



**ENDING
HOMELESSNESS
IN MARYLAND.**

TOGETHER.

**Coordinated Entry
System 201**



MARYLAND
BALANCE OF STATE
CONTINUUM OF CARE

Coordinated Entry Planning

HUD TA started working with LHC representatives, CoC board, and DHCD in 2020 on high-level Coordinated Entry System design:

1. Established system roles and responsibilities
2. Determined rollout would be in 2 phases:
 - *Increasing Outflow*: Process to match currently homeless households to TH, RRH, PSH, and other permanent housing options (ex: vouchers or subsidized housing)
 - *Reducing Inflow*: Process to assess households at-risk of homelessness and prioritize them for homeless diversion and prevention resources, and entry into shelter
3. Created methodology for permanent housing prioritization
4. Selected assessment tool to evaluate participant service needs/strengths
5. Formed Coordinated Entry Committee
6. Produced initial set of policies, procedures, and forms

Where We Are Now



**Updating
Coordinated
Entry Policies
& Procedures**



**Increasing
HMIS Capacity
& Tools**

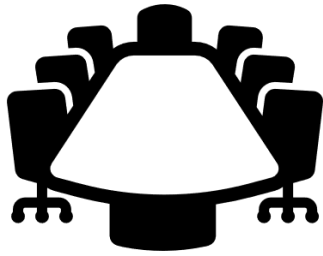


**Roll Out
Updated CES
by LHC**



MARYLAND
BALANCE OF STATE
CONTINUUM OF CARE

System Roles



CoC Board & Coordinated Entry Committee

- Develop System Policies & Procedures
- Evaluate System Performance & Compliance
- Implement Strategic Actions & Identify Resources



DHCD & TeamHMIS

- Develop Assessments, Forms, Training, Technical Assistance for Provider
- Implement HMIS Functions and Tools
- Monitor Project Compliance
- Analyze Data & Produce Reports
- Provide Staff Support for Board & Committee



Local Homelessness Coalitions

- Facilitate Case Conferencing with Local Providers
- Maintain and Update By-Name List (BNL) for Geographic Area
- Coordinate Housing Matches from BNL
- Elevate CES Challenges and Best Practices to BoS Committee & Board



System Roles

Shelter, Street Outreach, Drop-In Center Staff:

- Designate staff as assessors & complete required trainings
- Work with newly homeless households to ensure safety and connect back to available community and family-based supports for rapid exit
- Assess homeless households who cannot be immediately rehoused for comprehensive housing and service needs
- Inform households about Coordinated Entry & process to obtain housing
- Manage household data
 - Enter assessment info into HMIS
 - Reassess housing and service needs every 90 days
 - Remove clients who have self-resolved or otherwise are no longer active
- Assist participants with obtaining program eligibility documents and documents to be lease-ready



System Roles

Housing Providers:

- Ensure CES is aware of program eligibility and kept up to date
- Notify CES when program has an opening coming up, unit/subsidy restrictions, and date program will be ready to match with a new household
- Review matches from CES and schedule intake promptly
- Accept only CES referrals - don't keep a separate waiting list
- Adhere to Housing First practices
- Discharge participants only to positive housing destinations or transfer to other housing providers through CES, whenever possible
- Proactively identify participants who are ready to move on (PSH)
- Maintain relationships with landlords to ensure units are available and ready to be leased upon match

Coordinated Entry in the Balance of State



CES Elements

Access

- Designated times & locations across the County to access the homeless services system

Assess

- HUD data elements (demographics, household composition, homeless history) and
- Self Sufficiency Matrix

CES Elements

Prioritize

1. Chronically homeless individuals and families
 - a. Length of Time Homeless
 - b. Level of Vulnerability
 - c. Date of Assessment
2. Non-Chronically homeless individuals and families
 - a. Length of Time Homeless
 - b. Level of Vulnerability
 - c. Date of Assessment



CES Elements

Match / Connect

- Based on criteria identified in the Assessment phase, a client will need to match eligibility requirements for assignment to a particular project type:
 - Prioritization Order
 - Chronically Homeless for Permanent Supportive Housing
 - Youth, Vets, Families, DV, etc

