

Cleveland/Cuyahoga Coordinated Intake Operations Manual

Version 1.1
1/7/2021

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1. Background & Purpose

1.1 Federal Requirement

The 2009 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act consolidated several of HUD’s separate homeless assistance programs into a single grant program, the Continuum of Care Program (CoC Program). The Act also codified into law the CoC planning process.

The CoC Program interim rule requires that CoCs establish and operate a “centralized or coordinated assessment system,” hereafter referred to as a coordinated entry process.

The rule defines coordinated entry as a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. [Such a] system covers the [CoC’s] 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 part 578.3)

The U.S. Department of Housing and Urban Development (HUD) requires that CoCs establish and operate a coordinated entry process. HUD’s Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System (CPD-17-01) established new requirements for coordinated entry that CoC and projects funded by the CoC Program and Emergency Solutions Grant (ESG) funded projects must meet. In addition, the U.S. Department of Veteran Affairs’ (VA) Supportive Services for Veteran Families (SSVF) grant program also requires SSVF grantees to participate in their local CoC’s coordinated entry processes. However, any supportive service or housing assistance project in Cuyahoga County dedicated to persons who are experiencing a housing crisis, regardless of the source of funding for the project, are expected to participate.

The goal of coordinated entry is to ensure that the CoC prioritizes people who are most in need of assistance and strategically allocates current resources and identifies the need for additional resources. Coordinated Entry Notice. P.2.

Coordinated entry is a consistent, streamlined process for accessing the resources available in the homeless crisis response system. Through coordinated entry, a CoC ensures that the highest need, most vulnerable households in the community are prioritized for services and that the housing and supportive services in the system are used as efficiently and effectively as possible.

The Cleveland/Cuyahoga County CoC uses the term **Coordinated Intake (or CI)** as the standard reference for the Coordinated Entry System and all related processes.

1.2 Cleveland/Cuyahoga County Coordinated Intake

Coordinated Intake is the gateway to homeless services in Cuyahoga County. CI goals are to prevent homelessness, reduce length of stay in shelter, and reduce returns to homelessness. Coordinated Intake facilitates coordination and communication among shelters, transitional housing providers, permanent housing providers, and other homeless services. It also provides standardized data entry for HMIS tracking, reporting, and service coordination.

The method of client contact for Coordinated Intake is “face to face”. The 211 United Way Program, and all Continuum of Care shelters and transitional housing programs, including Grant-Per-Diem programs refer individuals who describe themselves as newly homeless to Coordinated Intake offices for intake,

assessment, and shelter placement. Coordinated Intake also outreaches social service and health care providers to educate them about Coordinated Intake and the Cuyahoga County's homeless service system. Coordinated Intake partners with all street outreach staff (agency teams & faith-based teams), Project Act, the Department of Children and Family Services, the Veterans Administration, and Cleveland Municipal Housing Court to link homeless clients to shelter services.

Coordinated Intake strives to continually lower its barriers to access. No ID is necessary, no appointment is necessary, no referral is necessary. There is no legal residency requirement for services, and no income restriction. Coordinated Intake is located at a non-shelter location, and shelter-resistant clients are welcome.

If someone comes to Coordinated Intake after our operating hours (Monday-Friday, 8a-8p), there is a call box on the front of the Coordinated Intake building with a direct line to 211, United Way's First Call for Help. 211 will explain to single persons how to walk 3-4 blocks to either the emergency men's or women's shelter. If a family calls, they will either be temporarily diverted by 211 staff, or directed to an emergency overflow shelter placement, in coordination with the Coordinated Intake On Call Family Supervisor.

Clients who are "literally homeless", and unable to meet with Coordinated Intake staff at 1736 Superior, will be outreached to the extent possible. In order to be eligible for an outreach, a client must meet **one** of the following criteria:

- 1) possesses a physical limitation not well accommodated by travel that day to Coordinated Intake from shelter,
- 2) encounters trauma-related issues that would prevent them from accessing Coordinated Intake offices,
- 3) repeatedly fails to complete the intake process due to psychiatric disability, or
- 4) experiences "literal homelessness" (documented on agency letterhead) immediately prior to hospital admittance.

Coordinated Intake Specialists are also equipped to transport individuals should client's abilities necessitate it. All appropriately trained staff are mobilized to complete outreach intakes. One-way bus tickets are provided to clients whose shelter placement is not within walking distance. If the shelter or transitional housing placement has agency transportation available, Coordinated Intake staff will contact the admissions coordinator at the respective shelter directly, to inform them of a new referral and advocate for transportation assistance should the client require it.

Coordinated Intake has a trauma-informed approach to service. An aspect of this is client choice. When persons have multiple options regarding the services they are eligible for, the person's choice is prioritized. Coordinated Intake strives to provide the right intervention ("progressive engagement") at the right level of intensity ("trauma informed / Motivational Interviewing") to the right person ("literally homeless"). This philosophy is aligned with FrontLine Service's evidence-based practices. In addition, Coordinated Intake places transgender person's in emergency shelter based on gender identity and/or preference, always taking the client's health and safety concerns into consideration. Every client is instructed to return to Coordinated Intake should their emergency shelter placement become uncomfortable, so an alternative arrangement can be made.

2. Definitions

Terms used throughout this manual are defined below:

Acute Care Referral: a linkage process for Veterans needing outreach and direct GPD placement. Veterans and social service professionals working with veterans may request an Acute Care Referral by contacting Coordinated Intake directly by phone or contacting a Coordinated Intake manager via email. Veterans verified as “literally homeless” immediately prior to hospitalization or incarceration are eligible for placement from their current institutional setting directly into Grant-Per-Diem or other transitional housing programming (bypassing emergency shelter) if they have no other place they can safely stay upon their discharge/release.

Area Median Income (AMI): The “middle” number of all of incomes for Cuyahoga County; 50% of households in Cuyahoga make more than that amount, and 50% make less than that amount.

Exhibit 1: 2020 Area Annual Median Income Limits (Cleveland, Cuyahoga County Metro Area)

| Household Size | 30% Area Median Income (HUD Extremely Low Income Limit) | 50% Area Median Income (HUD Very Low Income Limit) | 80% Area Median Income (HUD Low Income Limit) |
|----------------|--|---|--|
| 1 person | 16,000 | 26,600 | 42,600 |
| 2 persons | 18,250 | 30,400 | 48,650 |
| 3 persons | 21,720 | 34,200 | 54,750 |
| 4 persons | 26,200 | 38,000 | 60,800 |
| 5 persons | 30,680 | 41,050 | 65,700 |
| 6 persons | 35,160 | 44,100 | 70,550 |
| 7 persons | 39,640 | 47,150 | 75,400 |
| 8 persons | 44,120 | 50,200 | 80,300 |

Chronically Homeless (HUD Definition):

(1) An individual who:

- (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter;
- (ii) Has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year; **OR**
- (iii) Has had at least four (4) separate occasions of the above homelessness in the past three (3) years where the combined length of the occasions is twelve (12) months; **AND**
- (iv) Can be diagnosed with a disability such as a substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(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) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

CI Participating Agencies: An agency who provides housing assistance and/or supportive services to persons experiencing a housing crisis. The agency agrees to comply with all Coordinated Intake policies and procedures.

