LEXINGTON
Homelessness Prevention & Intervention

Homelessness Prevention & Intervention Board
Lexington-Fayette Continuum of Care Board
Lexington-Fayette Urban County Government
November 11, 2020
1:30pm – 3:30pm
Agenda

Held via Tele-Conference Due to COVID-19 restrictions

I. Call to Order

II. Roll Call

III. Approval of Minutes
   a. September 9, 2020*

IV. HMIS & Common Assessment Committee Report – **Renee Shepard, Chair**
   a. Coordinated Entry Policies and Procedures*

V. Program Performance & Evaluation Committee Report – **Kathy Plomin, Chair**
   a. Presentation and Evaluation Schedule*

VI. Advocacy, Issues, and Programs Committee Report - **Adrian Wallace, Chair**

VII. Encampment SOPs and Review Report – **Polly Ruddick**

VIII. OHPI Director's Report – **Polly Ruddick**
   a. 2021 Meeting Schedule*
   b. FY21 Innovative and Sustainable Solutions to Ending Homelessness Fund

IX. Next Regular Meeting
   a. January 13 – 1:30pm – 3:30pm via Zoom teleconferencing

X. Other Issues and Public Sharing

XI. Adjourn

LEXINGTON
Homelessness Prevention & Intervention

Agenda Item III a.

Homelessness Prevention & Intervention Board
Lexington-Fayette County Continuum of Care Board
Lexington-Fayette Urban County Government

September 9, 2020
1:30pm – 3:30pm

Agenda
Zoom Teleconference Due to COVID-19 Restrictions
Live on Facebook for Public Comment and Interaction with CoC Membership

APPROVED _____

Board members present: B. Davis, B. Revlett, J. Parker, K. Plomin, R. Shepard, A. Wallace, J. James, D. Thomas, C. Walker, D. Rogers

Board members excused:

Board members unexcused: R. Lee, J. Hodge

I. Call to Order – 1:33 p.m.

II. Special Statement of COVID-19 Open Meetings - **Ruddick**

III. Roll Call – **Ruddick**

IV. Approval of Minutes
a. July 8, 2020*
Motion - Wallace
2nd - Davis
Discussion - None
Passed – none opposed

V. HMIS & Common Assessment Committee Report – **Shepard, Chair**
Shepard was unable to use audio for the call, she deferred to Jeff Herron, CoC Coordinator in the Office of Homelessness Prevention and Intervention, to read her report and take any questions.
Motion by Rogers
2nd by Davis
No further discussion
Passed - None Opposed
Herron stated that the Committee met on August 5th. HUD has again updated the reporting calendar for data submissions. HUD will be combining the Longitudinal Systems Analysis (LSA) data collection process for 2019 and 2020; the CoC will submit data files for the two periods

concurrently. That process will begin in October with an early November 2020 submission deadline. Next, the CoC will begin work on FY20 System Performance Measures in October with a submission deadline of March 2021.

The 2020-2021 Data Quality Plan has been updated. You have been emailed a copy of that plan. It was a late entry and not included in the original board packet. There were no significant changes from the prior year's plan. Mainly reporting dates were updated and we did drop the requirement to do quarterly reports. The HPI Board is required by the CoC Governance to approve the Data Quality Plan each year.

We discussed the need to finalize our Housing Crisis Triage Policies and Procedures work. HUD has given some indications that it might not be as strict as regarding timeline as it first appeared, however, we still need to complete this work to guide our CoC. HUD also encouraged CoCs to update Coordinated Entry policies in light of COVID-19 to better ensure prioritization of those most vulnerable. Related to this, CoCs are also being urged to engage in analysis about the racial equity of their systems, including Coordinated Entry. Committee spent some time discussing how best to accommodate both of these items and will continue to discuss at our next meeting.

Committee discussed ideas to improve on HMIS Training. Herron suggested that there be 5 areas of training offered going forward and that users could learn at their own pace. The five suggested areas are Orientation, New Users, Intermediate Users, Project Specific, and Data Quality & Reporting. By reorganizing this will free up a lot of time and allow more specialized trainings to occur.

The HMIS User Workgroup met on Aug 25th and was previously suggested this group will continue to meet virtually indefinitely. No one attended the meeting.

There was a brief discussion about evictions and then the meeting adjourned.

The next meeting is on Oct 7th at 1:30pm via Zoom.

Motion from Committee
2nd by Wallace
No further Discussion
Passed - None Opposed

VI. Program Performance & Evaluation Committee Report – **Plomin, Chair**

Plomin stated she was downtown and did not have her report with her and asked the Ruddick review the two meetings the Committee had.

Ruddick stated the Committee met on August 7th to review the Extended Social Resource grants through the Department of Social Services. There were 5 applications this year and only $550,000, not the typical $750,000 we have had in the past. All agencies have been made aware of their funding through LFUCG Purchasing and the LFUCG Department of Social Services. Ruddick reviewed the awards: Arbor Youth for $140,000, Community Action Council for $110,000, GreenHouse17 for $120,000, Blue Grass Care Navigators for $55,000 and Salvation Army for $100,000. This will not need a motion as this funding is awarded through the Department of Social Services and not OHPI.

The next Committee meeting was on August 21st to review the RFPs released for the Innovative and Sustainable Solutions Grant. Ruddick stated that the OHPI had released seven (7) RFPs to the community. Only two RFPs received proposal submissions; Permanent Housing and Intensive Case Management in partnership with Catholic Action Center (2 submissions) and the Communication and Marketing Consultant for the Continuum of Care (3 submissions). The

Committee reviewed, scored and ranked. The Committee selected Mountain Comprehensive Care Center for a total award of $190,670 for the Permanent Housing in partnership with Catholic Action Center. The Committee selected Untold Content for a total award of $233,063 to operate our Communications and Marketing for the Continuum of Care. Ruddick reviewed the deliverables for the marketing and communications, highlighting the development of a public-facing data interface.

Motion from Committee is to accept both proposals for FY21 funding.

2nd by Davis

Discussion:

Rogers asked if the board could participate in the decision making process. Ruddick explained that only neutral members could weigh in on awards and scoring. Rogers then asked if the Board could take the proposals under separate motions.

Rogers motioned to make an amendment to the original motion to take each of the proposals in separate votes.

2nd by Wallace

Discussion on Motion:

Plomin asked why Rogers wanted to separate. Rogers stated he was opposed to one and in favor of the other so he wanted to vote on each one separately. Revlett asked about printing costs. Ruddick stated it was not included as the CoC would use a local printer.

Passed - None opposed

First Motion

Mountain Comprehensive Care Center Proposal

2nd by Shepard

Discussion on Motion:

Rogers stated that he had a fundamental problem with taking local dollars and funding a Community Mental Health Center operating outside its state designated boundary. Wallace agreed that we need to keep funding within the city but acknowledged that this was an established partner. Davis asked for confirmation that Mt. Comprehensive Care did have an office in Lexington. Ruddick stated they did have an office (2 offices). Plomin stated that the office was above the Catholic Action Center. Davis asked about the legality of accepting the proposals. Rogers stated he didn't know that answer and that wasn't his concern, nor did he care they had an office here. He referenced state legal requirements. Plomin stated they do a lot of work in Lexington and this Board had awarded them funds in the past. Ruddick stated that the Board had awarded them a permanent housing high utilizer housing program prior. James stated we have also awarded Welcome House. Thomas and Parker asked about other applications. Ruddick stated that there was another applicant; however, there was a very, very significant scoring difference between the two applications. The other applicant did not have a letter of support from Catholic Action Center which was a requirement of the RFP. Parker suggested that the Board work with local providers to recruit agencies in an effort to make them ready to apply for possible funds. Plomin stated that the scoring criteria does not have "local agency" as a scoring requirement. Rogers stated he did not have an issue with the awarding/scoring process, it is a fundamental problem with funding a Community Mental Health Center whose state designated area is outside Fayette

County. James asked if "local agency" could be built into the RFP scoring process. Parker suggested moving that to another agenda, agenda not clarified.
Passed – Rogers Opposed

Untold Content
2nd by Davis
Discussion on Motion: None

VII. Advocacy, Issues, and Programs Committee Report - **Wallace, Chair**
Wallace stated that Ruddick and Revlett were reviewing the Standard Operating Procedures for Encampments. Revlett stated he would bring those changes to the next committee meeting.
Wallace reviewed the LFUCG Housing Stabilization Partnership Program.

VIII. Encampment SOPs and Review Report – **Ruddick**
Ruddick asked if there were any questions on the encampment report. Davis asked where the camp was located. Ruddick described the location off of New Circle Road behind Salvation Army Thrift Store. Revlett asked what "not self-relocating" would mean. Ruddick stated that we have not had a refusal to relocation and we have not been forced to bring law enforcement in to mitigate the situation for someone refusing to leave the location.

IX. OHPI Director's Report – **Ruddick**
Reviewed in detail the Housing Stabilization Partnership Program. Revlett asked how this information was going to be communicated with the local judges. Lanter stated that the LFUCG Law Commissioner would communicate the Housing Stabilization Program with the judges.
Ruddick reviewed the overall investment into the homeless system for FY21. Revlett asked clarification on funding sources, what was federal stimulus versus local investment. No further discussion.
Ruddick reviewed the FY21 Budget with no funds reserved per policy. Board discussion. No action taken. More budget conversations should take place in Advocacy as needed.

X. Next Regular Meeting
November 11, 2020 – 1:30pm – 3:30pm via Zoom teleconference

XI. Other Issues and Public Sharing
Parker stated that tomorrow would be Dining Out for Life to Support AVOL.
Rogers stated that New Vista has a new CEO Dee Worline. Rogers announced that he is retiring from New Vista and stepping down from the Board at the end of September.