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CES Elements

Declining a Match: Provider

- If a referral matches eligibility requirements, housing providers can only reject in limited circumstances
 - No actual vacancy available
 - Provider is unable to make contact with the household after five unique attempts within 10 business days
 - Households present with more/fewer people than were referred and the receiving program's unit size is not a match for the increase/decrease in household size
 - Client does not meet program grant eligibility requirements

CES Elements

Declining a Match: Client

- If a client rejects entry into a project:
 - Continue engagement at case-conferencing meetings
 - Re-offer housing type periodically
 - Consider client for other types of matches
 - Clarify with client what types of housing they will refuse in the future

BoS: Expectations

All CoC & ESG Funded Housing Projects are required to receiving client assignments

All Non-CoC & ESG Funded Housing Projects are strongly encouraged to participate

BoS: Expectations

- All staff working within the CES system across the BoS must complete any required annual training
- All client assessments must be entered into HMIS within 3 business days to ensure client information is populated on the By-Name List for referral
- Each LHC must establish and regularly conduct case conference meetings to review complex cases

Coordinated Entry Documentation Requirements



Documentation: Key Considerations



- **NOT about filling out forms:** about proving that client meets the homeless definitions



- **Takes time:** use an “as-needed” approach to help manage caseloads, don’t get documentation that isn’t necessary for the client’s likely housing outcome

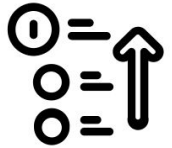


- **Prioritize** documents that have duplicate uses in the system
 - SSI award letter can be proof of income, disability, and can substitute as a client’s SSI card

Categories of information requested



- **Reporting:** for grant requirements or data reporting
 - Examples: race, ethnicity, LGBT status



- **Prioritization:** to determine which clients have the highest need
 - Example: SSM, length-of-time homeless



- **Eligibility:** to determine what resources the client qualifies for
 - Examples: proof of homelessness, disability verification

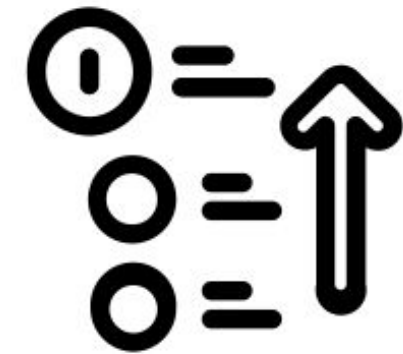


- **Case Management:** to help case managers make matches and put together plans
 - Examples: Vitals, employment history, criminal history



Categories of information requested

- **Most info is already captured in HMIS assessment**
- However, the following items are not possible to capture in a database
 - 3rd-Party Verification of Homelessness
 - Proof of disability
 - Proof of income
 - Vital Records: ID, BC, SSA



Rapid Re-Housing

1. **Eligibility Verification: Cannot match** client to housing without
 - a. 3rd-Party verification of current homelessness
2. **Important Documents: Possible** to match client to housing without, but will almost always be necessary to find a landlord, cannot deny
 - a. Proof of income
 - b. Vitals (ID, BC, SSA)
3. **Case Management Documentation: Not** required for housing, but will be very helpful for the matcher to help find suitable unit and advocate
 - a. Criminal history
 - b. Credit score
 - c. Housing preferences
 - d. Reasonable accommodation needs
 - e. Transportation needs