Disability (HUD Definition): A Physical, Mental or Emotional Impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is expected to be long-continuing or of indefinite duration, substantially impedes the individual's ability to live independently, and could be improved by the provision of more suitable housing conditions; includes:

Developmental Disability Defined in §102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 USC 15002). Means a severe, chronic disability that is attributable to a mental or physical impairment or combination AND is manifested before age 22 AND is likely to continue indefinitely AND reflects need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. An individual may be considered to have a developmental disability without meeting three or more of the criteria listed previously, if individual is 9 years old or younger AND has a substantial developmental delay or specific congenital or acquired condition AND without services and supports, has a high probability of meeting those criteria later in life.

HIV/AIDS Criteria Includes the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

Homeless – Literally Homeless (HUD Homeless Definition Category 1): Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

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

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

Homeless – Homeless under other Federal statutes (HUD Homeless Definition Category 3)

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

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

Transition Aged Youth (aka Young Adults): Any person aged 18 to 24.

Referral Partner: Any community partner who refers, directs or helps to facilitate access to CE services for persons experiencing a housing crisis. The services that referral partners offer depend on their relationship to CE and FrontLine – ranging from providing a list of resources for persons experiencing a housing crisis, to assessing a person’s immediate needs, to providing transportation assistance so persons can get to the FrontLine Coordinated Intake center at Cosgrove Center.

3. Coordinated Intake Roles & Participation Expectations

Coordinated Intake & Diversion Specialist – A CI staff person trained to administer CI assessments, make housing referral determinations, and support client transitions to shelter and housing resources.

Clients Rights Officer – A staff person, either at FrontLine Service or ADAMHS Board of Cuyahoga County, who will assist the client in advocating for his/her rights, assisting with filing a grievance and representing the client at a hearing/meetings about the complaint. The Clients Rights Officer will document, investigate, and resolve the alleged infringement of rights via interviews, documentation reviews, and will typically resolve the complaint or grievance within 20 business days from the date the grievance or complaint was first filed.

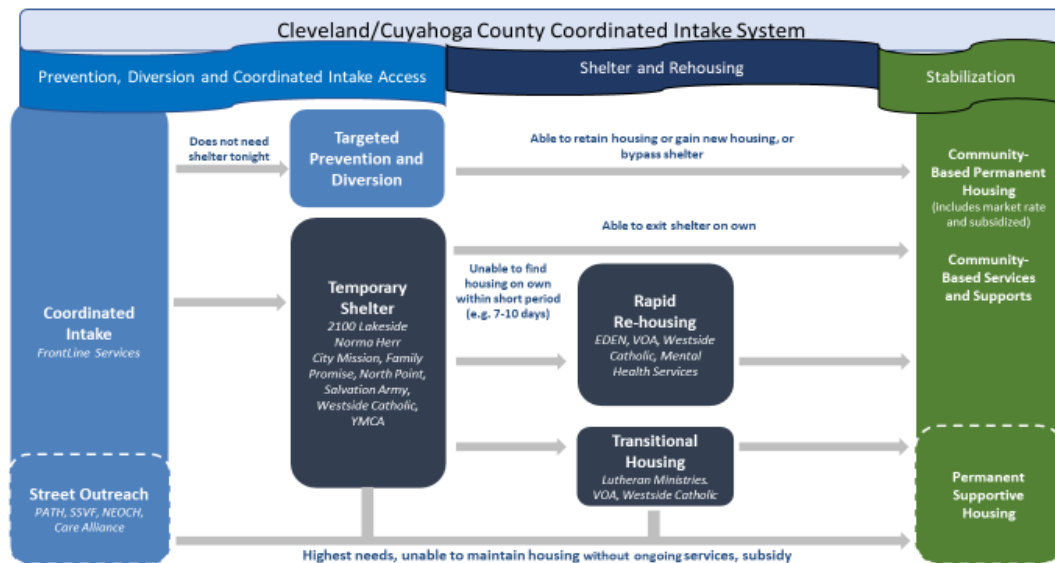
Shelter Navigator (YWCA)/Worker (Lutheran Metropolitan Ministries) – A shelter staff person who links clients to services, coordinates the transition from one service provider/location to another, provides case management services, explores housing options, and assists client in applying for eligible medical, mental health and substance use disorder treatment. The Shelter Navigator/Worker implements the housing referral strategy identified by the CI Specialist by coordinating with case management staff at rehousing programs to ensure clients/guests are linked to appropriate housing resources.

Coordinated Intake Participant – Person who requests crisis assistance from Coordinated Intake and receives an assessment.

Coordinated Intake Participating Agency – Any agency that accepts a referral from CI.

CI Partner Agency – An agency (e.g. City Mission) that serves persons who meet the homeless definition, but the agency does not administer the CI assessment and does not accept direct referrals from CI. CI Partner Agencies may access CI housing referral resources for their clients such as RRH and PSH.

4. Process Map



5. Coordinated Entry Design Elements

5.1 Guiding Principles

To the greatest extent practicable all CI participating partners will make design and management decisions based on the following guiding principles:

1. **Prioritization of Most Vulnerable** – people with the greatest needs, as defined by the CoC, receive priority for available housing and homeless assistance available
2. **Low Barrier** – people will not be screened out for assistance because of perceived barriers to housing or services (e.g. lack of employment, lack of income, drug or alcohol use, having a criminal record, having a history of evictions)
3. **Housing First** – people are housed quickly without preconditions or service participation requirements
4. **Person-Centered** – CI processes incorporate participant choice (e.g. location and type of housing, level of services)
5. **Fair and Equal Access** – all people in Cuyahoga County have fair and equal access to the CI intake and assessment process, including where (both Central Intake downtown location and remote and satellite opportunities) and how people present for services
6. **Inclusive** – CI processes include all populations (people experiencing chronic homelessness, Veterans, families, youth, survivors of domestic violence)
7. **Improved Quality of Life** – CI design, management decisions and resource allocations will focus on improving the quality of life for persons experiencing a housing crisis.
8. **Dignity and Respect for All Persons** – all persons experiencing a housing crisis deserve to be treated with dignity and respect.
9. **Continuous Quality Improvement** – CI system design, implementation and management decisions will focus on continuously improving the quality of services, program outcomes and system results for all participants

10. **Racial Equity** – A racial and ethnic equity approach will measure disparities, close access gaps, and work to eliminate all barriers that limit opportunities for persons who have historically and currently experience racism and discrimination.
11. **Trauma-informed Care** – CI will work to understand and consider the pervasive nature of trauma and promote environments of healing and recovery rather than practices and services that may inadvertently re-traumatize

5.2 Affirmative Marketing Policy

The Cleveland/Cuyahoga CI process shall affirmatively market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, marital status, immigration status, limited English proficiency, or who are least likely to apply in the absence of specialized outreach. The Cleveland/Cuyahoga CI shall promote every individual's full and complete participation in CI.