XII. Adjourn at 3:04pm
Motion - James
2nd - Davis
Discussion - None
Passed – none opposed

Agenda Item IV

LEXINGTON
Homelessness Prevention & Intervention

Lexington-Fayette County Continuum of Care

Housing Crisis Triage

Policies and Procedures

Version 7
10_13_2020

Changes to Document

12/1/2017

1. Combined documents:
    a. Lexington CoC-DRAFT – Policies and Procedures for Coordinated Entry Placement Committee Process
    b. Lexington CoC – DRAFT – Policies and Procedures for Common Assessment and Coordinated Entry
2. Updated with CPD-17-01
3. Updated with Department of Veterans Affairs, Memorandum dated 10/17/2017.
4. Dissolve the CoC Placement Committee to an online only process with meetings as needed
5. Addition of BNL rules for denial of housing and length of absence.
6. Additional definitions and clarifications to key terms.
7. Additional clarification of veteran process and confirming veteran status.
8. Requirements of participating community partners for marketing.
9. Addition of Acknowledgment and Agreement from Participating Member Organizations.

6/5/2018

1. Addition of hospitals, FQHCs, and school system as access points for Coordinated Entry.
2. Updated procedure for Step 3, BNL – massive overhaul of policy and procedure to be inclusive of KYHMIS solely with exception for VSP providers.
3. Updated Step 3 with workflow and report instructions. Removal of BaseCamp references.
4. Updated Step 3 to include policy for those scoring for prevention or diversion – self resolve.
5. Additional of Veteran BNL Window Surface tablet and procedures.
6. Updated 90 day policy and refusal of housing for non-veteran BNL.
7. Updated Step 4, Prioritization to include documentation requirement.
8. Updated Step 5 to include Housing Navigation/Intensive Case Management program.
9. Additional clarification of deviation from process including defining review team.
10. Implementation of Homeless Prevention and Intervention Board report.

7/17/2018

1. Corrected VI-SPDAT scoring thresholds as referenced in Step 3 and Definitions and Key Terms.

9/12/2019

1. Change of name from coordinated entry to housing crisis triage.
2. Change wording of housing "crisis pre-screen" to housing "crisis pre-screen".
3. Updated background section to include updates in the new USICH federal plan to end homelessness.
4. Edits to opening script and addition of closing script.
5. Deviation to process update for spin down of Lexington Rescue Mission Rapid Re-Housing program.

10/13/2020

1. Updated Coordinated Entry Process to add Crisis Needs Pre-Screen and Possible Diversion and Prevention.
2. Added Step 2 to detail Crisis Needs Pre-Screen.
3. Updated Step 3 to reflect changes to workflow.
4. Subsequent steps renumbered.

Background

In June 2010, the United States Interagency Council on Homelessness published *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, in which HUD and its Federal partners set goals to end veteran and chronic homelessness by 2015, and end family and youth homelessness and set a path to end all homelessness by 2020. The development of a comprehensive crisis response system in each community, including new and innovative types of system coordination, is central to the plan's key objectives and strategies.

HUD requires each Continuum of Care (CoC) to establish and operate a "centralized or coordinated assessment" (referred to as "coordinated entry", "coordinated crisis pre-screen" or "coordinated entry process") with the goal of increasing the efficiency of local crisis response systems and improving fairness and ease of access to resources, including mainstream resources. Both the Continuum of Care (CoC) Program and Emergency Solutions Grant (ESG) Program interim rules require use of the CoC's coordinated entry process. Coordinated entry processes are intended to help communities prioritize people most in need of assistance.

In July 2018, the United States Interagency Council on Homelessness (USICH) published *Home, Together: The Federal Strategic Plan to Prevent and End Homelessness,* in which the following federal agencies adopted the plan to end homelessness.

Department of Agriculture
Department of Commerce
Department of Defense
Department of Education
Department of Energy
Department of Health and Human Services
Department of Homeland Security
Department of Housing and Urban Development
Department of the Interior
Department of Justice
Department of Labor
Department of Transportation
Department of Veterans Affairs
Corporation for National and Community Service
General Services Administration
Office of Management and Budget
Social Security Administration
US Postal Service
White House Office of Faith-Based and Community Initiatives

Objective 2.3 addresses the need for all communities to implement a coordinated entry to standardize assessment and prioritization processes and streamline connections to housing services. Specifically USAICH and federal partners will focus on the following strategies in which Lexington should implement as best practice.

- **Support the implementation of strong coordinated entry processes that provide effective, low-barrier, comprehensive, and coordinated access to housing and services programs.** Federal partners will assist communities in improving access to programs, standardized assessment, prioritization, and referral processes between systems. This work will include developing guidance and technical assistance to navigate emerging challenges.
- **Encourage a wide range of programs to develop or strengthen partnerships with coordinated entry processes and to implement effective practices for referrals between systems.** Federal partners will encourage schools, early childhood programs, child welfare agencies, health and behavioral health care providers, HIV/AIDS housing and service organizations, affordable housing

programs, benefits programs such as Supplemental Security Income and Social Security Disability Insurance (SSI/SSDI), and other programs to implement processes to identify individuals and families who are experiencing homelessness to connect them to local coordinated entry systems and to connect people identified by the coordinated entry systems to other necessary programs.

- **Strengthen the focus on income and employment within coordinated entry systems to effectively target and connect individuals and families to opportunities** and services needed to attain and sustain income and employment, including job training and apprenticeship programs that create access to career pathways, primary and behavioral health services, early childhood education and child care programs, and resources for young children and youth available through schools and post-secondary institutions.
- **Develop and strengthen best practices in population-specific coordinated entry strategies and processes** to ensure that practices effectively engage people with varied experiences of homelessness, diverse service needs, and differing eligibility for programs and services.

What is Coordinated Entry?

Coordinated Entry is designed to coordinate
- program participant intake,
- individualized needs,
- housing referrals and
- housing assistance placement.

Coordinated Entry creates a collaborative, objective environment across Lexington-Fayette County that provides an informed way to target housing and supportive services in order to:
- divert people away from the system who can solve their own homelessness;
- quickly move people from street to permanent housing;
- create a more defined and effective role for emergency shelters and transitional housing;
- create an environment of less dedicated time, effort, and frustration on the part of case managers by targeting efforts; and
- end homelessness across Lexington-Fayette County, versus program by program.

The process transitions Lexington-Fayette County from a "first come, first serve" mentality to a mentality that says "now that you are here, let's determine, together, what might be your next step".

Compare homelessness in our community to a mass casualty event that sends many people to the hospital emergency department: there will be some serious injuries that require immediate intervention, while others may be able to wait to be treated, and some injuries may not need medical attention at all. The emergency department staff will need to identify whom to treat first and why, based upon the best available evidence. This is the same way Lexington-Fayette County now will look at their community homeless/housing population – **a mass crisis that will need to be triage**.

The terms "Coordinated Access", "Centralized Intake", "Coordinated Intake", and "Coordinated Crisis Pre-Screen" are used interchangeably.

The housing system can feel like a maze for individuals experiencing homelessness. Trying to determine who to talk to, how to get there, and where to begin can seem confusing and overwhelming. Coordinated Entry establishes a system where housing placement isn't a matter of talking to the right case manager, at the right agency, at the right time.

Coordinated Entry represents standardized access and housing crisis pre-screen for all individuals, as well as a coordinated referral and housing placement process to ensure that people experiencing homelessness receive appropriate assistance with both immediate and long-term housing and service needs. The entire Coordinated Entry process uses a "no wrong door" approach, while doing so through a standardized process from initial engagement to successful housing placement.

In a data-driven and evidence-based manner, providers across Lexington-Fayette County are establishing strategic partnerships to better serve our fellow community members experiencing homelessness.

What Will Coordinated Entry Do For Fayette County

Applying Coordinated Entry to Lexington-Fayette County brings together the strength of programs together, offering a menu of services to best fit an individual's or family's needs.

When Lexingtonians come together to implement a Coordinated Entry, each program realizes success in a myriad of ways:

- Receive **Eligible Clients**: Programs receive referrals for participants whose needs and eligibility have already been determined. The autonomy and unique nature of programs, as they operate within a coordinated framework become a strength, not a hindrance.

- Case Managers can **concentrate on case management**: With every program in a community providing housing crisis pre-screen, case managers will share the burden of intake and housing crisis pre-screen.

- Lexington will readily **see gaps in the system**: Lots of clients with mid-level acuity signal a need for more Rapid Re-housing resources. Lots of clients with high-level acuity signal a need for more permanent supportive housing/housing first.

- Time, red tape, and **barriers are significantly reduced**: When different programs in Lexington follow the same process across and are aware of one another, workload is significantly reduced.

- Fayette County **success in ending homelessness is significantly increased**: Targeting limited resources as a community in a laser-like way leads to very fast and effective interactions that lead to long-term housing stability.

Disclaimer

The Coordinated Entry System is designed to ensure households experiencing homelessness have fair and equal access to housing programs and services within Lexington and Fayette County. **It is not a guarantee that the household will receive a referral to or meet the final eligibility requirements for a housing program.** Similar to emergency rooms – doctors prescription treatment, patients do not dictate their own treatment.

Goals, Values, Priorities

- Our **goal** is to design a system that reacts quickly to a homeless occurrence; as to end the occurrence within 30 days of presentation.

- Our **goal** is to operate a system that allows the Lexington CoC to access the maximum amount of funding available from state and federal resources based on outstanding performance to end and reduce homelessness.

- We **value and prioritize** quality programming that is accountable to the community through outcomes measurement.

- We **value and prioritize** programs with outcomes that demonstrate progress toward reducing and ending homelessness as quickly as possible.

- We **value and prioritize** innovative and diverse programming that addresses gaps in community services.

- We **value** continuing education for housing and homeless providers. At least annually, OHPI will conduct Lexington-Fayette County wide trainings on coordinated entry, the process, the housing crisis pre-screen tools, case management, cultural diversity, fair housing, sub-population traits, and the goals/strategies to end homelessness in our community.

- We **prioritize** our most critical homeless individuals and families first.

- We **prioritize** participation in the Coordinated Entry as a **community initiative** operated by community members and there **multiple services available throughout Lexington-Fayette County by various people, programs, organizations and partners**.

- We **value** private personal information and adhere to KYHMIS Agency Participation Agreements principles and policies both in verbal sharing of information and the securing of hardcopy and electronic storage of information.

Standards

- There are **6 pillars for the Lexington CoC and Coordinated Entry:**
  - Access
  - Housing Crisis pre-screen
  - By-Name-List and Prioritization
  - Referral
  - Placement
  - Client/Organization Accountability

- Our process **will cover** the entirety of Lexington-Fayette County which includes the Lexington CoC.