Permanent Supportive Housing

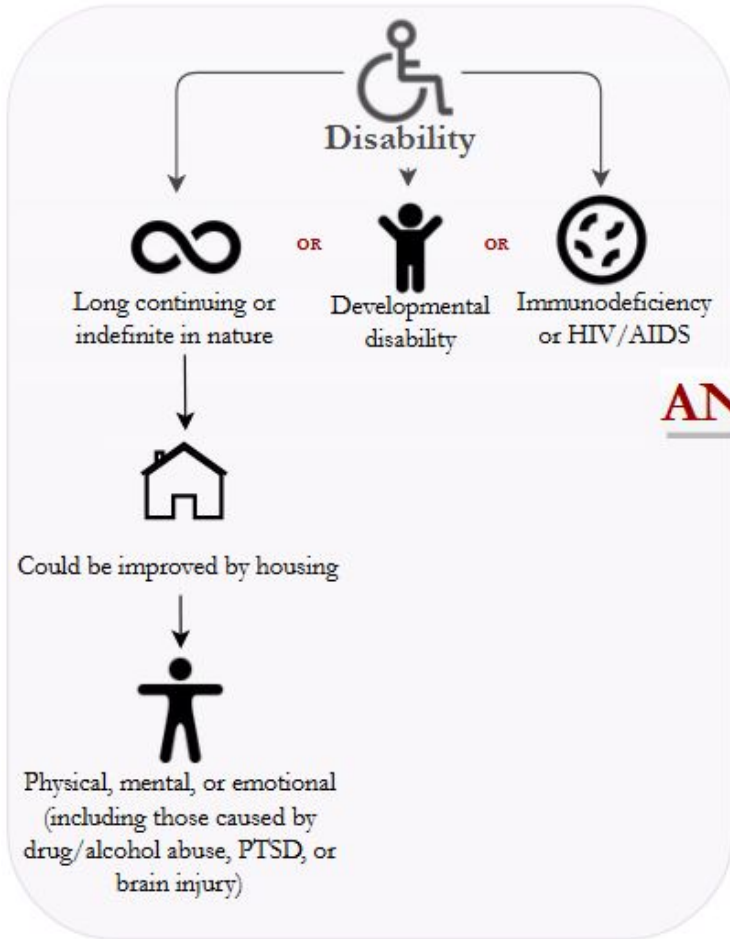
1. **Eligibility Verification: Cannot match** client to housing without
 - a. 3rd-Party Verification of current homelessness
 - b. **Proof of income**
 - c. **Proof of disability**
 - d. **3rd-Party Verification of chronic homelessness (or dedicated plus)**
2. **Important Documents: Possible** to match client to housing without, but will almost always be necessary to find a landlord
 - a. Vitals (ID, BC, SSA)
3. **Case Management Documentation: Not** required for housing, but will be very helpful for the matcher to help find a suitable unit
 - a. Criminal history
 - b. Credit score
 - c. Housing preferences
 - d. Reasonable accommodation needs
 - e. Transportation needs