5.3 Nondiscrimination Policy

CI shall market to and serve all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, marital status, immigration status, limited English proficiency, or who are least likely to apply in the absence of special outreach or accommodation to promote every individual's full and complete participation in CI.

CI and all CI Participating Agencies shall comply with all State of Ohio and Federal statutes relating to nondiscrimination. These include but are not limited to:

- a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352, 42 U.S.C. § 2000d, and implementing regulations) which prohibits discrimination on the grounds of race, creed, color, sex, religion, ancestry, age, condition of physical handicap, marital status, political affiliation, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this CE Operations Guide or under any project, program, or activity supported by this CE Operations Guide;
- b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681- 1683, 1685-1686), which prohibits discrimination on the basis of sex;
- c) Sections 503 and 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794, 45 C.F.R. Part 84), which prohibits discrimination on the basis of handicaps;
- d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age;
- e) the Drug Abuse Office and Treatment Act of 1972, as amended (P.L. 92-255), relating to nondiscrimination on the basis of drug abuse;
- f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, as amended (P.L. 91-616), relating to nondiscrimination on the basis of alcohol abuse or alcoholism;
- g) Sections 523 and 527 of the Public Health Service Act of 1912, as amended, (42 U.S.C. §§ 290(dd)(3), 290 (ee)(3)), relating to confidentiality of alcohol and drug abuse patient records;
- h) Title VIII of the Civil Rights Act of 1968, as amended (42 U.S.C. § 3601 et seq.), relating to non-discrimination in the sale, rental or financing of housing;
- i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made;
- j) Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, (42 U.S.C. § 2000e), and implementing regulations;

- k) Fair Housing Act which prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status;
- l) the requirements of any other nondiscrimination statute(s) which may apply to the application;
- m) 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
- n) Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

5.4 CoC Program ESG Program Participation Policy

The Cleveland/Cuyahoga CoC, in consultation with recipients of Emergency Solution Grant (ESG) program funds within Cuyahoga County, shall consistently follow written standards for providing CoC assistance which guide the development and operation of formalized policies and procedures for the coordinated entry process. These written standards include guidance for determining eligibility for CoC and ESG assistance; and screening, assessing and referring persons for CoC and ESG assistance.

6. Access

Access is the entry point or process that allows persons experiencing a housing crisis into the homeless response system. There are many referral partners for a person(s) experiencing a housing crisis to learn about the Cleveland/Cuyahoga CI process. FrontLine administers the central access point for the entirety of the County, known as **Coordinated Intake**. FrontLine offers a standardized assessment process to begin the process of resolving a person's housing crisis.

Prior to attaining access, individuals or households might encounter a **referral partner** – an entity or agency that can direct a person experiencing a housing crisis to a CI access point. Examples of referral partners include medical providers, law enforcement, and County agencies such as Parks & Recreation, Sanitation, and the Public Library. Though referral partners cannot secure access for an individual or household, they can play a critical role in directing person(s) to CI resources.

Participants are not required to engage with a referral partner to access CI and can instead bypass this step and directly access FrontLine.

6.1 Coordinated Intake Emergency Shelter Referral Policy

Every client presenting to Coordinated Intake who is literally homeless per the HUD definition is eligible for a referral to emergency shelter.

- Single persons (without dependent children) who identify as single **women** shall be referred to **Norma Herr Women's Center** for emergency shelter.
- Single persons (without dependent children) who identify as single **males** shall be referred to 2100 Lakeside for emergency shelter.
- **Families** (households with at least one adult and one dependent child) shall be referred to an emergency shelter designated for families as **determined by the Coordinated Intake staff**.

- **Youth** (persons aged 18-24) shall be referred to **North Point** emergency shelter for youth.

Procedure

1. **NOTE: as of March 19, 2020 all Coordinated Intake screenings, assessments, housing referral determinations and any advocacy and follow-up will be conducted via remote technology (i.e. by telephone) per Centers for Disease Control and Prevention (CDC) guidance to prevent and reduce the spread of COVID-19. This phone-based CI assessment process will be effective throughout the duration of the CDC-defined pandemic period.**
2. The referral process is a collaborative process between the client presenting for shelter and the Coordinated Intake worker.
3. In order to receive an intake, the client must be presenting as literally homeless.
 - a. Client's homeless status documentation is based and prioritized as follows:
 - i. Third Party Documentation (includes HMIS entries) *
 - ii. Intake Worker Observations
 - iii. Self-Report and Certification
*Lack of third-party documentation must not prevent an individual or family from accessing services
 - b. Client's homeless status must meet HUD definition:
 - People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided. The only significant change from existing practice is that people will be considered homeless if they are exiting an institution where they resided for up to 90 days (it was previously 30 days), and were in shelter or a place not meant for human habitation immediately prior to entering that institution.
 - People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled-up situation, within 14 days and lack resources or support networks to remain in housing. HUD had previously allowed people who were being displaced within 7 days to be considered homeless. The proposed regulation also describes specific documentation requirements for this category.
 - Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. This is a new category of homelessness, and it applies to families with children or unaccompanied youth who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment.
 - People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing. This category is similar to the current practice regarding people who are fleeing domestic violence.
3. If a client presents to Coordinated Intake and is not currently staying in a CoC shelter, they must provide documentation of their homeless status. (i.e shelter letter or referral from shelter provider).
4. If a client is determined to be literally homeless, Coordinated Intake worker and client must complete the following:
 - a. Coordinated Intake Triage Form
 - b. HMIS Part A
 - c. HMIS Part B
 - d. Dual Relationship Agreement

- e. HMIS Consent and Release of Information (ROI) Form
 - f. Housing Barriers screen
 - g. Housing Recommendation form
 - h. Disclosure of Information
 - i. Cuyahoga County Consent and Release
5. The coordinated intake worker will explore possible diversion options with the client/family head of household.
 6. If the client is not eligible for diversion, the coordinated intake worker must refer the client to emergency shelter if they have no other options for that night.
 7. The referral must be made in EVOLV with the following steps:
 - a. Look the client up in EVOLV.
 - b. Click on Part A.
 - c. On the bottom of the screen enter program referred to Emergency shelter and change the worker ID to the shelter Program Manager.
 - d. Send an Alert to the HMIS workgroup that the client has completed intake.
 8. Complete the Housing Recommendation form and give the client a copy.
 9. Give the client directions to emergency shelter referred to.
 10. If extenuating circumstances exist, the coordinated intake worker will arrange transportation for the client.
 11. Once the client is placed permanently in shelter, the shelter case managers will work collaboratively with the client on executing the shelter exit plan utilizing the housing recommendations. If the client is referred to a housing program, the shelter case manager will work with the client to provide documentation of their homeless status.