- **Client participation and sharing of personal information is voluntary**. All processes and use of information is transparent and should be communicated with the client at various stages in the continuum. They should be informed how their information is collected, how it is stored and all the agencies involved with the Lexington-Fayette County Continuum of Care. Collecting, storing and sharing of client information will require informed consent through the completion of a variety of Release of Information forms including one specifically for KYHMIS (ROI).

- Our process **will be easily accessed** by individuals and families who are homeless and seek housing assistance and services. Access points are equal with no variations based on where a homeless family, veteran, individual, youth, or child present.

- Our process **will utilize** the correct variation of the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) as the comprehensive and standardized housing crisis pre-screen tool. Meaning the correct dedicated VI-SPDAT for singles adults, families, youth, and ex-offenders will utilized.

- Our process is **committed to serving all people** who are in need of assistance regardless of age, race, color, creed, religion, sex, handicap, national origin, familial status, marital status, sexual orientation or gender identity.

- We **respect the decisions** and choices of those who find themselves homeless and seek to optimize self-sufficiency. This includes the right to deny housing assistance.

- Our process **will have** adequate program staff competent and trained to create an environment of coordination, fairness and uniformity for housing placement.

Person-Centered Process

- We **will** assess individuals and families based on strengths, goals, risks, and protective factors.
- The coordinated entry process **will** be easily understood by all individuals and families.
- We **will** respect the participant's choice in housing and level of supportive services.
- Clients **will** clearly be communicated with in regard to housing expectations and program referral.

Fair Housing

The Coordinated Entry System complies with the non-discrimination requirements of the Fair Housing Act, which prohibits discrimination in all hosing transactions on the basis of race, national origin, sex, color, religion, disability status and familial status. This also includes protection from discrimination based on source of income.

All participating member organizations who agree to the acknowledgment agree to take full accountability for complying with Fair Housing and all other funding and program requirements. It is known that the Fair Housing Act recognizes a housing provider may seek to fulfill its "business necessity" by narrowing focus on a subpopulation within the homeless population. The Coordinated Entry System may allow filtered searches for subpopulations while preventing discrimination against protected classes.

Marketing

- All participating organizations **will** post a large informational Coordinated Entry poster easily seen by individuals.

- All participating organizations **will** post a large informational Coordinated Entry poster in Spanish easily seen by individuals.

- All participating organizations **will** have access to Coordinated Entry information and housing crisis pre-screen tools for those with Limited English Proficiency and those with disabilities.

- All participating organizations **will** have a relationship with the Office of Multicultural Affairs – GLOBAL LEX – is a multilingual, multidisciplinary center where local residents and our growing foreign population can access Coordinated Entry information.

Lexington-Fayette County Coordinated Entry Process

Step 1
ACCESS
Individuals or families experiencing housing crisis present at any participating community partner.

Step 2
CRISIS NEEDS PRE-SCREEN/DIVERSION
Organization assesses the crisis needs of those at-risk of homelessness and provides referral to community resources to divert from the homeless system when possible.

Step 3
HOUSING NEEDS PRE-SCREEN
Organization assesses the housing and assistance needs of those experiencing literal homelessness with use of the VI-SPDAT housing needs pre-screen or HOMES housing needs pre-screen for Veterans.

Step 4
BY-NAME-LIST
Participant housing needs pre-screen and other important information is placed into the Lexington-Fayette County Coordinated Entry Prioritization list for housing.

Step 5
PRIORITIZATION
The Coordinated Entry provider works with partner agencies to house the most critical homeless individuals and families first and then work through the list to house others by priority.

Step 6
REFERRAL
Individual or family is referred to a housing program. Placement begins.

Step 7
PLACEMENT
Individual or family is accepted into housing. Lease is signed.
Individual or family is housed.

LEXINGTON
Homelessness Prevention & Intervention

Step 1

Access

Policy:

The Lexington-Fayette County Continuum of Care adopts a "no wrong door" approach to Coordinated Entry. Individuals and families experiencing homelessness have several ways to access homeless assistance services.

For those individuals or families fleeing domestic violence, access is granted under confidentiality of a *Coordinated Entry Inclusion* form. All member organizations have access to this form.

Procedure:

Emergency Services

All emergency services such as shelters, drop-in centers, domestic violence centers, hotlines, and other crisis centers do not prioritize services based on severity of need or vulnerability but utilize a low barrier access model. All individuals/families will receive access to coordinated entry at any emergency service. All emergency services in Lexington-Fayette County operate 24/7/365. Individuals/families can access immediate services and then be referred to the Coordinated Entry process.

Victim Service Providers (VSP)

VSPs can include programs for those fleeing or attempting to flee domestic violence and those victims of trafficking. Those individuals are given safe and confidential access to the Coordinated Entry process via the *Coordinated Entry Inclusion* form.

United Way 211

The 211 program operates outside of typical coordinated entry crisis pre-screen hours. Citizens can call, text, email or web search the United Way of the Bluegrass's 2-1-1 program for more information on housing and support services in Lexington and Fayette County.

Street Outreach Teams

The Lexington-Fayette Street Outreach team provides six dedicated outreach workers to assist unsheltered citizens in Lexington-Fayette County to access housing and support services through the Coordinated Entry process.

CoC and ESG Funded Agencies

All CoC and ESG funded agencies are required to immediately give access to the Coordinated Entry process to any and all citizens that present to them as homeless. Citizens can walk into other community agencies that are participating members of the Coordinated Entry process.

*Veterans Administration Medical Center (VAMC)****

Any veteran can walk into the Veterans Administration Medical Center located in Lexington and immediately receive access to services provided by the Homeless Program. If the Veteran is deemed ineligible for VAMC services, referrals will be completed with community providers.

> ***If a veteran presents as homeless at **any** participating member organization, they are immediately referred to the VAMC for confirmation of veteran status and available housing services. They will receive emergency services through Lexington-Fayette County until at which time, VAMC can confirm status.

Community Mental Health Centers

Any citizen can walk into the local CMHC, as well as their outreach offices and immediately receive access to the Coordinated Entry process. Fayette County has two CMHCs within the CoC.

Human Service Agencies including Hospitals and Federally Qualified Health Centers

Any citizen that present at the local FQHC or a hospital will be provided access to Coordinated Entry through a referral to the street outreach team. Fayette County has one FQHC and five hospitals within the CoC.

Fayette County Public School System

The Lexington-Fayette County CoC has a strong working relationship with the local school system. Any family the presents to a school system employee will be referred to Community Action Council or their local Family Resource Official for access to Coordinated Entry. Accommodations will be made for any barriers such as transportation or language.

Faith Community

Citizens can call or walk into any participating faith organization in Lexington to receive information on how to access the Coordinated Entry process and be referred to a participating member organization.

Step 2

Crisis Needs Pre-Screen and Possible Diversion and Prevention

Policy:

Due to the lack of housing assistance resources, those individuals or families that are currently housed but at-risk for homelessness will be engaged in a crisis needs pre-screen and attempts made to divert them from the homeless system where possible.

Crisis needs pre-screens should be conducted any time an individual/family anticipates needing to leave the current living situation within 30 days.

Organizations will attempt to divert individuals from the homeless system by engaging in rapid resolution conversations. Each participant will be asked about the identification of subsequent housing, resources and supports to obtain other housing, and recent housing history. Referrals to relevant community resources which may help to divert individuals from the system will be provided.

Whenever possible, the results of the pre-screen will be entered into KYHMIS for each participant or family (head of household) by enrollment in the Lexington CoC Housing Crisis Triage Project (3022).

Policy

Before starting a crisis needs pre-screen, staff **are required** to read the following the opening script. This script has been approved by our local domestic violence and human trafficking partners and needs to be read verbatim to clients:

Procedure:

Opening script for Crisis Needs Pre-Screen

> *My name is [interviewer name] and I work for a group called [organization name].*
>
> *We are going to work together to help you resolve your housing crisis and coordinate a plan for you to acquire and maintain housing.*
>
> *Lexington has a homelessness triage system. Think of it like an ER where individuals are triaged and treated based on how critical they are. We operate the same way. On any given night, Lexington has about 700 households all experiencing homelessness, about 5,000 every year and it is our responsibility to treat those most likely to die on the streets first and then work down that list.*

Think = Heart attacks all the way down to stubbed toes. This doesn't make your crisis anymore less worthy of assistance, we just need to determine what type of assistance you need.

Again think of an ER, not every single person needs a full blood workup, MRI, CAT-scan, etc. Some individuals just need fluids or a breathing treatment. Same time for us.

Completing this pre-screen does not guarantee you [and your family] access to financial assistance from homeless providers. It does however, tell us where to start working with you, what your strengths are, and where we need to focus first in building a plan to end your homelessness.

The information collected goes in to a system-wide database. This is a system that is intended to help different agencies who may never have worked together better share information about mutual clients who may need their services. It also allows housing providers to be connected with you - relieving you of the stress of contacting every single agency in Fayette County asking to housing assistance.

Given that, I want to give you the option of deciding who you work with to complete this survey. You can complete the survey with me, or if you prefer we can refer you to the local domestic violence advocacy organization and you can work with them to complete the survey.

I want to offer this is because if you are a survivor of domestic violence we want to give you the choice to remain unidentified in the system's database.

If you would like to work with someone from the local domestic violence organization to complete this survey, we will refer you to someone at that agency and they will continue this process with you and therefore remain anonymous in our database?

Policy:

At the completion of the crisis needs pre-screen, it is the sole responsibility of assessing organization to enter crisis needs pre-screen results into within three (3) business days of when the information was collected.

Required Information Individuals and Each Household Member

- Name(s)
- DOB (s)
- Crisis Needs Pre-screen Results (Head of Household Only)
- Self-Reported Veteran Status (Adults Only)

Procedure (Workflow):

1. The member organization will enter all required information into program "Lexington CoC Housing Crisis Triage Project" in KYHMIS, project ID 3022.