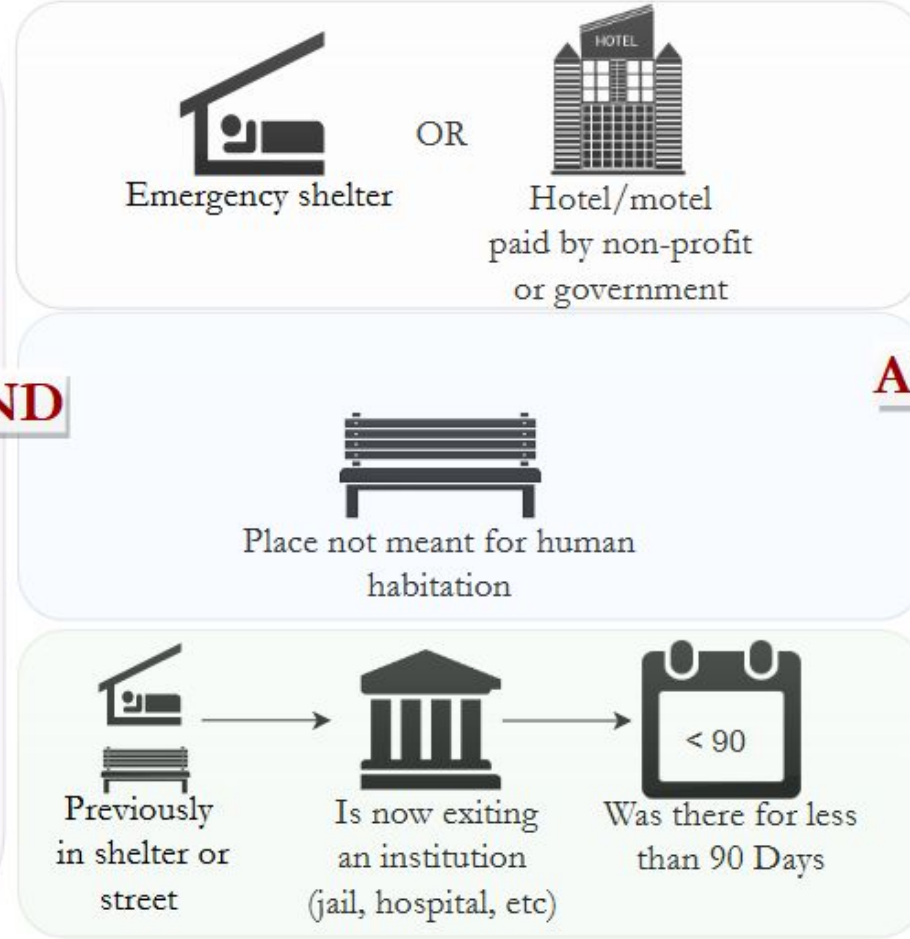
3rd-Party Verification of Homelessness

Category 1 Homeless

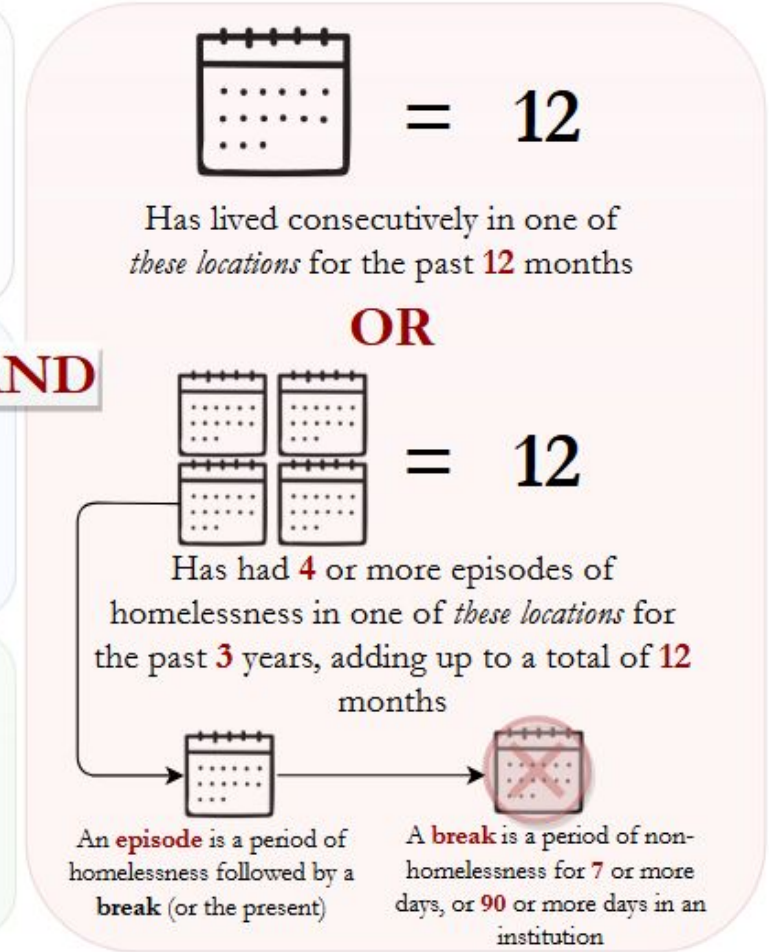
Disabling Condition



