanied youth” or “transitional age youth”.

VBNL. Veterans By-Name-List, the community list of Veterans experiencing homelessness, prioritized based on acuity.

Veteran. Individuals who have served in any branch of the United States Military, regardless of status of discharge. Service may be substantiated through any of the following: DD Form 214, Veteran Status Query and Response Exchange System (SQUARES); VA Medical Center Hospital Inquiry (HINQ); VA Computerized Patient Record System (CPRS); Veteran Benefits Administration benefit award confirmation document(s); or through the local SSVF provider.

VI-SPDAT. The Vulnerability Index - Service Prioritization Decision Assistance Tool is a survey administered both to individuals and families to determine risk and prioritization when providing assistance to homeless and at-risk of homelessness persons.

YBNL. Youth By-Name-List, the community list of transitional-age-youth experiencing homelessness, prioritized based on acuity.
OVERVIEW

**A Way Home for Tulsa.** A Way Home for Tulsa (AWH4T) exists to plan and implement strategies that support a system of outreach, engagement, assessment, prevention and evaluation for those experiencing homelessness, or those persons at risk of homelessness, within the Tulsa County. AWH4T utilizes the Continuum of Care (CoC) model mandated by the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) amendment to the McKinney-Vento Homeless Assistance Act as further promulgated by the U.S. Department of Housing and Urban Development (HUD) CoC Interim Rule (24 CFR Part 578) (the Interim Rule). AWH4T’s primary emphasis is on providing emergency shelter, rapid re-housing, transitional housing and permanent supportive housing under the Housing First concept. The group’s work includes gathering and analyzing information in order to determine the local needs of people experiencing homelessness, implementing strategic responses and measuring results. It is the mission of AWH4T to prevent and end homelessness in Tulsa County through partnerships among nonprofit providers, private businesses, governmental entities, philanthropic individuals and organizations, the investment community and citizens.

**What is Coordinated Entry?** Coordinated Entry Systems are important in ensuring the success of homeless assistance and homeless prevention programs in communities. Such systems help communities systematically assess the needs of program participants and effectively match each individual and family with the most appropriate resources to address that individual or family’s particular need.

Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This, combined with the lack of well-developed coordinated entry processes, can result in severe hardships for people experiencing homelessness. Coordinated Entry Systems help communities prioritize assistance based on vulnerability and acuity of service needs to ensure that people who need assistance the most can receive it in a timely manner. A Coordinate Entry System also provides information about service needs and gaps to help communities plan and identify needed resources.

A Coordinated Entry System (CES) is intended to increase and streamline access to housing and services for individuals and families experiencing homelessness, match appropriate levels of housing and services based on their needs, and prioritize individuals and families with severe service needs for the most intensive interventions.

**Background.** The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH Act), under the interim rule for the Continuum of Care Program,
each CoC must establish and operate a centralized or coordinated assessment system (24 CFR 587.7 (a)(8)).

**HUD Coordinated Entry Requirements.** U.S. Department of Housing and Urban Development (HUD) defines a centralized or coordinated assessment/entry system as “a centralized or coordinated process designed to coordinate program participants’ intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool” (24 CFR 578.3) Participation in the coordinated intake system is required for HUD CoC and Emergency Solutions Grant (ESG) grantees.

Tulsa’s *All Doors Open* coordinated entry system described in this manual is designed to meet the requirements of the HEARTH Act, under which, at a minimum, Continuums of Care must adopt written standards that include:

1. Policies and procedures for providing an initial housing assessment to determine the best housing and services intervention for individuals and families;
2. A specific policy to guide the operating of the centralized or coordinated assessment system on how its system will address the needs of individuals and families fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter services from non-victim service providers;
3. Policies and procedures for evaluating individuals’ and families’ eligibility for assistance;
4. Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
5. Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance; and
6. Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance.

**AWH4T Coordinated Entry Task Force.** The AWH4T Coordinated Entry Task Force includes participation from 14 participating provider agencies. Task force membership remains open to community members and participating agencies.

- Department of Veteran Affairs
- Tulsa Day Center for the Homeless
- Community Service Council
- Youth Services of Tulsa
- Domestic Violence Intervention Services
- Volunteers of America
- Tulsa County Social Services
- Tulsa Housing Authority
- Family & Children’s Services
- Surayya Anne Foundation
- Tulsa Cares
- Restore Hope Ministries
- Mental Health Association of Oklahoma
- Salvation Army, Center of Hope
Task Force Recommendation. Before developing the framework for All Doors Open, a coordinated entry system learning collaborative was formed in July 2017. The purpose of this learning collaborative was to research, study and explore other CoC coordinated entry systems that have already met new HUD regulations. In August 2017, AWH4T Governance Council formed a Coordinated Entry Task Force. The Task Force began meeting in both large and small work groups focused on the four core functions of a coordinated entry system (access, assessment, prioritization and referral). An all day workshop was held in late September 2017 where the task force conducted detailed CES journey mapping for youth, individuals, families, and veterans at risk of or currently experiencing homelessness. In addition to task force meetings, information was gathered from partnering agencies on program eligibility criteria, current processes for prioritization and selection, and various other program components to integrate those, where possible, into the design of All Doors Open.

Common Goals:

1. The process will be easy for the individual or family, and provide quick and seamless entry into homelessness services;
2. Individuals and families will be referred to the most appropriate resource(s) for their individual situation;
3. The process will prevent duplication of services;
4. The process will reduce length of homelessness; and
5. The process will improve communication among agencies.

Guiding Principles. The goal of All Doors Open is to provide each individual or family with adequate services and support to meet their housing needs, with a focus on returning them to housing as quickly as possible. Below are the guiding principles identified throughout the work of the CES Task Force.

- **Adopt Community Standards**: Allow flexibility for customization beyond baseline standard.
- **Individual choice**: Individuals will be given information about the programs available to them and have choice about which programs they want to participate in. Individuals are also engaged as key and valued partners in the implementation and evaluation of the All Doors Open to obtain their feedback on the effectiveness of the system.
- **Promote person-centered practices**: Every individual should be treated with dignity, offered at least minimal assistance, and participate in their own housing plan.
- **Housing First**: In alignment with HUD and federal guidance, All Doors Open utilizes Housing First philosophy and practices. HUD defines Housing
First as: an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as income, sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry. CoC and Emergency Solutions Grant (ESG) housing programs are expected to use strengths based approach, including embracing harm reduction practices and adjusting intake policies, procedures, and requirements wherever necessary to ensure highly vulnerable, high-barrier individuals and families have meaningful opportunity to complete the intake process and access programs. Individuals or families must not be screened out based on: having too little or no income; active or history of substance use; having a criminal record with exceptions for state mandated restrictions; or history of domestic violence (e.g., lack of protective order, period of separation from abuser, or law enforcement involvement).

**Prioritize the most vulnerable:** Acuity and vulnerability serve as the primary factor for prioritization. Limited resources should be directed first to individuals or families that are most vulnerable. Less vulnerable individuals or families are assisted as resources allow.

**Collaboration:** Because All Doors Open is being implemented community-wide, it requires a great deal of collaboration between A Way Home for Tulsa CoC, providers, mainstream assistance agencies, funders, and other key partners. Collaboration will be fostered through open communication, transparent work by a strong governing council (A Way Home for Tulsa), consistently scheduled meetings between partners, and regular reporting on the performance of All Doors Open.

**Accurate Data:** Data collection is a key component of the All Doors Open processes. Data from both the screening and assessment processes reveals what resources are needed most. To capture this data accurately, participating providers enter screening and referral data into the 360 Degree Referral System and common assessment and housing placement data into Homeless Management Information System (with the exception of special populations outlined later in this document).