Step 1. Log into KYHMIS
Step 2. EDA into project 3022
Step 3. Backdate to day of crisis needs pre-screen
Step 4. Create an entry for individual/household
Step 5. Enter all information
Step 6. Include any information of client location, phone numbers, etc. in notes section
Step 7. Click "Save and Exit"

Policy of Maintenance and Removal from Project:

It is the responsibility of any member organization to record subsequent contacts with the individual/family in KYHMIS.

If an individual/family has been out of contact with any member organization for 90 days or more, the housing crisis will be considered resolved and the participant(s) exited from project 3022.

If at a later date the individual/family is again experiencing housing crisis, a new entry to project 3022 would be needed.

Procedure (Workflow), Recording Contacts:

1. The member organization will enter updated information about an individual/family's situation into program "Lexington CoC Housing Crisis Triage Project" in KYHMIS, project ID 3022.
    Step 1. Log into KYHMIS
    Step 2. EDA into project 3022
    Step 3. Open the entry for individual/household
    Step 4. Create a new "Current Living Situation" record
    Step 5. Review client contact information to ensure accurate and up to date
    Step 6. Click "Save and Exit"

Step 3

Housing Needs Pre-Screen

General Policy:

Consent

An individual **must** provide informed consent prior to any variation of the VI-SPDAT being completed. You cannot complete a VI-SPDAT with a client without that person's knowledge and explicit agreement. You also cannot complete the VI-SPDAT solely through observation or using known information within your organization.

Housing Needs pre-screen

The VI-SPDAT is the Lexington-Fayette County CoC's Coordinated Entry common housing needs pre-screen tool.

Housing needs pre-screens should not be conducted more than once annually for ANY participant - unless there has been a qualifying event (such as pregnancy) that would warrant performing the housing needs pre-screen again.

Organization will utilize the correct variation of the VI-SPDAT for housing needs pre-screen purposes. Whenever possible, the results will be entered into KYHMIS for each participant or family (head of household).

Each word and phrase within the housing needs pre-screen has been carefully and rigorously tested. Some questions permit adjustments to the wording to allow for differences in the local context: for example, in Question 3, "emergency room" may be changed to "emergency department". Making changes to the wording of a question, other than those that are identified, may mean that the question will no longer be grounded in evidence and may not elicit the information for which it was designed.

The order of the VI-SPDAT questions cannot change. As a self-reported tool, the sequence is vitally important. The VI-SPDAT is designed and structured to only use self-report. A person who is being surveyed using the VI-SPDAT should be able to complete it with anyone, not just the people who know her/his case history or have other information from other circumstances or sources.

Veteran Policy:

At this time, there is no lack of housing resources for homeless veterans. Therefore, veterans can be placed into "Step 4, Assignment" via the Veteran By-Name-List without completing a VI-SPDAT. At any time veteran housing resources became scarce; all veterans will need to complete a VI-SPDAT crisis pre-screen for triage.

Policy

Before starting a housing needs pre-screen, staff **are required** to read the following the opening script. This script has been approved by our local domestic violence and human trafficking partners and needs to be read verbatim to clients:

Procedure:

Opening script for Housing Needs Pre-Screen

My name is [interviewer name] and I work for a group called [organization name].

We are going to work together to help you resolve your housing crisis and coordinate a plan for you to acquire and maintain housing.

Lexington has a homelessness triage system. Think of it like an ER where individuals are triaged and treated based on how critical they are. We operate the same way. On any given night, Lexington has about 700 households all experiencing homelessness, about 5,000 every year and it is our responsibility to treat those most likely to die on the streets first and then work down that list.

Think = Heart attacks all the way down to stubbed toes. This doesn't make your crisis anymore less worthy of assistance, we just need to determine what type of assistance you need.

Again think of an ER, not every single person needs a full blood workup, MRI, CAT-scan, etc. Some individuals just need fluids or a breathing treatment. Same time for us.

Completing this pre-screen does not guarantee you [and your family] access to financial assistance from homeless providers. It does however, tell us where to start working with you, what your strengths are, and where we need to focus first in building a plan to end your homelessness.

The pre-screen is about 10-minute long and most of the questions on the survey are a Yes or No-style question, and a few of them might just require one-word answers. Again, the answers will help us determine how we can best support you with available resources.

I'll be honest, some questions are personal in nature, but please know you can skip or refuse any question. These questions will ask you questions about previous experiences with homelessness, sexual or domestic violence, and alcohol or drug use.

Like I said, thinking about answering these questions might bring up some intense feelings for you. I want to add here that we can stop, pause, or postpone completing this questionnaire if at any time this process is bringing up some overwhelming feelings. While completing this survey is important, making sure you are okay at the moment is more important.

The information collected goes in to a system-wide database. This is a system that is intended to help different agencies who may never have worked together better share information about mutual clients who may need their services. It also allows housing providers to be connected with you - relieving you of the stress of contacting every single agency in Fayette County asking to housing assistance.

Given that, I want to give you the option of deciding who you work with to complete this survey. You can complete the survey with me, or if you prefer you can complete the survey with someone that you're already comfortable with.

Or, a third choice might be that we can refer you to the local domestic violence advocacy organization and you can work with them to complete the survey.

The reason I want to give you this option is because, one, you may feel more comfortable answering these questions more honestly with somebody you're already familiar with.

The second reason I want to offer this is because if you are a survivor of domestic violence we want to give you the choice to remain unidentified in the system's database.

Without question, we will always keep the information you share with us confidential, but for various reasons we cannot 100% guarantee against something like a security breach due to hacking or other nefarious actions.

With all of this in mind, do you want to proceed with completing this survey with me or with a different case manager, which would result in us using your actual name in our database?

If you would like to work with someone from the local domestic violence organization to complete this survey, we will refer you to someone at that agency and they will continue this process with you and therefore remain anonymous in our database?

WAIT for ANSWER:

CONTINUE if NEEDED:

I've been doing this long enough to know that some people will tell me what they want me to hear rather than telling me – or even themselves – the truth. It's up to you, but the more honest you are, the better we can figure out how best to support you. If you are dishonest with me, really you are just being dishonest with yourself. So, please answer as honestly as you feel comfortable doing.

As I mentioned, I'll be asking you some questions about your personal history that might feel pretty private to you.

If you do not understand a question, let me know and I would be happy to clarify. If it seems to me that you don't understand a question I will also do my best to explain it to you without you needing to ask for clarification.

Policy

When the housing needs pre-screen is complete, staff **are required** to read the following the closing script. This script is an example and does not have to be read verbatim.

Clients shall never know a score or refer to themselves as a score.

Clients should only understand what their strengths are and next steps.

Procedure

Closing script

Thank you for allowing me to understand you [and your family] better. I know that those questions are hard to answers. But honestly answering those questions allows us to connect you with available resources to assist in heling you end your homelessness.

Now that I understand your strengths, we can make a coordinated plan to help you resolve your housing crisis.

Just so you understand next steps, the information you have provided to me will be placed into a system-wide database liked we talked about. This does not guarantee financial assistance or a housing voucher.

IF THEY SCORE 4 OR ABOVE

Your information will be reviewed and if housing assistance becomes available that matches your needs you will automatically be referred to that program. Based on your strengths and needs, it may be _____ (give timeline based on CE report) before you are able to access that housing assistance, so in the meantime we are going to work with some of your other strengths and needs in preparation for housing.

IF THEY SCORE 3 OR BELOW

So I am going to go ahead and place this information into the database, however, I think we can access some other assistance that can resolve your housing crisis. [Discuss diversion or self-resolution].

Organizations need to pick from the following variations of the VI-SPDAT for the individual or family.

ONLY people that meet the HUD definition of homeless will organizations utilize this housing needs pre-screen. Everyone must attempt to utilize natural or existing resources rather than engaging in housing services. Through prevention activities the client is empowered to resolve their situation sooner which maintains dignity, encourages resilience and is more cost efficient on the strained resources of the homeless sector. Homeless assistance providers will assist by engaging in an exploratory discussion and providing referrals to other resources. Clients should not move beyond the Prevention stage until all options have been exhausted.

DO NOT complete a housing needs pre-screen until all other diversion resources have been exhausted.

- Adults: VI-SPDAT – adult households, includes couples, each person must have their own completed
- Family: FVI-SPDAT – must have minor children
- Youth: TAY-VI-SPDAT
- Justice Discharge: JD-VI-SPDAT
- Veterans: HOMES

Step 4

By-Name List (BNL)

Every Veteran Housed By-Name List (Veteran-BNL)

Policy:

Due to the lack of housing assistance resources, those individuals or families that have been placed into the Coordinated Entry project (2386) in HMIS with a housing needs pre-screen score of three (3) or below will not be added to BNL.

At any time, individuals or families are added to project 2386 with a prevention or diversion score, the Coordinated Entry provider will delete the entry. Any agency that does not agree may follow the procedures for deviation from the process.

Policy:

At the completion of the housing needs pre-screen, it is the sole responsibility of assessing organization to enter housing needs pre-screen results into KYHMIS or submit the *Coordinated Entry Inclusion* form, a copy of the complete VI-SPDAT, and the *KYHMIS Release of Information* form to the Coordinated Entry provider within three (3) business days of when the information was collected.

It is the sole responsibility of the assessing organization to enter all documentation of disability information, chronically homeless confirmation, income, and confirmation of serious mental illness into KYHMIS or submit the information on the *Coordinated Entry Inclusion* form to the Coordinated Entry provider.

Required Information Individuals and Each Household Member

- Name(s)
- DOB (s)
- Crisis pre-screen Results (Head of Household Only)
- Documented of Chronic Homelessness
- Documentation of Disability Information including SMI (all)
- Self-Reported Veteran Status (Adults Only)

Policy:

It is the sole responsibility of the assessing organization to enter client information into KYHMIS correctly. Incorrect entry will lead to an individual/family not being included on the BNL.