Procedure for Remote Access (not physical present at CI offices)

1. Client calls the CI number – 216-674-6700

6.2 Ensuring Open Access Policy

The Cleveland/Cuyahoga CI process will operate in a manner that promotes fair and open access to all available housing and services within CI. The system shall afford all eligible persons access to CI processes regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, marital status, immigration status, or limited English proficiency. Additionally, CI processes ensure all people experiencing homelessness in different populations and subpopulations including people experiencing chronic homelessness, veterans, families with children, youth, persons involved with the criminal justice system, and persons who are fleeing, or attempting to flee, domestic violence, sexual assault, dating violence, stalking, or other dangerous or life-threatening conditions including human trafficking, will have fair and open access to the coordinated entry process.

Procedure

1. No personal identification is required.
2. No appointment is necessary.
3. Participants are not required to document income or lack of income.
4. Participants are not required to provide verification of residency in Cuyahoga County or USA.
5. Participants may access CI without a referral.

6.3 Domestic Violence Service Integration Policy

Coordinated Intake screens all clients, singles and family heads of households, for domestic violence. To ensure survivors of domestic violence receive best practice service provision, Coordinated Intake staff are trained on a regular basis regarding trauma informed care approaches and protocols for assisting survivors of domestic violence to access safety planning services, shelter placement and coordination of services to ensure clients' safety and security.

Procedure

1. Coordinated Intake screens all clients, singles and family heads of households, for domestic violence. This screening is included within the Homeless Information Management System (HMIS) Part B assessment.
2. If a client identifies as having a safety concern, Coordinated Intake staff will assist the client in creating a safety plan through the local Domestic Violence and Child Advocacy Center (DVCAC) by phoning their 24-hour hotline service.
3. Furthermore, Coordinated Intake staff will also assist the client with accessing emergency shelter placement at the DVCAC, when available.
4. To continue to remain abreast of best practices, Coordinated Intake staff shall receive trainings related to service provision to survivors of domestic violence. The following trainings are mandatory for Coordinated Intake staff:
 - Trauma Informed Care Approach Training
 - Offered to new staff at orientation and offered annually thereafter
 - Domestic Violence Training, including safety planning and shelter access
 - Offered semiannually
5. Coordinated Intake staff receive supervision, both individual and in groups, to further supplement professional growth and development, as related to domestic violence education and awareness. Additionally, Coordinated Intake staff may consult with a supervisor in real time if additional guidance is needed in working with a survivor of domestic violence.

6.4 Human Trafficking Policy

Coordinated Intake screens all clients, singles and family heads of households, for human trafficking. To ensure survivors of human trafficking receive best practice service provision, Coordinated Intake staff are trained on a regular basis regarding trauma informed care approaches and protocols for assisting survivors of human trafficking to access safety planning services, shelter placement and coordination of services to ensure clients' safety and security.

Procedure

Coordinated Intake screens all clients, singles and family heads of households, for human trafficking. This screening is included within the Homeless Information Management System (HMIS) Part B assessment.

If a client identifies as being a survivor of human trafficking, Coordinated Intake staff will assist the client in creating a safety plan through Project Star (Sex Trafficking Advocacy & Recovery), operated by the Cleveland Rape Crisis Center, by phoning their 24-hour hotline service. Project Star will further screen the individual for potential placement at the Salvation Army Human Trafficking Units.

Furthermore, Coordinated Intake staff will also assist the client with accessing emergency shelter placement if there is no availability at the Salvation Army Human Trafficking Units.

To continue to remain abreast of best practices, Coordinated Intake staff receive trainings related to service provision to survivors of human trafficking. The following trainings are mandatory for Coordinated Intake staff:

- Trauma Informed Care Approach Training
 - Offered to new staff at orientation and offered annually thereafter
- Human Trafficking Training, including general overview, scope of human trafficking, available services and further screening techniques
 - Offered semiannually

Coordinated Intake staff receive supervision, both individual and group, to further supplement the need for professional growth and development, as related to human trafficking education and awareness. Additionally, Coordinated Intake staff may consult with a supervisor in real time if additional guidance is needed in working with a survivor of human trafficking.

6.5 Street Outreach Integration Policy

Cleveland/Cuyahoga CI ensures that persons encountered by street outreach workers are offered the same standardized process as persons who access coordinated entry through site-based Access Points.

Procedure:

1. Outreach programs must assist unsheltered people with meeting their needs for basic assistance, including linkage to Coordinated Intake, emergency shelter, and facilitate access to re-housing assistance in order to end the unsheltered episode as quickly as possible.
2. Outreach teams must regularly conduct outreach to known encampments, public spaces, public transit easements, and parks where persons experiencing unsheltered homelessness are expected to potentially reside temporarily.
3. Outreach teams will conduct engagement, offer CI intakes, provide housing-focused case management, assist with application for benefits, and coordinate with appropriate first responders to facilitate emergency physical health and behavioral health services.
4. Outreach workers must protect privacy of potential clients by not sharing or releasing personal identifying information of clients.
5. Outreach workers must support provision of all CI-related services but provide those services outside the CI Cosgrove Building.
6. Outreach workers must support service coordination with public systems and employment resources such as Ohio Means Jobs, Temp Agencies, ODJFS locations.

6.6 Emergency Services Integration Policy

Cleveland/Cuyahoga CI ensures that its processes do not prohibit or create barriers to available emergency services such as emergency shelter or drop-in service programs.

6.7 Accessibility for Persons with Disability Policy

Cleveland/Cuyahoga CI ensures that FrontLine Coordinated Intake locations and processes are accessible to all individuals, including those with disabilities and Limited English Proficiency (LEP) in compliance

with all applicable Federal, State and local laws. To the greatest extent practicable make translation and interpretation services available to support access for non-English speakers.

6.8 Family Shelter Placement Policy

After a family has completed the Coordinated Intake interview and determined to be literally homeless, they are eligible for placement into a family shelter. Shelter placement ensures the household is admitted to a family bed/unit in the available shelter slot. As soon as the family has been admitted to a family shelter, they are eligible for case management services including housing assistance. The emergency shelter placement is designed to ensure exit from shelter into permanent housing. In order to determine availability in the shelter system, Coordinated Intake staff coordinates with all participating family shelters via ongoing communication.

Procedure

1. Coordinated Intake staff emails the family shelters each morning to determine admittance space for families needing shelter admittance. The family shelters are as follows:
 - a. Zelma George
 - b. West Side Catholic Center
 - c. Laura's Home
 - d. The Domestic Violence Center
 - e. Family Promise
2. If there is admit space available at any of these shelters, a family is selected by matching family demographics to the demographics of the available space. This may include, but is not limited to:
 - a. Family size
 - b. Length of time in overflow shelter
 - c. Highest need
 - d. Ages of the children
 - e. Accessibility
3. Once a family has been determined to be a match for the available shelter placement, families are given a time and date to enter the shelter space. If families do not have transportation to that shelter, they will be transported from Coordinated Intake office via cab voucher or Coordinated Intake staff, if needed.
4. Coordinated intake staff sends the families information to the shelter:
 - a. Part B
 - b. Housing Barriers
 - c. Housing Recommendation
5. Coordinated Intake staff records the family's placement on the board and the daily log to ensure appropriate tracking.
6. HMIS data entry staff will make a referral to the shelter placement in service point via the daily referral guide submission, within the Coordinated Intake Process Policy.
7. Once the family is placed into an admit space in family shelter, the Coordinated Intake worker must fax the intake paperwork to the admitting shelter. The paperwork that should be faxed is as follows:
 - a. Part A
 - b. Part B
 - c. Housing Barriers
 - d. Housing Recommendation

8. A family may not be accepted for admission to a specific shelter due to past events at that shelter. In that instance, the family will be referred to mediation and/or another shelter placement.