**Transparency:** Engage others in open communication and discussion about All Doors Open. Make thoughtful decisions that are inclusive of differing views, expertise and experiences and informed by data. Communicate systemic decisions directly, openly and clearly.
**Performance Driven Decision Making:** Decisions about and modifications to *All Doors Open* processes will be driven primarily by the need to improve system performance on key outcomes. These outcomes include reducing new entries into homelessness for the first time, reducing the length of homelessness, and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve processes-oriented outcomes, including reducing the amount of wait time for services and/or housing.

The CES Task force members discussed the following requirements for system design:

- CES prevention and diversion screening requirements upon encounter cannot be accommodated with current staffing levels at 3 of the shelters present (4th shelter did not participate).
- Common Assessment Tool (Vulnerability Index – Service Prioritization Assistance Decision Tool) should not be required upon entry but rather anytime within the first 14 days of stay or continued engagement.
- 2-1-1 – Connection Center identified throughout all journey maps as alternative access point for prevention, diversion and assessment.
- CES must provide regular training opportunities for participating provider staff in VI-SPDAT Tools and other prevention/diversion tools adopted.
- CES should serve both families and single individuals (youth, families, individual adults, veterans) using a phased in approach.
- CES should utilize the common assessment tool appropriate for the population serviced, i.e. Transitional Age Youth (TAY VI-SPDAT), Families (Family VI-SPDAT), and Individuals (VI-SPDAT v. 2).
- CES will implement prevention/diversion screening options 1) By phone (2-1-1), 2) At participating provider’s drop in or intake process, 3) Coordinated Street Outreach, and 4) One centralized shelter physical location and 5) specialized access points for victims of domestic violence and unaccompanied youth.
- CES prevention/diversion screening tool(s) should be easy to access, use and capture encounter, intervention and outcome data.
- CES participation is required by the CoC with funding sources backing up the requirement in their funding/program evaluation criteria.
- Need to help organizations understand the value of participation in CES in terms of cost savings and improved services to participants.
- Must obtain the support of local philanthropic supporters, Tulsa Area United Way, and other potential funding sources to implement to scale.

**System Design.** The Tulsa City/County Coordinated Entry System “*All Doors Open*” described in this manual to coordinate and strengthen access to housing
for individuals and families who are at risk of or experiencing homelessness. Tulsa's *All Doors Open* institutes consistent, uniform and standardized referral processes to determine, secure and prioritize immediate and long-term housing needs. When serving individuals and families, the key question becomes not whether this individual or family is eligible for our program, but “What housing and service assistance options are best for this individual or family among the various options available in the CoC?”
All Doors Open is designed to:

1. Support anyone who needs assistance to know where to go to get that assistance, to be assessed in a standard and consistent way, and to connect with support and housing services that best meet their individual needs;

2. Ensure clarity, transparency, consistency and accountability for individuals and families experiencing homelessness, referral sources, and services providers throughout the access, screening and assessment, prioritization and referral processes of the All Doors Open;

3. Ensure that individuals and families gain access as efficiently and effectively as possible to the type of intervention most appropriate to their immediate and long-term housing needs;

4. Facilitate exits from homelessness to stable housing in the most rapid manner possible given available resources;

5. Ensure that individuals and families who are the most vulnerable have priority access to available eligible housing resources; and

6. Ensure that individuals and families who have been homeless the longest and/or are the most vulnerable have priority access to scarce permanent supportive housing resources.

AWH4T uses a decentralized “no-wrong-door” system of access, so that persons in need can enter the system at multiple participating agencies in different geographic locations. All Doors Open strives to be inclusive and continuously seeks partnerships with public service institutions (health departments, county clinics, human services), faith-based organizations, other institutions (hospitals and jails), and mainstream resources to serve as access points.

At various provider access points, individuals and families experiencing a housing crisis complete a screening tool that considers the individual or family’s need for specialized services and the ability to prevent or divert the individual or family from experiencing homelessness. Should homelessness not be avoidable, a standardized common assessment tool is used to determine the individual or family’s vulnerability. The common assessment tool is integrated into the Homeless Management Information System (HMIS) and may be conducted at partner agencies, including shelters, drop-in centers, transitional housing programs, outreach programs, telephonically, or wherever people who are experiencing homelessness first enter Tulsa’s coordinated entry system.

Housing programs, including permanent supportive housing, rapid re-housing, transitional housing and safe-haven housing fill available spaces in their programs from a By-Name-List of eligible individuals and families generated from HMIS. To ensure the most vulnerable are housed first, the By-Name-List is prioritized based on common assessment scores and length of time homeless. This coordination
improves the targeting of housing resources, and reduces the need for people to separately seek assistance at various partner providers.

**Disclaimer.** The AWH4T All Doors Open’s four core functions (access, assessment, prioritization and referral) are designed to ensure individuals and families experiencing homelessness have fair and equal access to housing programs and services within the Continuum of Care. It is not a guarantee that the individual or family will meet final eligibility requirements for a service or housing program.

**Local Vision for Coordinated Entry.** All individuals and families experiencing or at risk of homelessness in Tulsa County geographic area will have fair and standardized access to the most appropriate housing intervention and services. Services are provided in a person-centered, culturally competent setting that supports participant choice and dignity.

**Target Population.** The All Doors Open serves all individuals and families who are experiencing or at risk of homelessness as defined under the federal HEARTH Act and its implementing regulations.

**Geographic Coverage.** All Doors Open serves Tulsa County; the entire geographic area of the Tulsa City/County CoC.

**ROLES & RESPONSIBILITIES**

**AWH4T Governing Entity:** A Way Home for Tulsa (AWH4T) is the designated Governing Board for the CoC. AWH4T is responsible for compliance with HUD requirements under the CoC Interim Rule that include:

- Establishing a coordinated entry system;
Meeting the HUD coordinated entry requirements, described above, in the CoC Interim Rule, and in any other HUD Notice, and in the Annual CoC Notice of Funding Availability;

Establishing written standards for CoC assistance; and

Coordinating with ESG recipients in establishing the coordinated entry system and CoC written standards.

**CES Task Force:**

- Serving as a forum for CoC member, provider, and community participation in planning, implementing and operating the *All Doors Open*;
- Developing specific, program, policy, and technology options and solutions for recommendation to and approval by AWH4T;
- Coordinating with the staff of the CoC and CES Lead Agency designated for the coordination of the *All Doors Open*;
- Coordinating with the CoC’s technology provider, to include the Homeless Management and Information System (HMIS) and any other technology approved and adopted by AWH4T to support the system, such as the 360 Degree Referral System;
- Monitoring the overall implementation of *All Doors Open* and working with the CES Task Force and Data Quality and Management Committee to coordinate annual work plans for improvement; and
- Developing annual plans for marketing with the AWH4T CES Task Force, Communications Committee, and the coordinated entry system Lead Agency.

**AWH4T & CES Lead Agency:** The Community Service Council serves as Lead Agency for the AWH4T CoC and the CES. The Community Service Council’s Housing and Homelessness Division CES Coordinator works in coordination with AWH4T partners’ agencies to address the broad array of individual and family needs through referral to providers of necessary services.

- Serving as the primary community contact for *All Doors Open*;
- Developing and monitoring *All Doors Open* implementation plan and timelines;
- Ensuring a consistent and accurate flow of information between AWH4T Governance Council, and CES Taskforce;
- Providing regular and adequate reporting from the 360 Degree Referral System and HMIS to meet operational and evaluation needs of the *All Doors Open*;
- Ensuring all participating provider staff within the *All Doors Open* have completed the required training;
➢ Attending all HUD and other Technical Assistance Coordinated Entry and CE Lead trainings;
➢ Providing updates on Coordinated Entry System updates, changes, etc. to the local community and stakeholders;
➢ Working collaboratively with the Non-HMIS participating providers;
➢ Maintaining records of all Partner Provider Agreements and Staff Agreements for the All Doors Open;
➢ Supporting participating staff and providers in complying with All Doors Open Coordinated Entry System policies and procedures;
➢ Conducting marketing and outreach activities as required by All Doors Open policy and annual marketing and communication plan;
➢ Ensuring the All Doors Open has established an after-hour plan for accessing emergency services. Ensures all relevant stakeholders are aware of the plan; and
➢ Complying with all HMIS policies and procedures.