Currently Residing



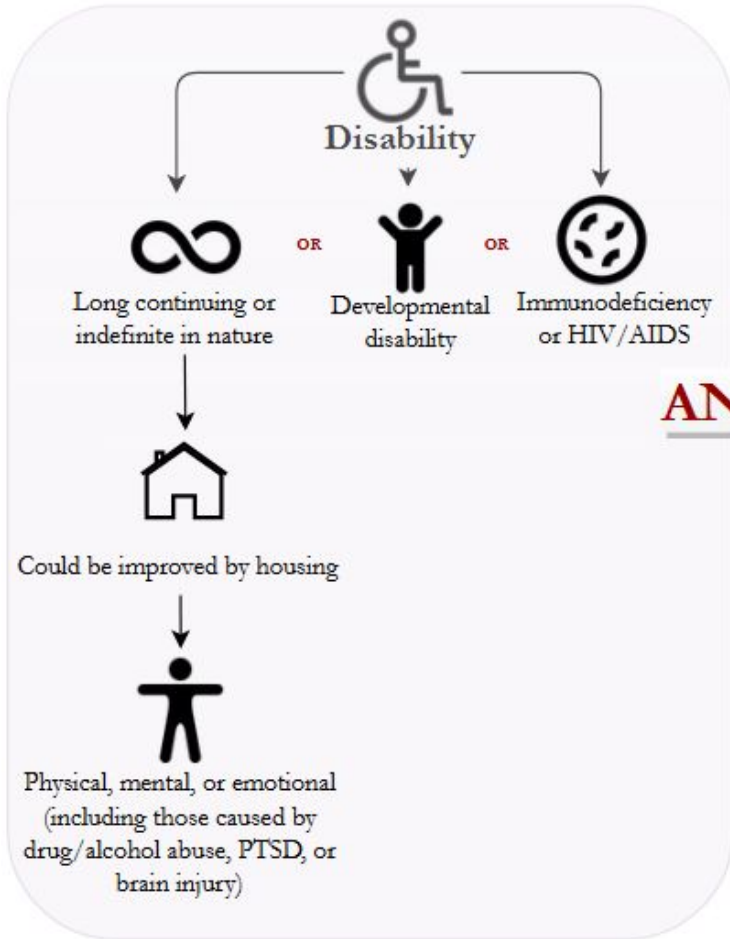
Previously Residing



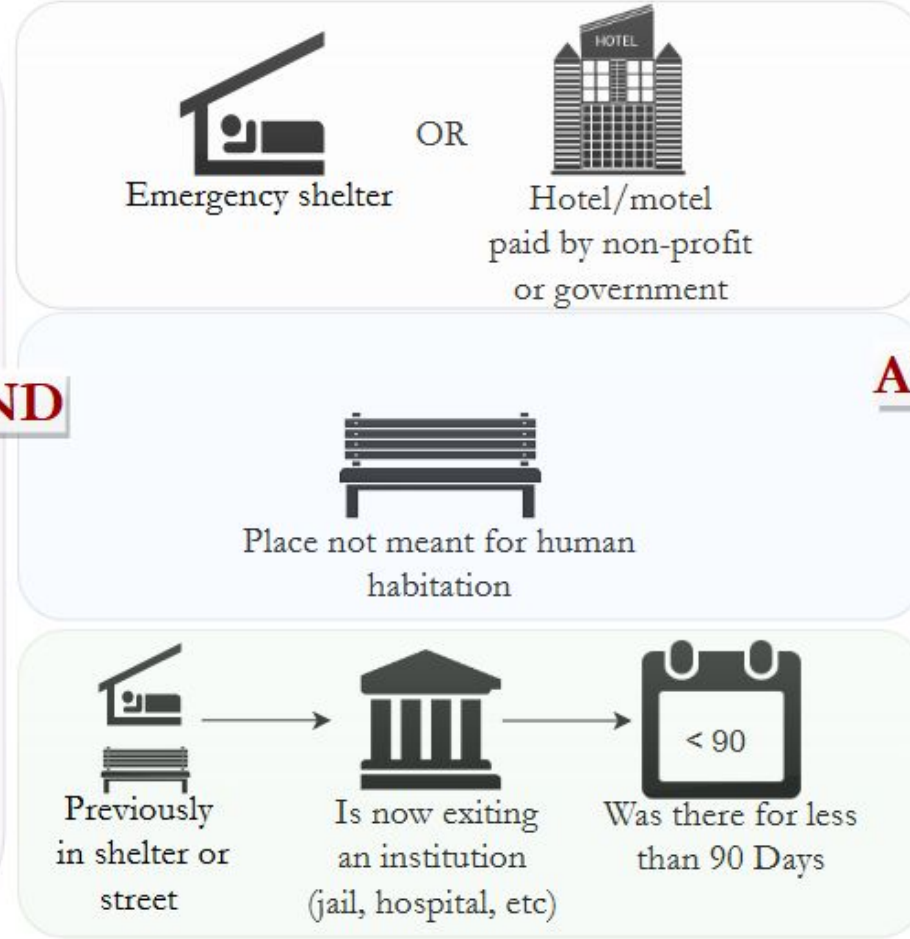
Chronically Homeless

(Head of Household Only)