6.9 Family Shelter Program Eligibility Policy

Each CI Participating Agency that provides emergency shelter to families shall publish eligibility standards for admission to their emergency shelter program.

Procedure

Zelma George

- Can accept dads with children.
- Can accept moms with children.
- Can accept intact couples.
- Will accept SMD.
- Will accept felonies but no sexual offenses.
- Will accept AOD.

Family Promise

- Can accept dads with children.
- Can accept moms with children.
- Can accept intact couples.
- Will accept felonies but no sexual offenses.

The Domestic Violence Center

- Can accept families and single ladies.
- Clients do not need to come through CI to be accepted.
- Must have active DV.
- Must be over 18 years of age.
- The client must be in imminent risk.
- Cannot accept men.

West Side Catholic Center

- Can accept dads with children.
- Can accept moms and children.
- Can accept intact couples.
- Accepts females, and families that are veterans.

Providence House

- Crisis unit for children
- Children are able to stay up to 90 days.
- Clients must have an active plan.
- Clients must engage with PH workers.
- There is no DCFS involvement unless needed.
- Does not accept adults.

Laura's Home

- Program is able to accept families and single ladies without coming through CI first.
- Cannot accept men.
- Must have a birth certificate.
- Must attend classes and chapel throughout the day.

- Must be in the building from 8:00am-2:30pm daily.
- Must be in by 7:00 each night for curfew.

6.10 Coordinated Intake for Transition-Aged Youth

Coordinated Intake shall screen all clients, singles and family heads of households, for eligibility for specialized transition-aged youth services and housing. To ensure transition aged youth receive best practice service provision, Coordinated Intake staff shall be trained on a regular basis regarding trauma informed care approaches and protocols for assisting transition aged youth to access appropriate services, ensure successful shelter placement and coordinate services to ensure clients' safety and security.

Procedure

1. Coordinated Intake screens all Young Adults for prior foster care involvement, human trafficking, suicidality, domestic violence, mental health concerns and substance use issues. This screening is included within the Homeless Information Management System (HMIS) Part B assessment.
2. If a Young Adult identifies as having a safety concern, Coordinated Intake staff will assist the Young Adult by providing linkages and coordination of care in real time.
3. Furthermore, Coordinated Intake staff will also assist Young Adults with accessing emergency shelter placement at North Point, a temporary shelter for Young Adults, immediate vacancies permitting.
4. Young Adults will complete *A Place for Me* Referral Form which Coordinated Intake staff scan to the Young Adult By Name List Specialist to include the Young Adult on the Young Adult By Name List. This list tracks homeless Young Adults with Cuyahoga County and tracks their housing plan.
5. To continue to remain abreast of best practices, Coordinated Intake staff receive trainings related to service provision to Young Adults. The following trainings are mandatory for Coordinated Intake staff:
 - a. Trauma Informed Care Approach Training – offered to new staff at orientation and offered annually thereafter
 - b. Domestic Violence Training, including safety planning and shelter access – offered semiannually
6. Coordinated Intake staff receive supervision, both individual and group, to further supplement the need for professional growth and development, as related to
7. Additionally, Coordinated Intake staff may consult with a supervisor in real time if additional guidance is needed in working with a Young Adult.

6.11 Background Checks Policy

Coordinated Intake staff shall conduct a local criminal background check as part of every Coordinated Intake assessment. This information is used primarily to determine eligibility for programming but is also needed to complete the Housing Barriers Screen. A felony conviction of arson, kidnapping, abduction, or a sexually oriented offense may preclude entry to certain Continuum providers. When known by CI staff, the status of potential program eligibility impacted by results of the criminal

background check shall be communicated to CI participants. Additionally, the existence of current felony warrants may preclude entry to all programming except basic emergency shelter.

Procedure

1. A local criminal background check is conducted after completing intake paperwork, but before making any program referrals. The Coordinated Intake Specialist will use the Cuyahoga County Court Docket search to research the felony history:
<http://cpdocket.cp.cuyahogacounty.us/Search.aspx>.
2. If a criminal record is found, the Intake Specialist must review each charge as certain violent crimes (listed above) may prevent a referral to particular programs. Coordinated Intake staff must print out the general list of felony cases and write-in what the particular conviction was for each charge from what a defendant was convicted of or pleaded guilty to. The Intake Specialist must document what the eventual conviction(s) which may differ from the original charges that are on the Court Docket printout and then attach the background check to the Intake Paperwork and submit to data staff.
3. If a client's record lists an open felony case, the Intake Specialist will review the docket to see what stage the case is in (pre-trial, sentencing, capias issued, etc.). This document must be printed and turning into HMIS data staff for scanning into EVOLV.
4. If a felony case is open but the client has not missed any court dates, the Intake Specialist must review it with a supervisor as certain transitional housing providers may be lenient depending on the charge.
5. If a warrant (capias) has been issued, the Intake Specialist will print out the case's docket and review with the client. The Intake Specialist must explain to the client that Coordinated Intake cannot make any program referrals until the felony warrant is resolved. The only option for men is the Emergency Shelter of 2100 Lakeside. Staff are expressly prohibited from reporting anyone to authorities, but should encourage clients to seek legal representation, to surrender safely, and/or to instruct them to ask the clerk to reschedule the court date.
6. If a client's record states that he/she was charged with a sexually-oriented offense (sexual assault, GSI, importuning, etc.), arson, kidnapping (with or without sexual specifications), and/or abduction, the Intake Specialist will further review the Docket language to ensure that the client was eventually convicted of that offense, as the original charge listed can differ. If a client indicates that he/she has travelled from out-of-county or from out-of-state, the Intake Specialist must attempt to research said county or state docket. The Intake Specialist will complete a cursory check for serious offenses only. Each state maintains its own sex offender registry which can be found using a basic internet search. The Intake Specialist must document what, if anything, is found during the search. An example of an easy-to-use state sex offender search can be found at the Ohio Department of Rehabilitation and Correction's website:
<<http://www.drc.ohio.gov/OffenderSearch/Search.aspx>>.

6.12 Coordinated Intake Policy for Returning Persons

Every client returning for intake that has previously completed their intake or previously stayed in a county shelter shall be considered a returning client. A returning client who has been out of shelter for thirty days or longer, must be re-assessed at coordinated intake to ensure their information is updated and accurate.