The CSC, as the CES Lead is not responsible for changing data for other HMIS-using providers or pulling reports for other HMIS-using providers, unless there is an Agency Partnership Agreement between the partner providers that is submitted to, and approved by, Community Service Council and A Way Home for Tulsa Governance Council.

**Partner Providers:** All programs that receive HUD CoC and ESG funding are required by their funding sources to participate in All Doors Open. All other programs, providers, or agencies serving the community are welcomed and encouraged to become partners in All Doors Open. Partners with programs not required by their funder to participate in All Doors Open will sign a Partner Provider Agreement (Attachment A) agreeing to participate in All Doors Open. In general, partner providers are responsible for:

➢ Ensuring that persons seeking assistance have prompt access to screening and assessment in a safe environment;
➢ Carrying out screening and assessment of individuals and families, responding to their immediate needs, using All Doors Open tools and technology, and supporting referral of persons per All Doors Open protocols;
➢ Attending All Doors Open trainings;
➢ Following All Doors Open policies and procedures;
➢ For receiving providers – accepting and promptly acting on individual and family referrals through CES;
➢ Participating in case conferences requested to resolve housing placement issues or concerns; and
➢ Complying with fair housing legal requirements in all housing transactions and tenant selection plans and procedures.

**Nondiscrimination & Participant Rights.** The AWH4T CoC *All Doors Open* permits recipients of Federal and State funds to comply with applicable civil rights and fair housing laws and requirements. AWH4T takes all necessary steps to ensure that the *All Doors Open* is administered in accordance with the Fair Housing Act which prohibits discrimination in all housing transactions on the basis of race, national origin, sex, color, religion, disability status and familial status. This also includes protection from housing discrimination based on source of income. The *All Doors Open* Partner Provider Agreement requires participating providers to use *All Doors Open* in a consistent manner with the statutes and regulations that govern their agencies and service and housing programs. It is further recognized that the Fair Housing Act recognizes that a housing provider may seek to fulfill its “business necessity” by narrowing focus on a subpopulation within the homeless population. The *All Doors Open* may allow filtered searches for subpopulations while preventing discrimination against protected classesii.

Recipients and sub recipients of the CoC program and ESG program funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws, including the followingiii:

| I. | Fair Housing Act – prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status; |
| II. | Section 504 of the Rehabilitation Act – prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance; |
| III. | Title VI of the Civil Rights Act – prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving Federal financial assistance; |
| IV. | Title II of the Americans with Disabilities Act prohibits public entities, which includes State and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing related services such as housing search and referral assistance; and |
| V. | Title III of the Americans with Disabilities Act – prohibits private entities that own, lease, and operate places of public accommodations, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability. |
Complaints. If an individual or family feels that they have been discriminated against, a nondiscrimination complaint may be filed through Legal Aid Services of Oklahoma, Inc.

Participant Grievances. This policy refers to individual and family grievances regarding the All Doors Open, Coordinated Entry System only. If an individual or family has a grievance regarding a particular partner provider or representative of that agency, they should follow that participating provider’s grievance procedure.

The All Doors Open partner provider completing the screening tool, common assessment, and/or receiving referral should address any complaints by individuals and families as best as they can in the moment. As a first step, the individual or family and the participating provider will try to work out the problem directly. If this does not resolve the issue, the individual or family may begin the grievance procedure.

The individual or family has the right to be assisted by an advocate of his/her choice (e.g., provider staff person, case manager, co-worker, friend, family member, etc.) at each step of the grievance process. The individual or family has the right to withdraw his/her/their grievance at any time. Any grievance paperwork filed by an individual or family should note his/her/their name(s) and contact information so the A Way Home for Tulsa Coordinator (CoC lead) can make contact to discuss the issues. There are two levels of review available for each grievance:

**Level 1** - The first person to review the grievance is the A Way Home for Tulsa Coordinator (CoC lead). The person with the grievance should contact the A Way Home for Tulsa Coordinator (CoC lead) with a written statement describing the alleged violation of the All Doors Open, Coordinated Entry System policies and procedures, and any actions taken on behalf of the individual/family or partner provider to resolve the issue. A Way Home for Tulsa Coordinator (CoC lead) will contact the partner provider in question to request a response to the grievance. Once the A Way Home for Tulsa Coordinator (CoC lead) has gathered relevant information about the situation, s/he will decide if the grievance is warranted and determine what, if any, action needs to be taken. If both the individual/family and the provider agree, the process ends, and the resolution is implemented. If the individual/family or the provider disagrees, the grievance moves to the next level.

**Level 2** - The A Way Home for Tulsa Governance Council Chair reviews the grievance if there is dissatisfaction with the A Way Home for Tulsa Coordinator (CoC lead) resolution. The Governance Council Chair may
designate one or more Governance Council members or other entity to review the situation. After gathering relevant information, the Governance Council Chair or designated Governance member(s) or other entity will inform the individual/family and participating provider what will happen to resolve the grievance. This is the final step in the process and the decision of the A Way Home for Tulsa Governance Council is final.

**Provider Grievances.** It is the responsibility of all boards, staff, and volunteers of CoC-funded and ESG funded projects to comply with the rules and regulations of the Tulsa City/County CoC Coordinated Entry System. Anyone filing a complaint concerning a violation or suspected violation of the policies and procedures must be acting in good faith and have reasonable grounds for believing a partner provider is violating the *All Doors Open, Coordinated Entry System* policies and procedures.

To file a grievance regarding the actions of a partner provider, contact the A Way Home for Tulsa Coordinator (CoC lead) with a written statement describing the alleged violation of the *All Doors Open, Coordinated Entry System* policies and procedures, and the steps taken to resolve the issue locally. The A Way Home for Tulsa Coordinator (CoC lead) will contact the partner provider in question to request a response to the grievance. Once the A Way Home for Tulsa Coordinator (CoC lead) has received all documentation s/he will decide if the grievance is warranted and determine if further action needs to be taken. If the partner provider filing the grievance, or the partner provider against whom the grievance is filed, is not satisfied with the determination they may file an appeal with the A Way Home for Tulsa Governance Council Chair. This must be done by providing a written statement regarding the reasons for the appeal. The A Way Home for Tulsa Governance Council Chair will bring the matter to the Governance Council members for discussion and a final decision.

**Prevention Services.** All providers that receive ESG funding for a homelessness prevention project are required to participate in *All Doors Open* (HUD Notice CPD-17-01). Homelessness prevention projects that are not ESG funded are encouraged to use the *All Doors Open* System to prioritize prevention funding. *All Doors Open* utilizes the 2-1-1 360 Degree Connection Center as a centralized access point for prevention services. The Connection Center screens, prioritizes, and makes referrals to prevention services including ESG funded prevention programs and the Veteran Affairs Supportive Services for Veteran Families (SSVF) program. Participating prevention service providers prioritize the processing of referrals based upon prevention screening scores.

**Connection to Mainstream Resources.** The AWH4T CoC encourages providers of mainstream resources to participate in *All Doors Open* through AWH4T.
Governance or At-large memberships, *All Doors Open* marketing dissemination, and by becoming access points for the Coordinated Entry System. *All Doors Open* participating providers and access points provide referrals and assist with access to mainstream resources, and health and behavioral health care including, but not limited to, Medicaid and Medicare, and community based emergency assistance services such as Supplemental Nutritional Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Women Infant and Children (WIC), Social Security Income (SSI) /Social Security Disability Income (SSDI), Unemployment, Veteran Administration (VA), Child Care Waiver, and Subsidized Public Housing and Housing Choice Vouchers. Staff at participating provider agencies are aware of all mainstream benefits available in the community and make appropriate referrals.