Procedure (Workflow), Non-Veteran Population:

1. The member organization will enter all required information into program "Lexington CoC Coordinated Entry Project" in KYHMIS, project ID 2386.
   Step 1. Log into KYHMIS
   Step 2. EDA into project 2386
   Step 3. Backdate to day of crisis pre-screen
   Step 4. Create an entry for individual/household
   Step 5. Enter all information
   Step 6. Include any information of client location, phone numbers, etc. in notes section
   Step 7. Record the pre-screen outcome on the Coordinated Entry Assessment field (ie Placed on Prioritization List, Not Placed on Prioritization List)
   Step 8. Click "Save and Exit"

2. Any member organization not licensed in KYHMIS must submit the *Coordinated Entry Inclusion* form, the completed VI-SDPAT, and a *KYHMIS ROI* form to the Coordinated Entry provider via email.

3. The Coordinated Entry provider will enter client information into the KYHMIS from the non-participating KYHMIS agency within 24 hours of receipt of email with all documentation or notes of documentation.

4. The Lexington-Fayette County BNL updates every 24 hours automatically from ART Report "*Lexington Coordinated Entry v.1*" in KYHMIS.

Procedure, Victim Service Providers:

1. The VSP must submit the *Coordinated Entry Inclusion* form to the Coordinated Entry provider.

2. The Coordinated Entry provider will update a secure BNL each time a VSP sends a referral to the Coordinated Entry.

3. The Coordinated Entry provider will be responsible for comparing prioritization with the VSP BNL and General non-veteran BNL prior to making referrals for housing.

Procedure, Veterans:

1. All member organizations are responsible for entering self-reported veteran status into the KYHMIS.

2. The VAMC will run a report from KYHMIS ART Report "*VA Reports for EVH*" to verify all self-reported veterans have been referred to the VAMC for housing.

3. If individuals appear on the list that have not been previously referred, the VAMC will work with the provider on client status and location.

4. The VAMC will verify veteran status.

5. The VAMC will alert the Coordinated Entry provider on an excel spreadsheet as to the confirmation of veteran status at least weekly.

6. The VAMC will enter all required information into the Every Veteran Housing BNL.

7. For all homeless veterans presenting directly to the VAMC, the VAMC is solely responsible for updating the Veteran BNL.

8. For all homeless veterans presenting directly to the local SSVF provider, the SSVF provider is solely responsible for updating the Veteran BNL.

9. The Veteran BNL will be reviewed at least monthly by the Every Veteran Housed Committee for status updates and benchmarking.

10. If the client is not confirmed for veteran status from the VAMC, the Coordinated Entry provider will update the client profile in HMIS to reflect "no" for veteran status and enter the following information under case notes on the client profile tab within 24 hours. Note will read as follows:

    The local Veterans Administration Homeless Veteran Coordinator has been unable to verify Veteran status, by USICH definition.

    At this time, the client has two options:
    1. *Work with a case manager to obtain proof of Veteran status so that they can be added to the Veteran-By-Name List, or*
    2. *Complete the correct variation of the VI-SPDAT so that they can be added to the General Population BNL so that they can receive assistance from other community partners to resolve their homeless situation.*

11. The VAMC or SSVF provider will update the Veteran BNL each and every time a housing resource becomes available for referral.

Policy, Veterans:

The official Veteran BNL will be stored on a Windows Surface Tablet under the ownership of Volunteers of America and secure to VA standards.

Procedure, Veterans:

1. The SSVF provider will, in compliance with VA transportation standards, provide the Surface Tablet to the VAMC and to the Coordinated Entry provider as needed for updates.

Policy of Maintenance and Removal from List – includes all BNL lists for the CoC:

It is the responsibility of any member organization to record subsequent contacts with the individual/family in KYHMIS. Non-HMIS participating agencies may contribute updated information about an individual or family's situation to the Coordinated Entry provider. Information should be entered into KYHMIS or submitted to the Coordinated Entry provider within three (3) business days of when the information was collected.

A Current Living Situation record should be created anytime any of the following occurs:

1. A Coordinated Entry Assessment or Coordinated Entry Event is recorded; or
2. The client's living situation changes; or
3. A Current Living Situation hasn't been recorded for longer than 90 days; or
4. Project entry.

If an individual/family/veteran can no longer be located after repeated documented attempts for 90 days or more, the status of the person can be changed from "active" to "inactive" on the Veteran BNL or an exit date for project 2386.

If located at a later date and is still experiencing homelessness, the date of the most recent contact would become the new date of identification with a new line on the Veterans BNL or a new entry to the BNL would be needed.

If the individual/family/veteran declines housing on seven (7) occasions, the status of the person can be changed from "active" to "inactive" for the Veteran BNL or an exit date for project 2386.

Procedure (Workflow), Recording Contacts:

1. The member organization will enter updated information about an individual/family's situation into program "Lexington CoC Coordinated Entry Project" in KYHMIS, project ID 2386.
   Step 1. Log into KYHMIS
   Step 2. EDA into project 2386
   Step 3. Open the entry for individual/household
   Step 4. Create a new "Current Living Situation" record
   Step 5. Review client contact information to ensure accurate and up to date
   Step 6. Click "Save and Exit"
2. Any member organization not licensed in KYHMIS may submit Current Living Situation information to the Coordinated Entry provider via email.
3. The Coordinated Entry provider will enter client information into the KYHMIS from the non-participating KYHMIS agency within 24 hours of receipt of email.

Step 5

Prioritization

Policy

It will be the policy of the CoC that all documentation is required prior for a referral being made. The following prioritization scale will review those that have following document ready for referral first.

Policy

The member organizations agree to prioritize housing placement referrals in the following order:

1. Chronically Homeless + Highest Acuity + Length of Time Homeless
2. Chronically Homeless + Length of Time Homeless
3. Chronically Homeless + Highest Acuity
4. Disability + Highest Acuity + Length of Time Homeless
5. Disability + Currently residing in Emergency Shelter, Street (etc.), Safe Havens
6. Disability + Transitional Housing
7. Others according to Highest Acuity + Currently residing in + Document Ready

If at any time, two households have the exact same prioritization, the household that first presented for assistance will be referred first.

Step 6

Referral and Capacity

Policy:

- Referrals to housing are ONLY accepted from the Coordinated Entry provider.
- At no time, should a member organization accept a homeless housing referral from a partner/community organization.
- Housing referrals can be rejected by the member organization due to a registered sex offender if the location of housing will place the client in violation of KRS 17.545 which prohibits registered sex offenders from living near schools, daycare facilities and publicly owned playgrounds. These offenders are prohibited from living within 1,000 feet of a high school, middle school, elementary school, preschool, publicly owned playground, or licensed day care facility. The measurement is taken in a straight line from the nearest property line of the school to the nearest property line of the registrant's place of residence.
- Additionally, under 24 CFR 578.93 (b)(4), if the housing has in residence at least one family with a child under the age of 18, the housing may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the project so long as the child resides in the housing.
- All housing programs will be housing first orientated and may require participants to meet ONLY additional program eligibility requirements as they relate specifically to federally and state-guided eligibility in writing.
- Programs may not disqualify an individual or family from program entry for lack of income or employment status.
- Programs cannot disqualify an individual or family because of evictions including prior program evictions or poor rental history.
- Member organizations agree to accept 3 out of every 4 referrals from the Coordinated Entry provider. If an organization declines a referral, they must notified the Coordinated Entry provider in writing (email) within 2 business days with stated reason.

Policy:

Member organizations are solely responsible for notifying the Coordinated Entry provider of housing openings they will have in the next 30 days, 15 days, and immediately at least bi-weekly via direct email.

Procedure:

1. The Coordinated Entry provider will update the *Coordinated Entry Resource Availability Tracking List* when needed, at least every 30 days.

Step 7

Placement

Policy:

The Coordinated Entry provider will be responsible for notifying: housing placement program, assessing organization, and the Housing Navigation/Intensive Case Management program of a client referral in a timely manner as to house individuals and families rapidly without delay.

In providing or arranging for housing, the Coordinated Entry provider considers the needs of the individual or family experiencing homelessness.

Procedure:

1. The Coordinated Entry provider will notify the all parties listed in policy via email.

2. An example of the email from Coordinated Entry provider:

> *(Insert staff names of both accepting and originating member organizations)*
>
> *I am happy to make a referral to the (insert program name) on behalf of (insert originating member organization)'s Client (insert client name) KYHMIS Client ID#: _____ (or VSP client ID).*
>
> *Below (and attached when applicable) is a list of the documentation that (accepting organization) will need completed.*
>
> *Please note some of this documentation can be located via KYHHMIS.*
>
> *1. Agency Referral*
> *2. Agency Homeless Certification (Include KYHMIS CH Documentation/Verification)*
> *3. Client Intake Form*
> *4. Picture I.D. for all adults 18 and over in the household*
> *5. Social Security Cards for all household members*
> *6. Other documentation such as disability (SMI)*
>
> *Please keep me in the loop regarding how this referral proceeds and note that we are trying to ensure that the referral process is initiated within **two (2) business days** of this email.*
>
> *The originating member organization has seven (7) days to complete all required information for accepting organization.*

If this referral is not going to come to fruition in a timely manner please let me know.

Thanks,

3. The housing placement organization has two (2) business days to discuss referred client with assessing organization to confirm the correct placement.

4. The originating organization has seven (7) days to complete all required documentation for accepting organization. If the client is currently staying in a place not meant for human habitation, the Intensive Case Management/Housing Navigation program can assist in collection of documentation.

5. If after seven (7) days, the assessing organization does not feel that the placement will come to fruition, they are required to contact the Coordinated Entry provider and the housing placement organization in writing stating reasons for incomplete placement.

6. The Coordinated Entry provider, after discussions with both assessing and housing placement organizations, does not feel that placement will work with more time, another referral will be made.

7. The Intensive Case Management/Housing Navigation program can be utilized for those individuals current sleeping in a place not meant for human habitation. Only in extreme circumstances, will this program be able to assist clients from shelters with housing navigation and intensive case management.

8. All referrals accepted or incomplete will be documented in the KYHIMS by Coordinated Entry provider for reporting purposes to CoC and HPI Board.

9. If the client declines the housing referral, they will be removed from the BNL for refusal of different housing options after seven (7) attempts. All refusals of housing will be documented in the KYHMIS for reporting purposes.

10. If the client accepts the housing, but other factors made for an incomplete placement, that client will return to the BNL. The Coordinated Entry provider will continue to work to match housing with client's needs.