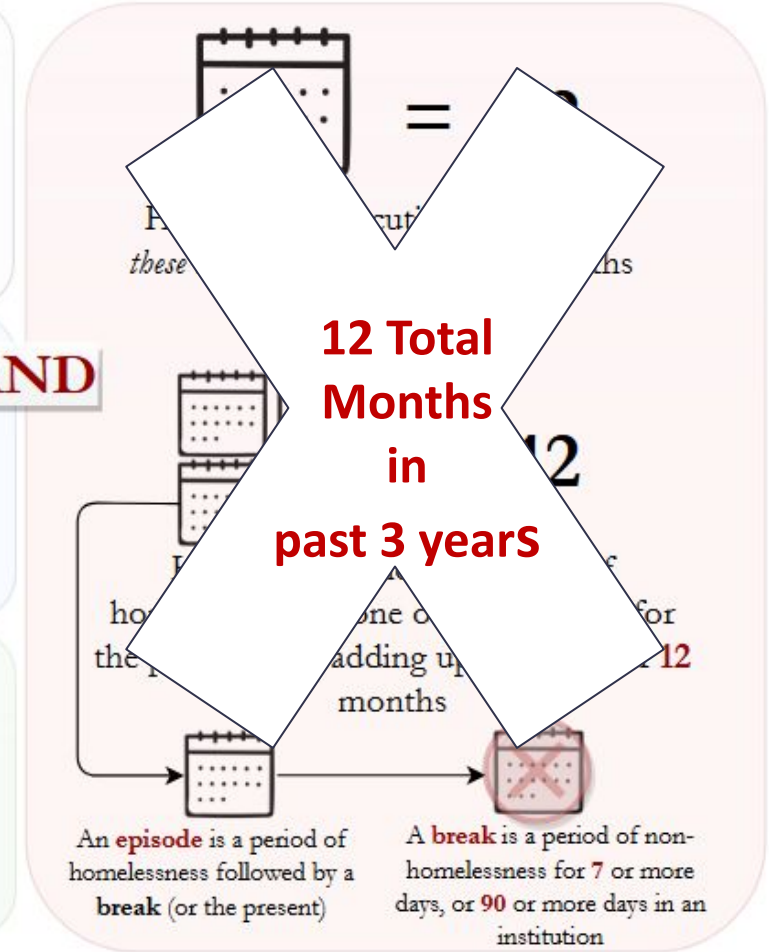
Disabling Condition



Currently Residing



Previously Residing



Chronically Homeless

(Head of Household Only)

Dedicated Plus (abridged)

3rd-Party Verification of Homelessness

1. **HMIS Record** (**always check first**): print out a copy of the record directly from HMIS. You only need ONE date to prove current homelessness
 - a. Must contain clients FULL Name and Date of Birth
 - b. **If in Entry-Exit Shelter or Transitional Housing**(no daily renewals): record must show
 - i. The client's ENTRY DATE to shelter
 - ii. Exit Date, but cannot have exited to permanent housing, none if current
 - c. **If in Night-by-Night Shelter** (daily renewals): records must show
 - i. An enrollment within a shelter
 - ii. Exit date, but cannot have exited to permanent housing, none if current
 - d. **If Outreach/Drop-in record**: records must show
 - i. Service dates
 - ii. Service location
 - iii. Current living location

3rd-Party Verification of Homelessness

2. **Letter from a shelter/housing provider (**ONLY if there are no HMIS records**)**

Must contain

- a. Client name
- b. Staff name, organization and contact information
- c. Entry and Exit dates from the programs
- d. Type of program: emergency shelter, safe haven, or transitional housing