**Street Outreach.** Mobile street outreach is one of the most important aspect of *All Doors Open* and serves as an access point for the system. Dedicated staff from various AWH4T participating providers help to ensure that all those experiencing homelessness are being engaged and assessed in a coordinated manner. The main goal of street outreach is to develop trust and rapport and meet an individual or family where they’re at to create accessibility and reduce potential barriers. Through street outreach, unsheltered individuals and families are able to access *All Doors Open* through completion of the common assessment tool with a member of the AWH4T Coordinated Outreach Team. Outreach staff administer the common assessment and obtain HMIS and other referral system use and disclosure releases and enter data into HMIS. If the common assessment tool is not able to be completed in the field, the outreach worker must ensure that the individual or family is informed of where they can go to complete the common assessment and are given a flyer with *All Doors Open* access assessment site locations.

**Safety Planning.** All participating providers, including non-victim service providers, must provide safe and confidential access to the *All Doors Open* for all people, including those who are fleeing, or attempting to flee, domestic violence (including dating violence, sexual assault, trafficking, and/or stalking). This includes providing a private space for data collection and a process for a non-identifiable referral to the Non-HMIS Prioritization List if requested.

All persons accessing the *All Doors Open* are asked, via the common screening tool, if they are fleeing or attempting to flee domestic violence. If a person(s) or persons are identified as fleeing or attempting to flee domestic violence, the participating provider, including non-victim service providers, must provide immediate referral to, and assistance accessing, emergency services, such as domestic violence hotlines and shelters. The person or persons has the right to decline any and all referrals to, or assistance with access to, emergency services.
Declining referrals or assistance with access will not negatively impact the person’s access to the Coordinated Entry System.

**Accessing Emergency Services.** Access to emergency services, such as domestic violence and emergency services hotlines, drop-in service programs, emergency shelters, or other short-term crisis residential programs is not prioritized through the *All Doors Open*, Coordinated Entry System. All persons in need of emergency services should be connected to those services as requested.

*All Doors Open* utilizes 2-1-1 24-hour access point as the after-hours service for individuals and families experiencing homelessness in need of emergency services. 2-1-1. Staff at the 2-1-1 Connection Center field calls from all of CoC geographic region in Tulsa County and throughout Eastern Oklahoma. 2-1-1 staff conduct real time warm transfers of victims of domestic violence to specialized service providers and provide referrals to other appropriate emergency services as needed. 2-1-1 also serve as primary access point for prevention and diversion screening and common assessment.

**Confidentiality.** Maintaining the confidentiality of an individual’s or family’s sensitive information is an important way of gaining the trust of those accessing *All Doors Open* and ensuring vulnerable populations are protected from potential harm resulting from the collection and disclosure of sensitive information about their lives. All participating providers and staff are expected to adhere to the following privacy protocols:

1. Individual/family consent will be obtained in order to share and store information for the purposes of assessing and referring through the coordinated entry process. Written consent is obtained through the Service Point Authorization of Use and Disclosure, and Release of Information, prior to administering the common assessment. This disclosure allows individual and family data to be shared between A Way Home for Tulsa HMIS participating organizations that are presently either a registrant in HMIS or that otherwise may be contacted by a participating organization with whom individual and family records may be shared in an effort to coordinate desired services and supports including case conferencing. Individuals and families who choose not to provide authorization for use and disclosure or release should not be denied access to services based upon this choice.

2. Individuals/families are free to decide what information they provide during the coordinated entry process.

3. Providers are prohibited from denying assessment or services to an individual/family if they refuses to provide certain pieces of information, unless that information is necessary to establish or document program eligibility per the applicable program regulation.
4. Providers and projects are prohibited from denying services if the individual/family refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of personally identifying information as a condition of program participation.

5. Records containing personally identifying information must be kept secure and confidential. The address of any family violence project must not be made public.

6. *All Doors Open* does not require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information may be obtained for purposes of determining program eligibility.

7. Individuals/families must be informed of the ability to file a nondiscrimination complaint.

8. An individual/family may not be denied access to the coordinated entry process on the basis of the person’s status or history as a victim of domestic violence. Individuals and families Fleeing Domestic Violence: No provider will enter any information for any individuals and families fleeing domestic violence into HMIS so long as that individuals and families is considered to be in danger from an abuser.

9. Photos should be taken at the time of assessment but are not required. Photos are encouraged for by-name and by-face identification for outreach. If a photo is taken and uploaded into HMIS, a photo release must be signed by the individual prior to the photo being taken.

**Data Security Protections.** *All Doors Open* uses both a 360 Degree Referral System and HMIS database to operate its referral process. The CoC maintains HMIS Data Security Standards and Protections. HMIS is an internet based database that is used by homeless service organizations across Oklahoma to record and store individual/family level information about the numbers, characteristics and needs of those at risk of and those currently experiencing homelessness. The recommendation is to use the Unite Us 360 Degree Referral System to support prevention and diversion and referral processes and utilize HMIS as the primary tool for prioritization and housing program entry. The “By Name” or “Prioritization” List is generated and reported from HMIS, and in order to access that list, a reporting license is required.

The Community Service Council serves as the HMIS and 360 Degree Referral System administrators.

In addition to the *All Doors Open* Policy and Procedure Manual, there are several other documents relating to HMIS that also must be adhered to when using HMIS for Coordinated Entry. These include the Service Point CSC/Agency Memorandum of Agreement, Service Point User Agreement, and CSC/Agency Service Point Business Associate Agreement. CSC maintains HMIS Data Security and Privacy Standards that meet all HUD regulation. It is the responsibility of those with an HMIS license to protect the data coming out of the system and not share any
personally identifying information (PII) with those who do not have an HMIS permissions or where a Service Point Authorization for Use and Disclosure has not been obtained. This includes information from the By-Name-Listss. See the Data Security Policy in the HMIS Policies and Procedures for more detailed information regarding the protection of individual data and PII.

Non-HMIS Data Security Protections to accommodate domestic violence survivors and other households that do not consent to sharing their information in HMIS, de-identified coordinated entry referrals can be made to the Lead Agency Coordinator for the Coordinated Entry System Prioritization List.

**Training.** The CoC and CES Lead Agency, Community Service Council will provide quarterly training opportunities, which may be in-person, a live or recorded online session, or a self-administered training, to participating staff at organizations that serve as access points or otherwise conduct screening and/or assessments. Training opportunities will be advertised and solicited directly to service providers in the CoC geographic area.

**Training Protocols.** The purpose of the quarterly *All Doors Open* training is to provide all staff participating in *All Doors Open* and understanding of the coordinated entry system goals, guiding principles, policies and procedures, four core functions, and the tools and technology. *All Doors Open* training will include:

1. Instructions on *All Doors Open* Policies and Procedures Manual;
2. Instructions on all coordinated entry system tools and documents used in preventions/diversion screens, common assessment and referrals to services and housing;
3. Instructions for use of electronic systems/platforms used to support the four core functions of *All Doors Open* (access, assessment, prioritization, and referral) including HMIS and the 360 Degree Referral System; and
4. Overview of key components of *All Doors Open* to include housing first philosophy and trauma-informed care and strategies to implement these approaches.

All training is tailored to the individual needs of the service providers. Training protocols may vary on provider. The general *All Doors Open* training curriculum will be reviewed and updated by the Coordinated Entry Task force annually.

**Evaluation.** Data from individual and family surveys (performed by partner providers and the Lead Agency) evaluate housing stability, individual and family services, and the individual and family's experience with the process; targeting of
high- medium- and low-needs individuals and families to the right resource. The goal is to evaluate the appropriateness of the services matched to the individual and family; providers will measure housing outcomes and Lead Agency will measure individual and family satisfaction with services and providers.