Procedure

1. Coordinated intake worker must check to see that the client has not been in shelter within the last thirty days via EVOLV, HOPE, or self-report by the client.
2. If the client has been out of shelter for more than thirty days or has never completed intake during their shelter stay, the client will need to go through the entire intake assessment.
3. Coordinated Intake worker will need to complete the following to complete the assessment:
 - a. Part A
 - b. Part B
 - c. Dual Relationship Agreement
 - d. Consent for treatment
 - e. Housing Barriers screen
 - f. Housing Plan
 - g. Disclosure of Information
 - h. Cuyahoga County Consent and Release
 - i. HMIS termination
4. After intake has been completed, clients are to be given their clients rights handbooks.
5. After the intake has been completed a referral will be made to emergency shelter via the clients housing plan.
6. A copy of the housing plan will be given to the client with verbal instructions to follow-up with the shelter staff per referred program.
7. The hardcopy of the client's signatures is turned into HMIS staff for data entry. In addition, an alert in EVOLV will be sent to notify that the client's assessment has been completed and needs to be entered into HMIS.

6.13 Adult Protective Services Policy

Every client over the age of fifty-nine who is suspected to be experiencing abuse or neglect shall be reported to adult protective services for evaluation. It is important that the clients are safe in their current situation. Adult protective services shall follow up with clients who are suspected of abuse.

Procedure

1. Client is over fifty-nine and suspected to be experiencing abuse or neglect.
2. Coordinated intake worker calls adult protective services at 216-420-6700 and reports the abuse.
3. Coordinated intake worker writes a progress note about the incident in EVOLV with the report number.
4. The progress note is submitted to the supervisor.

6.14 Coordinated Intake Policy for Veterans

Veterans shall have full and complete access to all Cleveland/Cuyahoga Coordinated Intake processes and resources.

Procedure

1. Complete HINQ:

- Complete “HINQ Request form”, if DD-214 is not readily available
- Fax to Veronica Hawkins: Fax: 687-4282, Phone: 566-0047, ext. 317, Cell: 701-4981
Back-up for Veronica: Crystal Jenning (Phone: 791-3800, ext. 6663, Fax: 231-3448)
(Important: please include a signed Release of Info. when faxing to Crystal)

Women: Also contact the VA Women’s Outreach worker: Toni Johnson (216) 701-1805
toni.johnson@va.gov

Late Arrivals: If the Veteran arrives too late to complete the above process please have the Vet return to Coordinated Intake the following day to complete the intake/referral process.

2. Conduct initial intake: All Veterans should be referred to SSVF and CMC (if necessary) for immediate housing assistance access and diversion services. SSVF worker will complete Coordinated Intake assessment and SSVF Diversion/Rapid Re-Housing Pre-Planning.

- The CI SSVF worker is based at Cosgrove and works M-F, 10:00a – 6:30p
- The SSVF worker will also refer client to CRRC for ongoing case management (if not entering GPD)
 - CRRC will link Vet to other services: employment, medical, counseling, etc.
 - CRRC will come to 1736 or will set up interview.
 - CRRC Phone: 391-02164. Fax: 391-0265. Address: 7000 Euclid Ave, Suite 202

3. Develop housing plan (if Veteran not diverted)

- SHORT-TERM SHELTER OPTION:
 - Emergency Community (2100)
 - City Mission
 - NHWC
- INTERMEDIATE-TERM SHELTER OPTION:
 - Continuum options: Central Intake, Independence/Gateway, PASS, North Point, etc.
 - GPD: Sober, very high barriers - needing up to two years of transitional housing (resource of last resort)
 - If HINQ is positive, call GPD office for phone interview. (566-0047)
 - If Vet is Eligible, and client refuses Housing 1st and Continuum homeless resources, review GPD options: 2100, VOA at 152nd, Stella, Y-Haven, Joseph’s Home, WSCC.
 - If referral is to 2100, instruct client how to find Brenda at 2100 and fax housing plan.
 - If Brenda denies client, have client call you or contact Terry Vaughn to call you. Create new housing plan with other GPD option, re-fax, and add new referrals in EVOLV.

- DOM: If Veteran needs medical or AOD recovery bed, refer to CRRC who can make referral.
- PERMANENT HOUSING OPTION:
 - SSVF: Sober or non-sober, No income requirement, Help finding an Apartment,
 - Up to 5 months rental assistance, Case Management Support
 - HUD-VASH: Permanent Housing Voucher and case management for chronically homeless, disabled veterans who are eligible for VAMC services (Tier III's are ineligible)
 - If veteran is chronically homeless and has a disability, SSVF worker will refer client to CRRC who will coordinate a HOMES assessment appointment for HUD-VASH: 391-0264
 - PSH: Permanent Supportive Housing sites, on-site case management for chronically homeless, disabled veterans and non-veterans

6.15 Coordinated Intake Policy for Transgendered Persons

A transgender person shall be placed in a shelter that corresponds to the gender that they identify with and/or their preference. The client shall always be able to choose what emergency shelter they would like to be referred to and Coordinated Intake staff will honor this decision.

Procedure

If a “literally homeless” client refuses shelter altogether—against Coordinated Intake’s advice—and opts to stay in a place unfit for human habitation instead (an abandoned building, the streets, in a vehicle), the client still will receive a housing plan and efforts to connect them with a outreach worker will be made (i.e., PATH, AOD Outreach, Care Alliance, SSVF, NEOCH Outreach Collaborative).

If at any time a transgender person is uncomfortable staying at any shelter, they can contact the shelter supervisor, Client’s rights officer, and/or Coordinated Intake staff for an alternative placement. Single adults can also access out-of-county shelter placements as well. Trauma informed care will be used when placing individuals in available shelters. Alternative placements will also address transgender persons’ safety/ health and privacy concerns.

Furthermore, all staff shall be trained in cultural competency and use culturally sensitive language while completing intakes and completing shelter placements.

1. The referral process is a collaborative process between the single adult presenting for shelter and the Coordinated Intake worker.
2. Client must be presenting as literally homeless.
 - a. Client’s homeless status is based on self-report.
3. Coordinated Intake worker completes the following:
 - a. Part A
 - b. Part B
 - c. HMIS Consent and Release
 - d. Dual Relationship Agreement
 - e. Consent for Treatment
 - f. Housing Barriers screen
 - g. Housing Recommendations
 - h. Disclosure of Information

- i. HMIS termination
 - j. Give the client with client rights and general information handbooks
- 4. City Mission, Seasons of Hope, recent returners, updates, and St. Herman's will be recorded in EVOLV via progress note.
- 5. In addition to completing this information, the Coordinated Intake worker must document all efforts made to divert the client from a shelter placement if they have other housing options.
 - a. This is recorded in Evolv and HMIS as diversion is a critical service provided by the Coordinated Intake team.
- 6. If the client is not eligible for diversion, due to safety concerns or the inability to identify diversion options, the Coordinated Intake worker must refer the client to emergency shelter since they have no other options for that night.
 - a. FAQ and applicable handbooks will be given at this time.
- 7. Complete referrals in EVOLV to shelter, relevant transitional housing, and/or treatment and outreach programs.
- 8. Complete the Housing Recommendations and document all referrals made. Give the client two copies. Staff must also fax a copy of the Housing Recommendations to the shelter.
- 9. Transportation is not provided in most scenarios. If a client has a disability (cannot ambulate, high risk pregnancy, etc.) that would prevent them from walking to the shelter (or the shelter is not in walking distance) transportation can be arranged at staff discretion.