11. All incomplete placements for any reason will be reported to the CoC Membership and the Homeless Prevention and Intervention Board at each board meeting.

12. Housing placement organizations are solely responsible for exiting the client from the coordinated entry project in the KYHMIS when housing is secured.

Deviation from Process

Policy:

Please note, the purpose of this policy is for inclusion. To provide a safety net for individuals where the tool did not reveal the full depth and/or urgency of the situation. The use of a full SPDAT or the request for review is not a side door to the process.

Situations might necessitate consideration of the Coordinated Entry provider to add an individual to the BNL when a VI-SPDAT is not able to be completed. Examples are:

A severe medical condition. For purposes of referral to the review panel, a severe medical condition is defined as:

- End Stage Renal Disease or Dialysis
- End-State Liver Disease or Cirrhosis
- History of Frostbite, Hypothermia, or Immersion Foot
- HIV/AIDS
- Congestive Heart Failure
- Cancer
- Diabetes

A severe mental health condition. This may either be diagnosed or observed by the assessor/case manager/outreach worker.

Evidence of self-neglect. Observation by the assessor/case manager/outreach worker is sufficient to meet this condition.

Old age. The individual is 65 years of age or older

This process is intended to be person-centric, not program-centric (i.e., the end result will not always be PSH placement, but rather to match a highly vulnerable person to the appropriate housing resource).

The only guarantee related to this process is that the individual will receive a review by the Office of Homelessness Prevention and Intervention, the Coordinated Entry provider and the referring agency. Not all cases will have immediate placement. The review will determine the individual's placement on the BNL for housing.

On occasion, to provide a safety net for individuals that are presumed to be highly vulnerable but score too low on the VI-SPDAT to qualify for permanent supportive housing (i.e., 7 or below), those individuals will be required to complete a full SPDAT crisis pre-screen. In this situation, the Coordinated Entry provider should be contacted for permission for the full SPDAT crisis pre-screen score to be considered.

Once the SPDAT has been recorded within HMIS, if the individual scores at least 40, the SPDAT score may be considered along with VI- SPDAT if approved by the Coordinated Entry provider.

Policy:

Starting September 1, 2019, Lexington Rescue Mission will only receive referrals for households on the community's By-Name-List will pre-screen scores of 4.

This is due to the program closing on December 31, 2020. The program will need to accept those with low acuity in an effort to serve as many households as possible with quick exits to permanent housing.

This policy will no longer be effective upon program close out and will not affect any other CoC programming.

Participant Rights and Responsibilities

As a participant in coordinated entry, you have the right....

- To be treated with respect, dignity, consideration, and compassion
- To receive services free of discrimination on the basis of race, color, sex/gender, ethnicity, national origin, religion, age, sexual orientation, physical or mental ability.
- To be informed about services and options available to you.
- To withdraw your voluntary consent to participate in coordinated entry, doing so will exclude you from access to some housing programs.
- To have your personal information treated confidentially.
- To have information released only in the following circumstances:
    - When you sign a written release of information.
    - When a clear and immediate danger to you or other exist.
    - When there is possible child or elder abuse.
    - When ordered by a court of law.
- To file a grievance about services you are receiving or denial of services.
- To not be subjected to physical, sexual, verbal, and/or emotional abuse or threats.

As a participant in coordinated entry you have the responsibility...

- To treat other participants, volunteers, and staff in all participating organizations with respect and courtesy.
- To actively participate in obtaining documents, searching for appropriate housing, and other actions necessary to obtain permanent housing.
- To let your navigator/case manager know any concerns you have about the process or changes in your needs.
- To stay in communication with your navigator/case manager by informing him/her of changes in your location or phone number and responding to the navigator/case manager's call or contact to the best of your ability.

Member Organizations as of 12/1/2017

Adult and Tenant Services
AIDS Volunteers
American Red Cross
Arbor Youth Services
Baptist Health
Bluegrass Area Agency on Aging and Independent Living
Bluegrass Care Navigators
Bluegrass Career Services
Bluegrass Community and Technical College
Bluegrass Community Health Center
Bluegrass Rape Crisis Center
Bluegrass.Org
Broadway Christian Church
Calvary Baptist Church
Carnegie Center
Catholic Charities Diocese of Lexington
Center for Women, Children and Families
Central Christian Church
Children's Advocacy Center of the Bluegrass
Chrysalis House
Community Action Council
Community Ventures
Consolidated Baptist Church
Court Appointed Special Advocates for Children of Lexington
Downtown Lexington Partnership
Episcopal Diocese of Lexington
Fayette County Department of Community Based Services
Fayette County Public Schools
Fayette County Sheriff
Federated Transportation Service of the Bluegrass
God's Pantry
Goodwill Industries of Kentucky
GreenHouse17
GTS Staffing
HealthFirst Bluegrass
Independent Assistance of the Bluegrass
Independent Transportation Network Bluegrass
Job Corps
Jubilee Jobs of Lexington
Kentucky Equal Justice Center
Kentucky Habitat for Humanity
Kentucky Refugee Ministries
Kentucky United Methodist Homes for Children and Youth
Lady Veterans Connect
Legal Aid of the Bluegrass

LexCall
Lexington Community Land Trust
Lexington Cooperative Ministry
Lexington Fair Housing Council
Lexington Fayette Urban County Government
Lexington Fayette Urban County Housing Authority
Lexington Fire Department
Lexington Global Engagement Center
Lexington Police Department
Lexington Probation and Parole
Lexington Public Library
Lexington Rescue Mission
Lexington Senior Center
Lexington Vet Center
Lexington Veterans Affairs Medical Center
LexTran
Main Street Baptist Church
Maxwell Street Presbyterian Community Outreach
Meals on Wheels
Micah Legal
Mission Lexington
Natalie's Sisters
Nathaniel United Methodist Mission
National Alliance on Mental Illness
New Beginnings, Bluegrass
New Life Day Center
Office of Vocational Rehabilitation
One Parent Scholar House
Parks and Recreation, LFUCG
Pride Community Service Organization
Realtor Community Housing Foundation
Refuge Clinic
Refuge for Women
Resource Education and Assistance for Community Housing
Saint James Place
Saint Luke United Methodist Church
Share Center Lexington
Shepherd's House
Signature HealthCare
Social Security Administration
Southland Christian Church
Step by Step
Surgery on Sunday
The Hope Center
The Salvation Army
The Well
United Way of the Bluegrass

Urban League of Lexington-Fayette County
Volunteers of America Mid-States
YMCA of Central Kentucky

Definitions and Key Terms

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. These can include the following examples:

a. a central location or locations within a geographic area where individuals and families present to receive homeless housing and services;
b. a 211 or other hotline system that screens and directly connects callers to appropriate homeless housing and service providers in the area;
c. a "no wrong door" approach in which a homeless family or individual can present at any homeless housing and service provider in the geographic area but is assessed using the same tool and methodology so that referrals are consistently completed across the CoC;
d. a specialized team of case workers that provides crisis or housing needs pre-screen services at provider locations within the CoC; or
e. a regional approach in which "hubs" are created within smaller geographic areas.

Acuity

When utilizing the VI-SPDAT Prescreens, acuity speaks to the presence of a presenting issue based on the prescreen score. In the context of the Full SPDAT housing needs pre-screens, acuity refers to the severity of the presenting issues. In the case of an evidence-informed common crisis pre-screen tool like the VI-SPDAT, Family SPDAT, Full SPDAT, *acuity* is expressed as a number with a higher number representing more complex, co-occurring issues that are likely to impact overall housing stability.

Affirmative Marketing and Outreach

Requires recipients of CoC Program funds to affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities. Housing assisted by HUD and made available through the CoC must also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105 (a)(2). Nondiscrimination and affirmative outreach requirements for the ESG program are located at 24 CFR § 576.407(a) and (b).

Crisis pre-screen

In the context of the coordinated entry process, HUD uses the term "Crisis pre-screen" to refer to the use of one or more standardized crisis pre-screen tool(s) to determine a household's current housing situation, housing and service needs, risk of harm, risk of future or continued homelessness, and other adverse outcomes. HUD does not intend that the term be confused with crisis pre-screens often used in clinical settings to determine psychological or physical health, or for other purposes not related to preventing and ending the homelessness of persons who present to coordinated entry for housing-related assistance. Crisis pre-screen tools often contain a range of questions and can be used in phases to progressively engage a participant over time.

See the Additional Policy Considerations Section III.C. for more information on crisis pre-screen processes and tools.

Chronically Homeless

A "chronically homeless" individual is defined to mean a homeless individual with a disability who lives either

(a) in a place not meant for human habitation,
(b) a safe haven, or
(c) in an emergency shelter, or
(d) in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility.

The individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last three years, where the combined occasions total a length of time of at least 12 months.

Each period separating the occasions must include at least seven nights of living in a situation other than a place not meant for human habitation, a safe haven, or in an emergency shelter. Stays in institutional care facilities for fewer than 90 days will not constitute 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 in an emergency shelter immediately before entering the institutional care facility.

Chronically homeless families

Households with an adult head of household that would meet the definition of a chronically homeless individual. If there is no adult in the family, the family would still be considered chronically homeless if a minor head of household meets all the criteria of a chronically homeless individual. A chronically homeless family includes those whose composition has fluctuated while the head of household has been homeless.

"Coordinated Entry Process" and "Centralized or Coordinated Crisis pre-screen System."

The CoC Program interim rule at 24 CFR 578.3 defines centralized or coordinated crisis pre-screen as the following: "...a centralized or coordinated process designed to coordinate program participant intake crisis pre-screen and provision of referrals. A centralized or coordinated crisis pre-screen 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 crisis pre-screen tool..." For the purpose of this Notice, HUD considers the terms "Centralized or Coordinated Crisis pre-screen System" and "Coordinated Entry Process" to be interchangeable.

Coordinated Entry provider

The lead organization funded to coordinate and facilitate the Lexington-Fayette County Coordinated Entry process.

Date of Documented Offer of a PH Intervention

Date(s) of each attempted offer a PH intervention. The information regarding the documented offer should also include the type of permanent housing intervention offered (e.g., HUD-VASH, RRH, PSH, other subsidy).