**Evaluating and Updating All Doors Open Policies and Procedures.** The implementation of the *All Doors Open* necessitates significant, community-wide change. To help ensure that the system will be effective and manageable for homeless and at-risk individuals or families and for the housing and service providers tasked with meeting their needs, AWH4T anticipates adjustments to the processes described in this manual. To inform those adjustments, the *All Doors Open* will be periodically evaluated, and there will be ongoing opportunities for stakeholder feedback. AWH4T Governance Council and committees, task forces and the Lead Agency are responsible for:

1. Leading periodic evaluation efforts to ensure that the *All Doors Open* is functioning as intended; such evaluation efforts shall happen at least annually;
2. Leading efforts to make periodic adjustments to the *All Doors Open* as determined necessary; such adjustments shall be made at least annually based on findings from evaluation efforts;
3. Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders;
4. Ensuring that the *All Doors Open* is updated as necessary to maintain compliance with all state and federal statutory and regulatory requirements. Evaluation efforts shall be informed by metrics established annually by AWH4T, in conjunction with the Data and Quality Management committee and Coordinated Entry Task force. These metrics shall include indicators of the effectiveness of the functioning of the *All Doors Open* itself, such as:
   - #/% Persons referred have length of stays consistent with system guidelines
   - #/% By-Name-Lists are reduced for all services;
   - #/% Program components meet outcome targets;
   - #/% Reductions in long term chronic homeless;
   - #/% Reduction in family homelessness;
   - #/% Reductions in returns to homelessness; and
   - #/% Reduced rate of people becoming homeless for first time.

**Marketing.** All marketing materials and outreach strategies utilized by the Coordinated Entry System (CES) must ensure that all people in different populations and subpopulations in the Tulsa County area, including people experiencing chronic homelessness, veterans, families with children, youth and survivors of domestic violence, have fair and equal access to coordinated entry processes, regardless of the location or method by which they access the system.
AWH4T is required to advertise, conduct outreach activities, promote an after-hours plan for emergency services and provide appropriate accommodations to ensure that the coordinated entry system, All Doors Open 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 statusvii.

A Way Home for Tulsa’s All Doors Open marketing plan will direct the All Doors Open promotion strategies. Strategies may include: participating provider website promotions and linkages (including 2-1-1 360 Degree Referral Connection Center and the ability to “push” information via text messages); handouts and flyers, social media campaigns, and education and engagement of frontline workers, case managers, stakeholder and the general public; publication of cultural and linguistically appropriate and accessible materials; ongoing recruitment and outreach to community organization for participation in the Coordinated Entry System (CES); promotion of the All Doors Open after-hours 2-1-1 360 Degree Referral Connection Center access point for connection to emergency services to other crisis response systems, including shelters, law enforcement, emergency rooms, and crisis lines. CSC’s Housing and Homelessness Division’s provides support and infrastructure for AWH4T Governance to implement annual marketing strategies.

Each provider that participates in the All Doors Open will prominently post the All Doors Open provider sign (Attachment B) so it is visible to persons accessing services.

New Participating Providers. A Way Home for Tulsa welcomes other community providers to participate in the All Doors Open system. AWH4T develops marketing and recruitment strategies annually to engage needed providers on to All Doors Open based upon need and demand for services by the individuals and families served. All interested providers are encouraged to contact the CSC Housing and Homelessness Coordinator for the Coordinated Entry System, All Doors Open, to begin the on-boarding process.

Partner Provider Agreement. The purpose of this agreement is to specify what partner providers agree to as members of the A Way Home for Tulsa, All Doors Open, and Coordinated Entry System. Components included in the agreement include:

- Purpose
- Guiding Principles and Goals
- Core Components of All Doors Open
• Description of *All Doors Open* (access, assessment, prioritization, referral, and evaluation)
• Terms of the Agreement
• Shared Responsibilities (all partners)
• Data Sharing
• Grievance Policy and Rights
• Confidentiality
• Nondiscrimination
• Termination of Agreement
• Costs *(Unless otherwise specified by grant funds that may become available during the duration of this Agreement, any and all expenses incurred by the partners in the coordinated entry system are the responsibility of the Partner).*
• Conformance
• Approval

**Termination.** Any participating partner provider may terminate their participation in the *All Doors Open* by giving written notice. Housing programs that are required to participate due to HUD guidelines will need HUD / AWH4T approval to terminate participation.
OVERVIEW OF SYSTEM MODEL AND WORKFLOW

No-Wrong-Door Model. *All Doors Open* uses a “no-wrong-door” model of access with centralized supports to make services accessible to individuals and families in need. This benefits persons in need because they can contact the system at any one of multiple access points in different geographic locations and by different modes of contact (phone, in person, text, etc.). This design benefits the system by increasing opportunity for engagement and participation from providers with varying levels of capacity, thus expanding the service system. The principles of this approach are:

➢ An individual and family can receive integrated services through any of the participating programs;
➢ An individual and family gains equal access to information and advice about housing and resource assistance for which they are eligible, in order to assist them in making informed choices;
➢ Participating providers have a responsibility to respond to the range of needs pertaining to homelessness and housing, and act as the primary contact for persons who apply for assistance unless or until another provider assumes that role;
➢ Participating providers will guide the individual and family in applying for assistance or accessing services from another provider regardless of whether the original provider delivers the specific services required by a presenting individual or family; and
➢ Participating providers will work collaboratively to use available community resources to achieve the best possible outcomes for individual or family, particularly for those with high, complex or urgent needs.

Process Work Flow. The following is an illustration of the overall *All Doors Open* workflow:

**Step One: Access & Screen** – Individuals and families access *All Doors Open* through any of the partner providers, 360 Degree Connection Center (2-1-1), Tulsa Day Center for the Homeless, or through coordinated street outreach. Partner providers may conduct the screening onsite or connect the individual or family to 2-1-1 connection center or Tulsa Day Center for the Homeless for screening. Individuals and families are screened for specialized services (Youth and DV) and prevention/diversion supports. Individuals and families in need of prevention supports are prioritized and referred to eligible prevention providers. The Prescreen/diversion tool is completed and documented in the 360 Degree Referral System. Individuals and families that are literally
homeless and cannot be diverted from homelessness receive referrals to needed support services and emergency shelter\textsuperscript{xvii}.

**Step Two: Assessment** – Individuals or families that are literally homeless and cannot be diverted through the screening are assessed using the common assessment tool the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT). Trained staff utilize the population appropriate VI-SPDAT version and obtain ShareLink Authorization for Use and Disclosure (Attachment C). Upon completion of the common assessment, trained staff begin the process of documenting HUD chronicity and gathering disability documentation, as required. The common assessment and authorization are documented in the Homeless Management Information System (HMIS)\textsuperscript{xviii}.

**Step Three: Prioritization and By-Name-List(s)** – The individual or family is added to the appropriate By-Name-List in HMIS. For more information about how individuals and families are added to the By Name Lists, see the By Name List section of this manual. By Name Lists prioritize individuals and families based on a three tiered system: 1 – VI-SPDAT score; 2 – Length of Time Homeless; and 3 – Population Priorities.

**Step Four: Case Conferencing** – As individuals and families move to the top of the list, they are staffed at community case conferencing meetings (Fresh Start). During case conferencing, a lead is identified and assigned to the individual or family. The case conferencing lead (CCL) is expected to report updates on the individual’s or family’s housing preferences, last contact, recommended housing plan match (PSH, RRH, SSVF, HUD-VASH, etc.) and document ready status \textsuperscript{xix}.

**Step Five: Referral** – Once the individual or family has been matched based on eligibility, they are referred to an available housing resource as they become available. The CCL works with the individual or family to complete or update the required documents and submit to the housing supports \textsuperscript{xx}.