6.16 Access Policy Regarding Citizenship Status

The CoC's CI processes and housing resources, including coordinated intake and emergency shelter, shall be available to all persons regardless of a person's citizenship status. Provision of documentation verifying citizenship status is not a requirement to receive CI services.

Procedure

FrontLine Service CI staff shall not ask for, seek, or require proof of citizenship at any time during the course of a CI initial intake, assessment or housing referral determination.

7. Assessment

Assessment is the process of gathering information about a person presenting to the crisis response system. Assessment includes documenting information about the barriers the person faces to being rapidly housed and any characteristics that might make him or her more vulnerable while homeless.

7.1 Assessment Process Policy

The Cleveland/Cuyahoga CI shall utilize a standardized assessment process. Although different subpopulations may use different assessment tools the tools within each subpopulation (families with children, adults, and youth) shall be consistent and follow a standardized process flow.

Procedure

1. CI Specialist first engages in an open-ended, problem-solving conversation to determine if the client can be diverted from homelessness and avoid a shelter stay.
2. If diversion supports are identified, CI specialist assists client with mediation to conflicts and coordinates potential transportation assistance.

3. If diversion supports are not available, CI specialist completes intake and makes appropriate referrals to shelter.
4. CI specialist coordinates the clients shelter placement and faxes intake paperwork to destination shelter. CI paperwork includes: Part A, Part B, Housing Barrier Guide, and Housing Recommendation Form.
5. CI specialist complete Housing Referral form (Coordinated Intake Housing Recommendation form).
6. CI specialist scans Housing Referral form to population specific (singles, families or youth) By Name List to prioritize for CoC housing resources
7. Regular population specific meetings occur to track persons on By Name List and prioritize for housing placement
8. Client is linked (while at CI or at shelter) to a housing navigation specialist, employment specialist and behavioral health treatment resources as appropriate.

7.2 Assessment Training

The Cleveland/Cuyahoga CI shall provide training opportunities at least once annually to organizations and/or staff persons at organizations that perform an assessment role. The purpose of the training is to provide all staff involved in standardized assessments with instruction and materials that clearly describe the methods by which assessments are to be conducted with fidelity to the Cleveland/Cuyahoga CI written policies and procedures.

Procedure

1. All CI staff are provided training at initial hire
2. All CI staff are provided refresher training at least annual.

7.3 Client's Rights

CI participants shall be informed of the ability to file a discrimination complaint.

Procedure

1. All CI clients are provided with a copy of the FrontLine Service Client Rights Handbook.

7.4 Participant Autonomy

CI specialist shall make every effort to assess and resolve a participant's housing crisis based on the information available. When the lack of a response limits the variety of referral options available, CI specialist shall communicate to participants that complete and accurate responses could increase referral options.

Procedure

1. During the course of CI assessment, participants shall be informed of their right to decline to provide assessment information.

7.5 Privacy of Assessment Data

All participant information collected during the course of intake in the Cleveland/Cuyahoga CI assessment process shall be protected through the extension of HMIS privacy policies.

Procedure

1. All CI participants will be asked to execute a **HMIS Consent and Release** form which authorizes the client's participation in data sharing with the Cleveland/Cuyahoga HMIS.
2. All clients have the right to refuse to execute a **HMIS Consent and Release**. Failure to execute a data sharing agreement will not result in withholding crisis services, community-based resources, or other information and referral options.
3. All clients have the option to cancel access to personal information that they are providing about themselves to the Cleveland/Cuyahoga County HMIS and FrontLine Services CI process. Any rescission of personal information is from that point forward, not retroactive.

7.6 Assessment of Income and Employment Supports

All participants who presents at CI shall be assessed to identify income required to secure and maintain housing. Income assessments shall maximize opportunities to increase income through employment and/or access to public benefits.

7.7 Human Trafficking Assessment

Every client that presents stating that they have been a victim of human trafficking shall be eligible for a specialized crisis assessment and referral. Clients shall be identified as a victim of human trafficking based on the results of the questionnaire in Part B of the Coordinated Intake assessment.

Procedure

1. The client discloses that he/she has been a victim of human trafficking by answering yes to any of the following questions:
 - a. Do you owe your employer money?
 - b. Do you have a key where you live/were living?
 - c. If you left work, would something bad happen to you?
 - d. Have you ever been forced to exchange sex for services, money, shelter, food, etc.?
2. If the client answers yes to any of the above questions, some follow-up questions may be necessary to ensure the severity of the client's situation such as:
 - a. Is someone searching for you at this time?
 - b. Does this person know where you are?
 - c. Are you a victim of sexual trafficking a.k.a do you have a "pimp"?
3. If client answers yes to any of the questions in number 2 (above), client is referred to Project Star. Project Star can be reached at the sexual trafficking hotline at 1-855-431-7827.
 - a. A call is made to project star if the client is open to the referral.
 - b. If client is not interested in this referral, client is given the contact information for their own use.
4. If client's trafficking is active, client can be referred to Barb Butler at Zelma George for a specialized sex trafficking bed. Mrs. Butler can be reached at 216-310-2736.
 - a. Zelma George works directly with the FBI to help these victims.
5. The main objective is the client's safety.
6. A referral is made to project star in EVOLV along with a remark as to the outcome of the situation.
7. A progress note is written and submitted to the supervisor regarding the situation and outcome.

8. The scenario is recorded under the summary of the client's intake.
9. Coordinated intake staff follows guidance from project star and Zelma George shelter regarding the client's care.
10. The client can also be referred to the Domestic Violence Center via the number 216-391-4357 if there are no other safe options for the client.

8. Prioritization

After a person has been assessed through the Coordinated Intake process, the CI specialist then identifies a recommended service strategy and/or housing plan and the participant's priority order within that identified service strategy/housing plan. The participant's level of vulnerability or need is determined by analyzing the information obtained from the CI assessment process against the CoC's prioritization standards. It is the participant's level of service need, in combination with other assessment information collected during the assessment, that determines to which CoC component type the person will be referred. After referral, the priority order in which persons will be served shall follow the **HUD Notice CPD-16-11** which identifies priority based on disability, length of time homeless, severity of service need, and location (housing status) of person being referred.

8.1 Rapid Re-Housing Prioritization Criteria Policy

All households with income or ability to obtain income within 60 days of RRH program enrollment who are not prioritized for PSH shall be offered RRH. Prospective RRH participants must also meet all funder-specific eligibility requirements in order to be prioritized for RRH. Because RRH services are offered to all eligible participants, further prioritization is not necessary.