Date of Identification

The date of initial contact with a homeless person in any program, including street outreach, emergency shelter, transitional housing, Safe Haven, VAMC, or at any other access point in the homeless system. This date includes persons/families experiencing homelessness for the first time and those who may be re-entering the homeless system after having exited for at least 90 days.

Determining Eligibility

In the context of the coordinated entry process, determining eligibility is a project-level process governed by written standards as established in 24 CFR 576.400(e) and 24 CFR 578.7(a)(9). Coordinated entry processes incorporate mechanisms for determining whether potential participants meet project-specific requirements of the projects for which they are prioritized and to which they are referred. The process of collecting required information and documentation regarding eligibility may occur at any point in the coordinated entry process, i.e., after or concurrently with the housing needs pre-screen, scoring, and prioritization processes, as long as that eligibility information is not being used as part of prioritization and ranking, e.g. using documentation of a specific diagnosis or disability to rank a person. Projects or units may be legally permitted to limit eligibility, e.g., to persons with disabilities, through a Federal statute which requires that assistance be utilized for a specific population, e.g.., the HOPWA program, through State or local permissions in instances where Federal funding is not used and Federal civil rights laws are not violated.

Disabling Condition

(1) a condition that:
- (i) is expected to be long-continuing or of indefinite duration;
- (ii) substantially impedes the individual's ability to live independently;
- (iii) could be improved by the provision of more suitable housing conditions; and
- (iv) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; or

(2) a development disability, as defined above; or

(3) 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).

Diversion

Diversion is 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. Diversion programs

can reduce the number of families becoming homeless, the demand for shelter beds, and the size of program wait lists. The main difference between diversion and other permanent housing-focused interventions centers on the point at which intervention occurs. Prevention targets people at imminent risk of homelessness, diversion targets people as they are applying for entry into shelter, and rapid re-housing targets people who are already homeless.

Family

Includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status:

(1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or

(2) A group of persons residing together, and such group includes, but is not limited to:

(i) A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family);

(ii) An elderly family;

(iii) A near-elderly family;

(iv) A disabled family;

(v) A displaced family; and

(vi) The remaining member of a tenant family.

Homeless

An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

1. an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
2. An individual or family living in a supervised 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, or local government programs for low- income individuals);
3. An individual who is exiting an institution where he or she 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;
4. An individual or family who will imminently lose their primary nighttime residence, provided that the primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; and
    a. no subsequent residence has been identified;
    b. The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;
5. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken

place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;

a. Has no other residence; and
b. Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

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.

Long-term Homeless

A homeless Veteran who meets the length of time and stay requirements to qualify as chronically homeless, but:

1. The Veteran does not need to have a qualifying disability; and
2. The calculation of 12 months of homelessness includes stay in transitional housing.

Member Organization

Any organization that agrees and commits to participation in the Lexington-Fayette County Coordinated Entry process. This includes mandatory participation from any organization receiving HUD housing assistance dollars in the form of CoC or ESG as well as housing organizations that receive housing and supportive service dollars from LFUCG.
Interchangeable with participating organization.

No Wrong Door Approach

Describes the experience of accessing the housing assistance system from the consumer's perspective and is a system that is designed so that the consumer only has to go one place or make one phone call for a housing referral to the appropriate housing assistance. Individuals will be able to access Coordinated Crisis pre-screen at any participating agency.

Permanent Housing Destination

Comprises the following response categories as defined in HUD's data standards (data element 3.12):

- Moved from one HOPWA funded project to HOPWA permanent housing (PH)
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent housing for formerly homeless persons (such as: CoC project; or HUD legacy programs; or HOPWA PH)
- Rental by client, no ongoing housing subsidy
- Rental by client, with VASH housing subsidy

- Rental by client, with GPD Transition-In-Place (TIP) housing subsidy
- Rental by client, with other ongoing housing subsidy
- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure

Permanent Housing Intervention

An intervention which provides access to a safe, stable, and affordable permanent housing destination, which might include a subsidy or other form of rental assistance, with appropriate services and supports. Interventions can include HUD-VASH, SSVF, and CoC program-funded rapid rehousing (where rental assistance is included), CoC program-funded permanent supportive housing, Housing Choice Voucher (HCV), access to an affordable housing unit, or other form of permanent housing subsidy or rental assistance.

Offer of permanent housing intervention – An offer of an intervention in which the intervention is available at the time the offer is made. For example, a Veteran is offered the option of being issued a HUD-VASH voucher or getting access to a SSVF subsidy right away, and can begin the housing search process to secure a unit. In instances in which the Veteran is being offered a tenant-based subsidy, it means that the tenant-based subsidy is available to be issued and the Veteran can immediately be enrolled in the program. It does not mean that the Veteran is offered a specific unit to rent with that subsidy. In instances in which the Veteran is being offered an option to enter a subsidized or affordable unit, an offer does mean that the Veteran is being offered the opportunity to enter such a unit right away. An offer is not, for example, placement on a waiting list for an affordable unit or a subsidy program, or enrollment in a HUD-VASH program without an available voucher that can be issued right away. Offers must be documented through a transparent, coordinated process within the homelessness service system so that a refusal of permanent housing intervention or a choice to enter service-intensive transitional housing is easily verifiable.

Permanent Supportive Housing (PSH)

Community-based housing without a designated length of stay in which supportive services are provided to assist homeless persons with a disability to live independently. In accordance with the VI-SPDAT PSH resources are defined for individuals scoring 8-17 and families scoring 9-22.

Prioritization

In the context of the coordinated entry process, "Prioritization" refers to the coordinated entry-specific process by which all persons in need of assistance who use coordinated entry are ranked in order of priority. The coordinated entry prioritization policies are established by the CoC with input from all community stakeholders and must ensure that ESG projects are able to serve clients in accordance with written standards that are established under 24 CFR 576.400(e). In addition, the coordinated entry process must, to the maximum extent feasible, ensure that people with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability. Regardless of how prioritization decisions are implemented, the prioritization process must follow the requirements in Section II.B.3. and Section I.D. of this Notice.

Rapid Re-Housing (RRH)

An intervention designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve stability in that housing. Rapid re-housing assistance, is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household. The core components of a rapid re-housing program are housing identification and relocation, short-and/or medium term rental assistance and move-in (financial) assistance, and case management and housing stabilization services. In accordance with the VI-SPDAT RRH resources are defined for individuals scoring 4-7 and families scoring 4-8.

Scoring

In the context of the coordinated entry process, the term "Scoring" refers to the process of deriving an indicator of risk, vulnerability, or need based on responses to crisis pre-screen questions. The output of most crisis pre-screen tools is often an "Crisis pre-screen Score" for potential project participants, which provides a standardized analysis of risk and other objective crisis pre-screen factors. While crisis pre-screen scores generally reflect the factors included in the prioritization process, the crisis pre-screen score alone does not necessarily determine the relative order of potential participants for resources. Additional consideration, including use of case conferencing, is often necessary to ensure that the outcomes of the crisis pre-screen more closely align with the community's prioritization process by accounting for unique population-based vulnerabilities and risk factors.

SPDAT

Service Prioritization Decision Assistance Tool

An evidence-based crisis pre-screen utilized by all trained CoC providers in either enacting more detailed determinations of acuity for housing placement and/or ongoing use in case management to ensure housing stabilization. This is an ongoing case management tool suggested for your use. The SPDAT (or "Full SPDAT") has an individual and family tool. Staff must be trained by OrgCode Consulting. The SPDAT can be completed on paper or in the KYHMIS and attached to a client record.

Transitional Housing (TH)

Transitional housing provides time-limited housing and services. There are several different kinds of transitional housing programs and they are funded by a variety of sources, including VA's GPD program and HUD's CoC Program.

a. **Bridge housing** – Transitional housing used as a short-term stay when a person has been offered and accepted a permanent housing intervention prior to entering transitional housing but is not able to immediately enter the permanent housing. Generally provided for up to 90 days.

b. **Service-intensive transitional housing** – Transitional housing not being used as bridge housing, in which persons are actively working to achieve permanent housing while they

engage in clinically appropriate or other transitional housing services, such as generalized case management or job training services.

Transitional housing appropriately addressing a clinical need – A subset of service-intensive transitional housing in which persons are receiving targeted treatment and services for specific clinical needs, such as treatment and services for homeless Veterans with substance use disorders or other mental health disorders, Safe Haven-like services for chronically homeless Veterans, or recuperative care for homeless Veterans post hospitalization. Veterans who have been offered an available permanent housing intervention but have declined and instead chosen to enter a transitional housing program in order to appropriately address a clinical need.

Veteran

An adult who served on active duty in the armed forces of the United States, including persons who served on active duty from the military reserves or the National Guard. For the purposes of these criteria, a Veteran is any person who served in the armed forces, regardless of how long they served or the type of discharge they received.

Acronyms

CE – Coordinated Entry also known as Coordinated Crisis pre-screen

- A formal process in which assistance is allocated as effectively as possible and easily accessible no matter where or how people present. The Lexington CoC has a formal process in place. OHPI is currently responsible for placing referred individuals/families into housing through the process.
- Per HUD - Centralized or coordinated crisis pre-screen system means a centralized or coordinated process designed to coordinate program participant intake crisis pre-screen and provision of referrals. A centralized or coordinated crisis pre-screen 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 crisis pre-screen tool.

CHO – Contributing Homeless Organization

- An organization that participates in HMIS.

CoC – Continuum of Care

- The group organized to carry out the responsibilities required under this part and that is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.
  Louisville CoC which is Jefferson County. The Lexington CoC which is Fayette County and the Balance of State which includes the other 118 counties.

DV – Domestic Violence

ES – Emergency Shelter

- Defined as a temporary/short stay facility to give immediate shelter to individuals and families. HUD considers a high preforming community to have less than a 20 day stay in an emergency shelter prior to exiting to permanent housing.

ESG – Emergency Solutions Grant

- The ESG program provides funding to: (1) engage homeless individuals and families living on the street; (2) improve the number and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents, (5) rapidly rehouse homeless individuals and families, and (6) prevent families/individuals from becoming homeless. Lexington currently only has 1 provider of ESG funds – Adult and Tenant Services solely for rapid re-housing services. The LFUCG Grants and Specials Programs award and monitor this grant.