**Step Six: Placement** – The CCL, either directly or through targeted coordination with provider case management, work with the housing provider to assist the individual or family in moving-in. Once an individual or family moves into permanent housing, the move-in is documented in HMIS by the provider and they are removed from the By-Name-List. Individuals and families may continue to be staffed in case conferencing if there are unmet supports critical to housing stability \textsuperscript{xxi}. 
CORE FUNCTION – ACCESS

*All Doors Open* provides access to screening, assessment, housing, and services from multiple locations throughout the CoC service area including emergency shelters, street outreach workers, drop-in centers, housing and homelessness service providers, and the 2-1-1 360 Degree Connection Center. *All Doors Open* access is designed to promote inclusion and partnership throughout the community, thus expanding the amount of resources and connections to the individuals and families at-risk of or experiencing homelessness.
### All Doors Open Access Points:

<table>
<thead>
<tr>
<th>Access Points</th>
<th>Description</th>
<th>Operating Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>360 Degree Connection Center (2-1-1)</td>
<td>Centralized access point for assistance, screening, and common assessment tool by phone or text.</td>
<td>24 hours a day, seven days a week</td>
</tr>
<tr>
<td>Tulsa Day Center for the Homeless</td>
<td>Centralized access point for screening and common assessment, and referrals in person.</td>
<td>Monday – Friday 9:00a – 4:00p</td>
</tr>
<tr>
<td>Partner Providers</td>
<td>Participating providers offer screening and common assessment or assist individuals and families to connect to one of the centralized points of access.</td>
<td>During provider’s defined regular business hours.</td>
</tr>
<tr>
<td>Street Outreach</td>
<td>AWH4T Coordinated Street Outreach and individual partner provider outreach offer screening and common assessment to individuals and families.</td>
<td>Weekly</td>
</tr>
</tbody>
</table>

### Specialized Access Points

<table>
<thead>
<tr>
<th>Specialized Access Points</th>
<th>Description</th>
<th>Operating Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence Intervention Services</td>
<td>Specialized access point for individuals and families fleeing or attempting to flee domestic violence.</td>
<td>During provider’s defined regular business hours.</td>
</tr>
<tr>
<td>Youth Services of Tulsa</td>
<td>Specialized access point for unaccompanied youth.</td>
<td>During provider’s defined regular business hours.</td>
</tr>
<tr>
<td>360 Degree Connection Center (2-1-1)</td>
<td>Specialized access point for prevention.</td>
<td>24 hours a day, seven days a week</td>
</tr>
</tbody>
</table>

The minimum requirements for a program to participate as an access point are:

- Agree to follow All Doors Open policies and procedures;
- Have at least one staff person trained and authorized to utilize the 360 Degree Referral System and HMIS;
- Have at least one staff person trained to administer the screening tool, VI-SPDAT, Family VI-SPDAT, and Transitional Age Youth VI-SPDAT assessments;
- Provide referrals to community resources, as appropriate, to individuals and families completing the screening and common assessment tool; and
- Process referrals received through the 360 Degree Referral System.
CORE FUNCTION – ASSESSMENT

*All Doors Open* uses a phased approach to screening and assessing individuals and families seeking housing assistance, progressively collecting only information needed related to the individual or family’s current housing crisis to prioritize and refer individuals and families to eligible housing and support services.

![Diagram of assessment process](image)
Screening

The first step for all individuals and families seeking housing assistance is a screening tool to identify and refer specialized services, prevention referrals, and attempt diversion opportunities. The All Doors Open Screening Tool (Attachment D) is the common tool developed and adopted by the CoC. The All Doors Open Screening Tool (referred to as screening tool) is designed to ask only the questions necessary to inform the screener of eligibility and make appropriate intervention referrals on behalf of the individual or family.

Guiding Principles for this Process

- The screening tool will be the same regardless of access point;
- Completion of the screening tool is not required to access emergency services hotlines, drop-in service programs, emergency shelters, or other short-term crisis residential programs;
- Staff administering the screening tool are trained in trauma-informed approach;
- The screening tool is offered and conducted with a person-centered approach, allowing the individual or family to decline to answer questions;
- The individual or family must provide verbal authorization prior to administering the screening tool;
- The individual or family must provide authorization prior to sharing any of their data;
- The screening tool is completed in the 360 Degree Referral System; and
- Referrals are made in real-time using the 360 Degree Referral System.

When an individual or family contacts an All Doors Open access point for housing assistance, the screening tool is completed and used to identify and refer unique populations to specialized access points, prevention services, and diversion opportunities. This tool can be completed in person or over the phone.

Step 1: Consent. Opportunity for consent is included in the script imbedded in the screening tool. Providers will use the script and obtain and document verbal consent in the assessment.

Step 2: Screen. The screening tool is administered in the 360 Degree Referral System.

Step 3: Refer. Providers make referrals to community resources and supports as needed to all individuals and families screened. Individuals and
families experiencing homelessness who are unable to be diverted are referred to emergency shelter/services and continue to the common assessment tool procedures of this document.

**Prevention.** Individuals and families in need of eviction prevention assistance are prioritized and referred to homelessness prevention providers using the 360 Degree Connection Center (2-1-1).

**Diversion.** Individuals and families who do not need or are unable to be referred to prevention providers are screened for diversion opportunities. Referrals to community supports that may divert the individual or family from entering or remaining homeless are made by the provider in the 360 Degree Referral System.

Individuals and families at-risk of homelessness and unable to be referred to resources or supports through diversion are provided information on emergency resources and encouraged to contact an *All Doors Open* access point if their circumstances change to be re-assessed.

Individuals and families who are homeless and unable to be referred to resources or supports to be diverted out of homelessness are provided referrals to emergency shelter and services and proceed to the common assessment tool.

**Common Assessment Tool**

*All Doors Open* utilizes the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) as the common assessment tool.

There are three versions of this tool designed for specific populations:

<table>
<thead>
<tr>
<th>VI-SPDAT</th>
<th>TAY-VI-SPDAT</th>
<th>VI-F-SPDAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single adults and households without children under the age of 18 (ATTACHMENT E)</td>
<td>Youth age 18 – 24 (ATTACHMENT F)</td>
<td>Families with at least one adult and one child under the age of 18 (ATTACHMENT G)</td>
</tr>
</tbody>
</table>

**Conducting the Common Assessment Tool**

The common assessment tool is offered following completion of the screening tool and only to individuals and families that are literally homeless. *All Doors Open* requires that the common assessment be offered as soon as possible, or within 14 business days of the date the screening tool is completed.
Guiding Principles for this Process

➢ The common assessment tool will be the same regardless of access point;
➢ Completion of the common assessment tool is not required to access emergency services hotlines, drop-in service programs, emergency shelters, or other short-term crisis residential programs;
➢ The individual or family must provide written or verbal authorization prior to administering the common assessment tool;
➢ Partner providers will use the population-appropriate version of the common assessment tool;
➢ The common assessment tool should be conducted in a setting that promotes safety and privacy; and
➢ The individual or family must provide consent prior to sharing any data in HMIS.

Step 1: Consent. The first step in administering the common assessment tool is obtaining authorization to share the assessment in HMIS. The ShareLink Authorization for Use and Disclosure (Attachment C) is the shared release required for data sharing in HMIS. Providers must obtain consent from the individual or family before sharing any data in HMIS. When an individual or family consents to the shared release, providers document the release in HMIS.

Step 2: Assess. The common assessment tool is administered and entered directly into HMIS.

Step 3: Refer. Providers make referrals to community resources and supports as needed to all individuals and families screened. All Doors Open currently prioritizes the following populations. Individuals and families in these populations are referred to the By-Name-List and prioritized for referral to available housing resources.

➢ Chronic Individuals
➢ Veterans
➢ Youth
➢ Families

No Consent. Individuals and families may decline to share information in HMIS. In this case, the VI-SPDAT should not be entered into HMIS. Providers will follow the steps for the Non-HMIS list for eligible individuals and families.

If the individual or family is not eligible for prioritization, the provider refers the individual or family directly to eligible supports and services in the community that
may address their need(s), including emergency shelter and mainstream resources, and encourage the individual or family to contact any of the All Doors Open access points if their circumstances change.