Procedure

1. When a space opens (service slot availability) at a contracted RRH provider, the household will be matched to the rehousing agency.
2. RRH providers will follow geographic preferences in determining which households to enroll.
3. The referral process will include regular coordination and case conferencing with shelter and RRH staff.
4. If a RRH participant returns to shelter after existing a RRH program, the participant should be assigned to the same RRH case manager, if possible.
5. Within two business days of referral, RRH case managers conduct a housing barrier and service needs assessment that focuses on housing barriers and other history, characteristics, and service needs directly relevant to quickly obtaining an stabilizing the person in permanent housing. The case manager and the RRH participant collaboratively develop an individualized housing service plan.

8.2 Permanent Supportive Housing Prioritization Criteria Policy

All households who meet basic criteria for PSH (i.e. households must meet both homeless eligibility and chronic status eligibility at the time of referral) will be offered PSH. Cleveland/Cuyahoga County CI shall adopt the HUD-defined PSH prioritization criteria. Those prioritization ordering are as follows:

Prioritization ordering criteria for PSH referrals shall be based on the following characteristics:

- Priority Order #1: Households with a **disability** with the **longest periods of homelessness** and most **severe service needs**.

Priority Order #2: Households with a **disability** with **severe service needs**.

Priority Order #3: Households with a **disability** coming from **unsheltered status**, places not meant for human habitation, without severe service needs.

Priority Order #4: Households with a **disability** coming from **emergency shelter**, without severe service needs.

Priority Order #5: Households with a **disability** coming from **transitional shelter**.

Procedure

1. Because PSH units are not routinely available when prospective participants need that housing intervention, prioritization will be based on participants' disability, length of time homeless, and severity of service needs in addition to the HUD-defined prioritization criteria.
2. Severity of service needs is determined by persons who are most vulnerable to prolonged homelessness, victimization, and/or unwanted health outcomes.
3. The Cleveland/Cuyahoga CI process shall use the **Vulnerability Index** as defined within the CI assessment tool to determine severity of service needs.
4. CI intake workers will make determinations about referrals to specific PSH resources and housing projects within Cuyahoga County based on a prospective participant's "best fit" for that particular housing resource. "Best fit" determinations will be based on the most strategic use of limited resources and the best possible outcome for participants.

8.3 Emergency Services Prioritization Policy

Cleveland/Cuyahoga CI shall not prioritize access to emergency shelter, overflow shelter or other crisis housing resources.

Procedure

1. Persons experiencing a housing crisis and seeking shelter shall be offered crisis housing on demand.

8.4 Priority List Policy

Cleveland/Cuyahoga CI staff shall maintain a list of all eligible persons who have been prioritized for PSH. The PSH priority list shall include personal identifiers and contact information for all persons included on the priority list. The priority list shall include ability to filter and adjust priority order by length of time homeless, Vulnerability Index score, and location (housing status) of each individual. The PSH priority list shall be updated weekly and made publicly available with any personal identifying information masked so that names of participants are not shared outside CI staff and PSH operators who have not executed non-disclosure/privacy agreements.

9. Referral/Housing Match

The Cleveland/Cuyahoga CI process uses a coordinated process to match persons and households experiencing homelessness to appropriate housing resources and services within Cuyahoga County.

Procedure

1. The CI process maintains a centralized list of persons and households – prioritized in accordance with the criteria established by the CoC Advisory Board – from which participants are matched to available housing opportunities and services.

9.1 Cleveland/Cuyahoga CI Uniform Referral Policy

The Cleveland/Cuyahoga CI process uses a uniform referral policy to ensure all referrals and enrollments to CoC housing resources (RRH and PSH) follow the assessment, referral and referral/matching guidelines established by the CoC. All CI participating agencies comply with the equal access and nondiscrimination provisions of federal civil rights laws. The CI matching process is informed by federal, state, and local fair housing laws and regulations and ensures participants are not directed to or discouraged from any housing facility or neighborhood on the exclusive basis of characteristics or protected classes outlined in the CI Non-discrimination Policy.

10. Data Management

The Cleveland/Cuyahoga CI process shall use Homeless Management Information System (HMIS) to manage coordinated entry data, including all intake and assessment data, (managed separately) prioritization list, and (PSH referrals managed outside HMIS) referral tracking information.

10.1 Privacy Protections Policy

All CI participating entities shall ensure adequate privacy protections of all participant information per the Cleveland/Cuyahoga HMIS Data Polices and the HUD HMIS Data and Technical Standards in accordance with CoC Program interim rule 24 CFR 578.7(a)(8).

Procedure

1. All CI participants shall be requested to consent to have their personal identifying information (PII) collected for administrative, service coordination, evaluation, and auditing purposes.
2. Only after the participant has signed the HMIS Consent and Release form will PII be collected and shared with other service agencies participating in HMIS and CI for the purpose of coordinating service delivery, identifying service needs and tracking outcomes.
3. Cleveland/Cuyahoga CI shall use all available security and privacy protection measures to ensure confidentiality and only agencies that use the Cleveland/Cuyahoga HMIS and CI shall have access to participant information.

10.2 Participant Consent

All CI participating entities shall obtain participant consent to collect and share participant information for purposes of assessing and referring participants through the CI process.

Procedure

1. Participants will be asked to sign the Cleveland/Cuyahoga HMIS Consent and Release form which covers all data collected and stored in HMIS as a result of the CI assessment process.
2. Participants will be informed of their right to refuse to consent to data collection and release.
3. Participants who refuse to execute a Cleveland/Cuyahoga HMIS and CI Consent and Release form will still be offered all available referrals, service connections, community-based services and any other available crisis supports.

10.3 Right of Participants to Withhold Information Policy

The Cleveland/Cuyahoga CI process shall prohibit the denial of services to participants if the participant refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information as a condition of program participation. CI participants shall be informed of the opportunity to rescind a previously established consent to share their personally identifiable information. Any rescinding of consent shall be from that point in time forward, rather than retroactive.

11. Evaluation

The Cleveland/Cuyahoga CoC Advisory Board shall consult with each participating project and project participants at **least annually** to evaluate the intake, assessment, and referral/matching processes associated with the CI process. Solicitations for feedback shall address the quality and effectiveness of the entire CI experience for both participating projects and households.

11.1 Evaluation Methods Policy

The Cleveland/Cuyahoga CoC Advisory Board shall establish the method by which the CI evaluation will be conducted, including how project participants will be selected to provide feedback, and the process by which the evaluation shall be used to implement updates to existing policies and procedures.

12. COVID Addendum

As a result of the public health crisis resulting from the COVID-19 corona virus pandemic, CI procedures have been modified to provide greater safety to clients and staff, and to reduce the risk of community spread of the COVID-19 virus. The following changes are in effect from 4/1/2020 until official notice of recension.

Remote Assessments

All Coordinated Intake assessments previously conducted in-person at FrontLine Service will be conducted via telephone.

Appendix of Forms

- a. Coordinated Intake Triage Form
- b. HMIS Part A
- c. HMIS Part B
- d. Dual Relationship Agreement
- e. HMIS Consent and Release of Information (ROI) Form
- f. Housing Barriers screen
- g. Housing Recommendation form
- h. Disclosure of Information
- i. Cuyahoga County Consent and Release