3rd-Party Verification of Homelessness

3. **Letter from an outreach/intake worker, OR 3rd-Party Verification Form**
 - a. Client name
 - b. Name of the outreach worker, organization and contact information
 - c. If the worker has **physically witnessed the client's living location**
 - i. Client's living location (can be an approximation)
 - ii. Specific dates (full date xx/xx/xxxx) when outreach worker witnessed client's living environment
 - d. If the worker has **NOT physically witnessed the client's living location**
 - i. Client's living location
 - ii. Where the worker *did* meet the client
 - iii. Specific dates (full date xx/xx/xxxx) of meetings with client; **MUST** be co-occurrent with homelessness
 - iv. A statement indicating why, based on the best of knowledge professional judgement, they believe the client was staying there

3rd-Party Verification of Homelessness

4. **Letter from a community member** OR 3rd-Party Verification Form
 - a. Client name
 - b. Name of the community member
 - c. Community member's relationship with client
 - d. Community member **MUST** have **physically witnessed the client's living location**
 - i. Client's living location (can be an approximation)
 - ii. Specific dates (full date xx/xx/yyyy) when outreach worker witnessed client's living environment
 - e. **CANNOT** be used to verify **CURRENT** episode

3rd-Party Verification of Homelessness

5. **LAST RESORT: Self-Certification OR Self-certification Form**
 - a. Client's self-certification of their own homelessness
 - b. A summary of efforts to obtain 3rd-party verification
 - c. A summary of any evidence you have that leads you to believe the client stayed as reported
 - d. A statement that, to the best of your knowledge, and based on your professional judgement, the client stayed in the location(s) reported on the date(s) reported
 - e. **Can ONLY be used for PSH**
 - i. **Only 25% of PSH clients in all programs throughout the LHC can use self-certification**

Differences between PSH and RRH

1. RRH

- a. Only need verification of current homelessness
- b. 1 date within the past 30 days

2. PSH – Dedicated Chronic

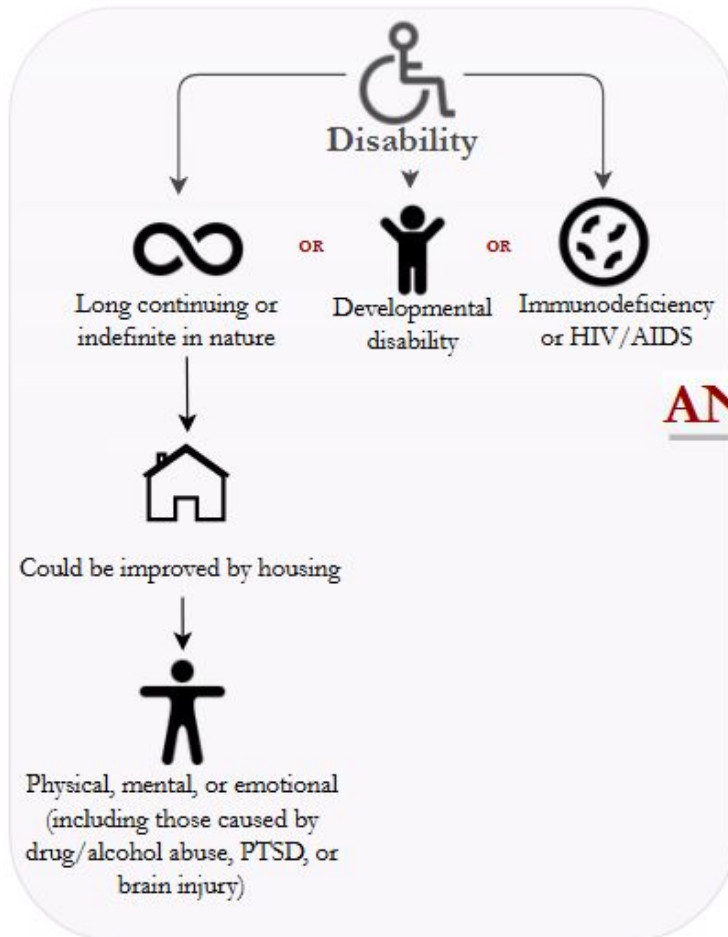
- a. Need 1 date per month for 9 of the required 12 months
- b. A separate homeless history log to confirm that the client met the consecutive or episodic requirements