HUD – U.S. Department of Housing and Urban Development

ISSH – Innovative and Sustainable Solution to Homelessness Fund

- A pool of local general fund dollars set aside by ordinance to develop and implement programs to help end homelessness.
  This fund is administered by OHPI.

KYHMIS (HMIS) – Kentucky Homeless Management Information System
- The information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD.

OHPI – Office of Homelessness Prevention and Intervention

PH – Permanent Housing
- This is community-based housing without a designated length of stay, and includes both permanent supportive housing and rapid rehousing. To be permanent housing, the program participant must be the tenant on a lease for a term of at least one year, which is renewable for terms that are a minimum of one month long, and is terminable only for cause.

PIT – Point in Time Count
- A count of sheltered and unsheltered homeless persons carried out on one night in the last 10 calendar days of January or at such other time as required by HUD.

PSH – Permanent Supportive Housing
- Permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.

RRH – Rapid Re-Housing
- Connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.

ROI – Release of Information
- This is a form/statement signed by the clients authorizing organizations to share their information with other providers and to input their information into HMIS.

SO – Street Outreach
- Services related to reaching out to unsheltered homeless individuals and families, connecting them with emergency shelter, housing, or critical services, and providing them with urgent, non-facility-based care.
  Hope Center is currently funded with ISSH funds to provide street outreach services in Lexington.

SOAR – SSI/SSDI Outreach, Access, and Recovery
- A program designed to increase access to SSI/SSDI for eligible adults who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder.

SSO – Supportive Services Only

- A program/grant form HUD that is designed to offer a variety of supportive service only to those homeless. This grant does not provide housing and usually will partner with a housing grant.

SSVF – Supportive Services for Veteran Families

- This program is intended to provide both rapid rehousing and homeless prevention for those veteran families. It can also provide an array of supportive services.
  In Lexington, Volunteers of America (VOA) is the only provider of this grant.

TA – Technical Assistance

- An organization can be funded to provide assistance in program design, implementation, reporting, documentation, monitoring, HMIS, etc. HUD usually funds 3rd party entities to provide overall CoC TA. OHPI provides TA to local providers on a limited basis.

TH – Transitional Housing

- All program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months or such longer period as HUD determines necessary. The program participant must have a lease or occupancy agreement for a term of at least one month that ends in 24 months and cannot be extended.

VA – Veterans Affairs Administration

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

- This is the common crisis pre-screen tool that Lexington using for the Coordinated Entry process.

VSP – Victim Service Provider

- Organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs. Lexington only has 1 VSP – GreenHouse17.

Participating Member Organization

I certify that I have read and my organization will comply with all requirements placed upon Participating Member Organizations as stated in the Coordinated Entry Policies and Procedures.

My organization will subscribe to the Office of Homelessness Prevention and Intervention electronic newsletters and acknowledge that I am responsible for the information contained within the newsletter.

I acknowledge receipt of the Coordinated Entry Policies and Procedures Manual from the Office of Homelessness Prevention and Intervention and will distribute to staff as required.

I certify that I have read, understand, and will abide by the policies and procedures, as detailed in this document, as well as accept any measures taken for violation of these practices.

Executive Director Signature: _____

Date: _____

Print or Type Executive Director Name: _____

Agency/Organization Name: _____

Address (mailing): _____

City: _____

Zip: _____

Agenda Item V

Agency	Program	Review Date
Arbor Youth Services	Arbor Youth Rapid Re-Housing for Youth	12/16/2020
Arbor Youth Services	Arbor Youth Emergency Shelter	12/16/2020
Arbor Youth Services	Street Outreach 2.0, Assertive Street Outreach	12/16/2020
Community Action Council	Community Action Council Rapid Re-housing	12/16/2020
GreenHouse17	Emergency Shelter for DV	12/16/2020
New Beginnings	Housing Navigation for those with SMI	12/16/2020
Welcome House of Northern Kentucky	Payee Program	12/16/2021
Salvation Army	Emergency Shelter for Women and Women with Children	12/16/2020
New Vista	Continuum of Care Program Combined	2/17/2021
Community Action Council	Housing Navigation and Intensive Case Management	2/17/2021
Community Action Council	Street Outreach 2.0, Assertive Street Outreach	2/17/2021
Lexington-Fayette Urban County Housing Authority	LexCoC	4/21/2021
Mountain Comprehensive Care Center	Permanent Housing Intensive Case Management Program in partnership with Catholic Action Center	4/21/2021
Lexington-Fayette Urban County Government	KY-502 CoC Planning Grant Project Application FY2019	6/16/2021
New Beginnings	New Beginnings Housing First Program	6/16/2021
Community Action Council	Domestic Violence Bonus Initiative	8/18/2021
Community Action Council	Domestic Violence Bonus Initiative-XL	8/18/2021
Mountain Comprehensive Care Center	MCCC Bluegrass Region PSH	8/18/2021
Mountain Comprehensive Care Center	MCCC Bluegrass Region PSH	8/18/2021
Mountain Comprehensive Care Center	Mountain Housing RRH Lex	8/18/2021
Community Action Council	Project Independence Rapid Re-housing	8/18/2021
Community Action Council	Project Independence Rapid Re-housing	8/18/2021
Arbor Youth Services	Arbor Youth Rapid RE-Housing for Youth	10/20/2021
Arbor Youth Services	Emergency Shelter for 0-17 year olds	10/20/2021
Arbor Youth Services	Street Outreach 2.0, Assertive Street Outreach	10/20/2021
Community Action Council	Community Action Council Rapid Re-housing	10/20/2021
GreenHouse17	Emergency Shelter for DV	10/20/2021
New Beginnings	Housing Navigation for those with SMI	12/15/2021
Salvation Army	Emergency Shelter for Women and Women with Children	12/15/2021
Community Action Council	Crisis and Housing Support for Youth	12/15/2021
Community Action Council	Crisis and Housing Support for Youth	12/15/2021

Agenda Item VII a.

Encampment Report for HPI Board
11/5/2020

a. Location 1 (red was on last report)
    i. First notice of activity was 6/7/2020
    ii. First Attempt by SO was on 6/8/2020, possibly over 10 individuals staying there
    iii. First Notice of Cleaning and Removal, Street Outreach on 7/14/2020
    iv. Final Notice on 8/7/2020
    v. All residents self-relocated – unknown number of individuals, two individuals were getting high when contractor and LFUCG employees arrived to clean, left without incident.
    vi. LFUCG removed remaining trash on 8/25/2020, cost of $5,850
    vii. 10/9/2020, Environmental Service reported sleeping in culvert asked for immediate removal due to forecasted rain totals – immediate public safety concern of death by drowning. OHPI approved immediate removal.
    viii. 10/9/2020, Street Outreach dispatched to area
    ix. 10/9/2020, Clean and removed
    x. 10/11/2020, Environmental Services reviewed area, found to be in same condition as 10/9/2020 prior to removal
    xi. 10/12/2020, Sprayed as an Emphasis Area
    xii. 10/13/2020, Cleaned and Removed again for an additional $2,500.
b. Location 2
    i. First plan of action was 3/10/2020 by street outreach
        1. 3 camps, 1 refused to leave, 2 relocated on their own
    ii. 9/25/2020 posted notice of final removal for 10/15/2020
    iii. LFUCG removed remaining trash from LFUCG property and Lowes property on 10/19/2020

Agenda Item VIII a.

LEXINGTON
Homelessness Prevention & Intervention

Lexington Continuum of Care Scheduled Meetings
2021

All meetings including committees are open to the public.

Homelessness Prevention & Intervention Board
Lexington-Fayette County Continuum of Care Board

Via Tele-Conference

1:30 p.m. – 3:30 p.m.

January 13	May 12	September 8
March 10	July 14	November 10

Committees

KYHMIS/Common Assessment

Via Tele-Conference

1:30 p.m. – 3:00 p.m. on *1st Wednesday* of every other month.

February 3	June 2	October 6
April 7	August 4	December 1

Program Performance & Evaluation

Via Tel-Conference

1:30 p.m. – 2:30 p.m. on *3rd Wednesday* of every other month.

February 17	August 18	
April 21	October 20	December 8* *held early due to holidays*
June 16		

Advocacy, Issues, & Programs

Via Tele-Conference.

1:30 p.m. – 3:00 p.m. on *4th Wednesday* of every other month.

February 24	August 25	December 15* held early due to holidays
April 28	October 27	
June 23		

Agenda Item VIII b.

Innovative & Sustainable Solutions to Homelessness Fund - updated expense as of 11/5/2020					
Project	Operating Organization	Budget Allignment	2020-FY2021	Spent	2021-FY2022
Street Outreach 2.0	Community Action Council		$ 266,000.00		$ -
Payee Program	Welcome House		$ 160,595.00	$ 40,149.00	$ -
Marketing for Ending Homelessness	Untold Content		$ 205,168.61		$ 28,594.39
Permanent Housing Intensive Case Management Program in partnership with Catholic Action Center	Mountain Comprehensive Care Center		$ 190,670.00		$ -
HMIS Subsidy	OHPI		$ 36,903.00	$ 36,903.00	$ 37,000.00
CoC Coordinator Position	OHPI (Cost share with CoC)		$ 16,000.00	$ 2,166.38	$ 16,000.00
5-year Strategic Planning Contractor	Analtic Insight LLC.		$ 2,082.50	$ 2,082.50	$ -
	Total Allocated by FY21 Budget		$ 350,000.00		$ -
	Rolling Avalibale Fund Balance from FY20		$ 527,419.11		$ -
	Total Available		**$ 877,419.11**		
	Total Amount Under Contract		**$ 877,419.11**		$ 81,594.39
	Actuals Spent		$ 81,300.88		
	Current Fund Balance	$ 527,419.11	$ 796,118.23		
	End of the Year Fund Balance		**$ -**		
	Total Remaining to Draw Down		$ 796,118.23		
	Total Next Year Rolled Cash		$ 796,118.23		
	Spend Down Rate		23.23%		