The VI-SPDAT is re-administered annually to capture changes in circumstances, or when an individual or family experience a significant change in their circumstances.

**Screening and Assessment for Special Populations**

**Domestic Violence Survivors.** Individuals and families fleeing or attempting to flee domestic violence (DV) may access the All Doors Open dedicated DV access point directly or through identification and referral to specialized services during the screening at any of the All Doors Open partner providers.

Individual and family safety is the highest priority. In order to offer equal access while prioritizing safety, the domestic violence service provider will determine when to administer the All Doors Open common assessment process for individuals and families seeking housing assistance. The common assessment tool is completed on paper only, does not include any personally identifiable information, and is not entered into HMIS. The provider completing the assessment will include the name of the provider, the appropriate staff contact, and an alternate staff contact.

If the individual or family is eligible for prioritization, the provider reviews the All Doors Open Rights and Responsibilities of Persons Served (Attachment H) with the individual or family and seeks verbal or written consent of their understanding of these rights and responsibilities. The common assessment tool is assigned a unique identifier and submitted to the CSC Lead Agency Coordinator. The CSC Lead Agency Coordinator maintains the de-identified information on the Non-HMIS list. As resources become available for the individual, the Lead Agency Coordinator works closely with the provider to coordinate the referral.

If the individual or family is not eligible for prioritization, the provider administering the common assessment tool should refer the individual or family directly to eligible supports and services in the community that may address their need(s), including emergency shelter and mainstream resources, and encourage the individual or family to contact any of the All Doors Open access points if their circumstances change.

Individuals or families fleeing domestic violence may choose not to seek services from the domestic violence service provider. In these cases, the individual or family access All Doors Open in accordance with the processes described in this document.
**Unaccompanied Youth Under 18.** When an individual or family is determined to be under the age of 18 during the screening process, the provider will refer to and offer assistance to connect to Youth Services of Tulsa for specialized services.
CORE FUNCTION – PRIORITIZATION

All Doors Open
PRIORITIZATION

Tier 1
VULNERABILITY SCORE
Individuals and families are prioritized by their Vulnerability Score.

Tier 2
LENGTH OF TIME HOMELESS
Individuals and families homeless the longest.

Tier 3
POPULATION PRIORITY
1. Families with children
2. Young people ages 18-24
3. Individual adults

Prioritization within All Doors Open is meant to quickly connect individuals and families most vulnerable to available resources.

Guiding Principles for this Process
- Prioritization is maintained on the By-Name-List;
- Prioritization is defined and applied consistently for all populations;
- Prioritization is consistent with AWH4T Written Standards;
- Prioritization is not required to access emergency services hotlines, drop-in service programs, emergency shelters, or other short-term crisis residential programs; and
- Prioritization is required for Prevention, Safe Haven, Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing CoC and ESG projects.

Other considerations include advocacy and personal choice.
The By-Name-Lists

All Doors Open prioritizes individuals and families on population specific HMIS By-Name-Lists for: Chronic (CHBNL), Veterans (VBNL), Families (FBNL), and Youth (YBNL) or on a Non-HMIS list. An individual or family is added to a By-Name-List through standardized HMIS reporting or by the Lead Agency Coordinator at case conferencing. Individuals and families are prioritized on the By-Name-Lists based on three tiers:

<table>
<thead>
<tr>
<th>By-Name-List Prioritization</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3**</th>
</tr>
</thead>
<tbody>
<tr>
<td>VI-SPDAT Score</td>
<td>Length of time current homeless</td>
<td>1. Families</td>
<td>2. Youth</td>
</tr>
</tbody>
</table>

**Veterans unable to be served by Supportive Services for Veteran Families (SSVF) or VA homeless services will receive prioritization within each population in Tier 3.

HMIS By-Name-Lists. Individuals and families are added to the HMIS By-Name-List(s) through standardized reporting in HMIS based on established data indicators.

HMIS Standardized Reporting

**Timeline**

<table>
<thead>
<tr>
<th>Conditions to Add to CHBNL:</th>
<th>Weekly as HMIS reports are updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Disabling condition field is marked as “yes”; and</td>
<td></td>
</tr>
<tr>
<td>✓ Emergency shelter stays meet length-of-time requirement for HUD chronic homeless definition; and</td>
<td></td>
</tr>
<tr>
<td>✓ Emergency shelter utilization within a rolling 30 day period.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Conditions to Add to VBNL:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Military Service field is marked as “yes”; and</td>
<td></td>
</tr>
<tr>
<td>• Emergency shelter utilization within a rolling 30 day period.; or</td>
<td></td>
</tr>
<tr>
<td>• Open entry into a rapid re-housing project.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Conditions to Add to YBNL (PHASE PLAN 2):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Individual or Head of Household age is between 18 and 24; and</td>
<td></td>
</tr>
<tr>
<td>• Emergency shelter utilization within a rolling 30 day period; or</td>
<td></td>
</tr>
</tbody>
</table>
- Open entry into a rapid re-housing project.

**Conditions to Add to FBNL:**
- Household includes at least one adult and one dependent under the age of 18; *and*
  - Emergency shelter utilization within a rolling 30 day period; *or*
  - Open entry into a rapid re-housing project.

**PHASE PLAN 2 (April – June 2018):**
Implement Youth and Family By-Name-Lists. Will begin testing these BNLs with automated reporting referenced above, but utilization of these lists will be phased in after careful review, knowing the indicators and ways to add folks to YBNL will need to grow.

**Street Outreach.** AWH4T Coordinated Outreach may add individuals and families to the appropriate By-Name-List in HMIS through the community’s HMIS Street Outreach project. Once this project is established, *All Doors Open* will identify established data indicators for this function.

**PHASE PLAN 2 (April – June 2018):**
Establish HMIS project for community street outreach and define process for data indicators used to add individuals and families to the BNLs through HMIS.

**Non-HMIS List.** Individuals and families who choose not to share information in HMIS may be added to the Non-HMIS list through the Lead Agency Coordinator during case conferencing.

**Conditions to Add to Non-HMIS List(s)**
- The Following is documented in HMIS or provided to the Lead Agency Coordinator:
  - Completed VI-SPDAT**
  - CHBNL ONLY: Verification of Chronic Homelessness (Attachment I)

**Timeline**
- Weekly at Case Conferencing

If a provider is unable to obtain authorization to share information with the Lead Agency, the provider will assign the common assessment tool a unique identifier and submit to the Lead Agency Coordinator. The Lead Agency Coordinator will maintain the de-identified information on the Non-HMIS list.
**No VI-SPDAT:** Individuals and families may decline to complete the common assessment. This does not disqualify them from potential housing opportunities. In the event that an individual or family declines to complete the common assessment, they can be added to the By-Name-List or Non-HMIS list through the Lead Agency Coordinator.

**PHASE PLAN 3 (July – September 2018):**
De-Identification plan for individuals and families who decline the ShareLink Authorization for Use and Disclosure

**Removing from the By-Name-Lists.** Individuals and families may be removed from the By-Name-List for a variety of reasons. When this happens, the individual or family is moved to inactive status. Individuals and families can move from inactive to active anytime they re-engage with *All Doors Open.*

**Conditions for Removal:**
- ☑ Become inactive;
- ☑ No longer meet population definition for list participation;
- ☑ Permanent housing placement;
- ☑ No longer reside in service area; or
- ☑ No longer in need of housing assistance.

**Timeline**
Weekly as HMIS reports are updated
Case Conferencing

*All Doors Open* utilizes case conferencing (Fresh Start) to prioritize and match individuals and families to housing resources, and share housing vacancies. Through the case conferencing process, individuals and families are assigned a *case conferencing lead* (CCL). The CCL works with the individual or family to gather required documents, assess individual and family preference and eligibility for housing services, and coordinate with partner providers to facilitate referrals. The CCL provides updates at case conferencing on: last contact, recommended housing plan match (PSH, RRH, TH/SH, etc.) and document ready status.