3. PSH – Dedicated Plus

- a. Need 1 date per month for 9 of the required 12 months

Disability Verification

Disabling Condition



1. 3 Ways to have a Qualifying Disability

a. Standard Disability

- Long continuing or indefinite in nature
- Could be improved by housing
- Physical, mental, or emotional

b. Development Disability

c. Immunodeficiency or HIV/AIDS

2. 3 Ways to DOCUMENT disability

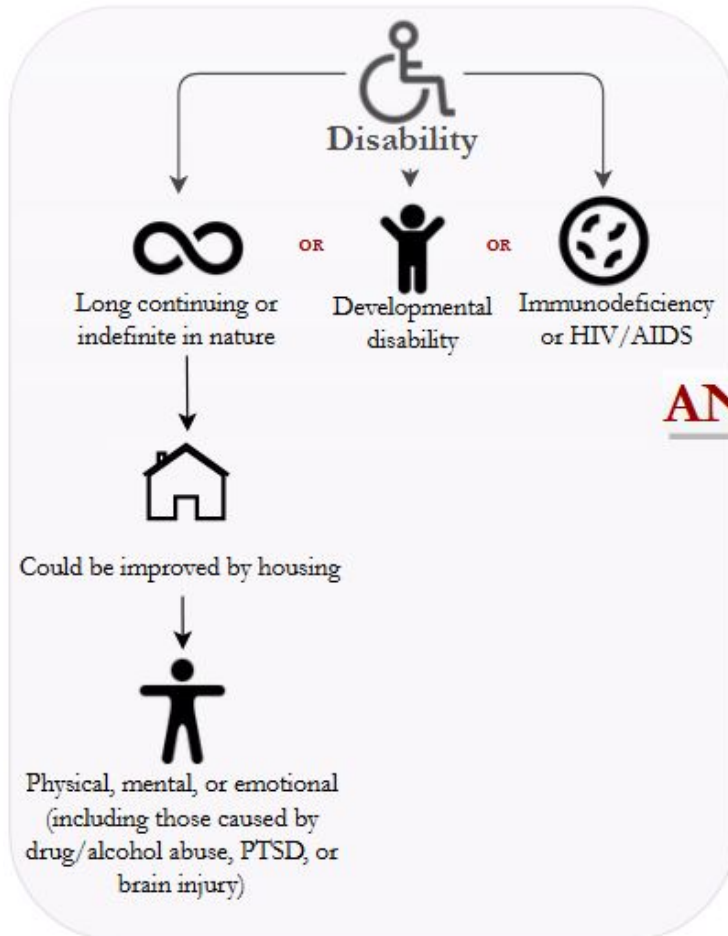
a. Verification of disability form

b. Letter from healthcare provider licensed to treat or diagnose disabling condition

c. SSI/SSDI/TDAP Award letter (must contain client's SSN)

Disability Verification

Disabling Condition



1. IMPORTANT

- Never, ever include in disability verification include the actual condition that the client has
- If client's disability is relevant for case management purposes, share that information in a separate setting or a case note with the client's consent
- Disability verification is for proving the client's eligibility for HUD audit purposes, NOT for planning

ID Alternatives

Birth Certificate Alternatives

1. U.S. Passport
2. Military Discharge Papers
3. Valid Passport
4. Census Document showing age or DOB
5. SSA Benefits Award Letter
6. Minors Only
 - a. Birth Registration
 - b. Baptismal Certificate
 - c. Adoption Papers
 - d. Custody Agreement
 - e. Health & Human Services ID
 - f. Hospital Records
 - g. School Identification



ID Alternatives

SSA Alternatives

1. Identification card (showing full SSN) issued by:
 - a. Federal, state, or local govt agency
 - b. Medical insurance provider
 - c. Employer or trade union
2. Earning statement of payroll stubs
3. Bank statement
4. Form 1099
5. Benefits award letter
6. Retirement/Pension award letter
7. Life insurance policy
8. Court records