*Inaccurate VI-SPDAT*: In the event a CCL determines the VI-SPDAT score does not reflect the actual vulnerability of the individual or family, the CCL may advocate for the individual or family to receive higher or lower intensity resources during case conferencing. Once the individual or family is matched to resources reflective of their needs, these cases will then follow the steps detailed in the Process Work Flow section of these policies and procedures.

Case conferencing occurs regularly for each By-Name-List. Contact the Lead Agency Coordinator for the current schedule.

**PHASE PLAN 2 (April – June 2018):**
Implement Youth and Family case conferencing.

**PHASE PLAN 2 (April – June 2018):**
Formalized structure for Case Conferencing to include:
Identify required attendees for each meeting
BNL access to attendees and updates submitted prior to meeting.
Meeting structure/agenda:
1. Identify vacancies/openings
2. Ensure all individuals and families are matched to a CCL
3. Ensure all individuals and families are matched to a program type
4. Case conference top 15 most vulnerable persons/households
5. Determine who is document ready and able to be referred to resource
CORE FUNCTION – REFERRAL

When a PSH or TH/SH unit or RRH financial assistance becomes available, individuals and families matched and eligible for the program are referred for the specific program opening.

<table>
<thead>
<tr>
<th>Guiding Principles for this Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Individuals and families are referred to providers based on prioritization and eligibility;</td>
</tr>
<tr>
<td>➢ Data is tracked by CSC Lead Agency Coordinator and through HMIS data standards.</td>
</tr>
<tr>
<td>➢ Individuals and families are not declined based on perceived barriers; and</td>
</tr>
<tr>
<td>➢ Partner providers comply with the nondiscrimination policy for <em>All Doors Open</em>.</td>
</tr>
</tbody>
</table>

Standard Referral Steps, Responsibilities, and Timelines

Referral to a receiving program does not signify admission to that program. Rather, the receiving program will carry out its own intake process, including but not limited to an application, verification process, and admission decision. *All Doors Open* aims to reduce the amount of time between unit availability and referral through the pre-referral work and the case conferencing process.
## Making the Referral

<table>
<thead>
<tr>
<th>Pre-Referral Work</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals and families are matched to program types and work with the assigned CCL to gather housing-ready documents completed and uploaded into HMIS.</td>
<td>Immediately upon assignment of CCL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing provider references the By-Name-Lists to identify the matched individual or family with the highest priority and notifies the CCL of opening.</td>
<td>Within 48 hours of unit availability</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 2</th>
<th>2 Business Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCL works with the provider to contact the individual or family. If contact is not made within 2 business days, the provider repeats Step 1 with the next highest priority.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 3</th>
<th>1 Business Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once contact is made, individual or family can either accept or decline the referral.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 4</th>
<th>Immediately</th>
</tr>
</thead>
<tbody>
<tr>
<td>If referral is declined, the provider repeats Step 1 of this process with the next highest priority.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 5</th>
<th>2 Business Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the referral is accepted, CCL notifies the provider. Provider and CCL work collaboratively to update/gather any remaining documentation needed. The referral is made once the provider has all required referral documentation.</td>
<td></td>
</tr>
</tbody>
</table>
### Receiving the Referral

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Timelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Step 1</td>
<td>Once the referral is made, the receiving program attempts to contact the individual or family to schedule an appointment.</td>
<td>2 business days</td>
</tr>
<tr>
<td>Step 2</td>
<td>If the provider is unable to make contact with the individual or family after a minimum of three (3) attempts, the provider repeats Step 1 of the Making the Referral process.</td>
<td>2 business days</td>
</tr>
<tr>
<td>Step 3</td>
<td>If the individual or family misses the appointment, the provider attempts to schedule a 2nd appointment.</td>
<td>1 Business Day</td>
</tr>
<tr>
<td>Step 4</td>
<td>If the provider cannot make contact or the individual or family miss the 2nd scheduled appointment, the provider notifies the CCL, declines the referral and starts over with Step 1 of Making the Referral.</td>
<td>&lt;30 Days</td>
</tr>
<tr>
<td>Step 5</td>
<td>If the individual or family is accepted, the receiving program works with the individual or family and CCL to arrange move-in.</td>
<td>Within 1 business day of move-in</td>
</tr>
<tr>
<td>Step 6</td>
<td>The provider records program entry in HMIS</td>
<td></td>
</tr>
</tbody>
</table>

**PHASE PLAN 2 (April – June 2018):**

Implement tools to improve referral times:

1. Universal PSH application
2. Length of Stay reporting out of HMIS for chronic verification.

**PHASE PLAN 3 (July – September 2018):**

Implement tools to improve referral times:

1. Standardized background checks completed as part of document-readiness.
2. Establish a Risk Mitigation Pool
Housing Program Eligibility Details and Unit Availability

Participating providers maintain their basic program eligibility in the 360 Degree Referral System. The eligibility criteria is used to ensure, to the greatest extent possible, that only eligible individuals and families are referred to an available program or unit. It is the responsibility of the participating providers to submit updates to program eligibility when changes occur. Any changes in eligibility or capacity must be reported to the Lead Agency Coordinator as early as possible, or within two (2) business days of the change effective date. Housing providers (PSH and TH/SH) are responsible for maintaining updated inventory in HMIS.

Right of Refusal or Failure to Engage

_All Doors Open_ respects individual choice. Individuals and families have the right to decline any housing resource that is offered. Declining a resource does not impact eligibility for future referrals. While partner providers are expected to make every effort to engage individuals and families, housing units must not stay vacant longer than needed.<sup>xxii</sup> For this reason, housing programs may discontinue working with a referred individual or family and move to the next highest-ranking appropriate referral if the referred individual or family does not complete the intake appointment and/or provide eligibility verification. If this occurs, providers must notify the Lead Agency Coordinator and assigned CCL. The assigned CCL is responsible for notifying the individual or family that the opening/housing is no longer available to them. Individuals and families who decline or otherwise miss a housing opportunity will remain on the By-Name-List and maintain original prioritization.

**PHASE PLAN 2 (April 2018):**

1. CSC Lead Agency Coordinator will track data on: date added to BNL, date matched to housing intervention, and date of unit match.

Declining Referrals

Partner providers are expected to accept all eligible referrals from _All Doors Open_. Partner providers may have site specific or other funder required considerations that warrant a provider to decline a referral. In the event that a referral is declined, the partner provider will document the reason for declining the referral and submit to the Lead Agency Coordinator. It is the responsibility of the provider to notify the individual or family and the CCL of the denial.

The two reasons why a partner provider operating a CoC- or ESG-funded program may reject a client referred by the Coordinated Entry system are if:
(1) That individual or family is ineligible to participate in the program because of restrictions imposed by government regulations or outside funding sources; or

(2) The program lacks the capacity to safely accommodate that client.

Declined referrals will be tracked and monitored by the Lead Agency Coordinator. The Lead Agency Coordinator will seek clarification on program eligibility and requirements for housing providers who frequently decline referrals. Rates of declined referrals will be reviewed regularly as part of All Doors Open evaluation procedures.

**CoC and ESG Funded Partner Providers**
Partner providers receiving CoC funding or ESG funding must adopt a Housing First approach that continually lowers the barriers to entry and avoids screening out individuals and families based on perceived barriers to success.
ATTACHMENTS

A. Partner Provider Agreement
B. All Doors Open Provider Sign
C. ShareLink Authorization for Use and Disclosure
D. Screening Tool
E. VI-SPDAT v2
F. TAY-VI-SPDAT v1
G. VI-F-SPDAT v2
H. Rights and Responsibilities of Persons Served
End Notes


xiii Lee County Continuum of Care Coordinated Entry Policy and Procedures. 2017, Lee County Continuum of Care

xiv Lee County Continuum of Care Coordinated Entry Policy and Procedures. 2017, Lee County Continuum of Care


