

# Grays Harbor/Pacific County Coordinated Entry Policies and Procedures

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## Section 1: Purpose and Overview

The purpose of a Coordinated Entry System (CES) is to provide the quickest access to the most appropriate housing to every household experiencing or at-risk of homelessness through a standardized assessment and referral process.

In January 2017, HUD released new requirements for CES (CPD-17-01). Homeless housing programs funded by the state Consolidated Homeless Grant (CHG) and the local Document Recording Fees must participate in coordinated entry (CE), either as an access point or by accepting referrals into housing programs.

Grays Harbor County Public Health and Social Services and Pacific County Health & Human Services are considered the “lead agencies” or governing body of Grays Harbor and Pacific Counties Coordinated Entry System. Participating programs will fill program openings exclusively through the CES and eliminate all side doors.

## Goals:

In a coordinated system, each system entry point (“front door”) uses the same assessment tool and makes decisions on which programs families are referred based on a comprehensive understanding of each program’s specific requirements, target population, and available beds and services.

By coordinating homeless client intake and assessment, a Coordinated Entry process makes it more likely that households will receive the appropriate services more quickly.

Uncoordinated intake systems cause problems for providers and consumers. Families with housing crises may end up going to multiple agencies that cannot serve them before they get to the one most appropriate for their needs. (National Alliance to End Homelessness)

- **System Goals:** Maximum efficiency of available resources
- **Client Goals:** The right assistance at the right time to meet their individual need

## Purpose:

The purpose of Grays Harbor and Pacific Counties Coordinated Entry system is to collaborate with service providers, housing providers, housing program providers, businesses, churches and the

community at large to prevent and reduce homelessness in Grays Harbor and Pacific Counties. All community partners are strongly encouraged to participate in the Coordinated Entry Quality Assurance committee.

The purpose of centralized intake and assessment is to provide a single point of access that households can access in person, by phone, or through dedicated outreach as able. Household needs are assessed and then are screened for eligibility to various programs as well as any emergency risk factors. The benefits of centralizing intake and assessment include:

- Reducing the amount of phone calls and legwork clients have to do to receive assistance
- Reduce the amount of phone calls and legwork case managers/client supporters have to do to help client receive assistance
- Closing side doors where households can access services ahead of households with higher needs
- Decreasing the amount of time housing providers spend processing requests for assistance and increasing the amount of time they can spend on direct service and
- Improved data collection and quality that allows for data driven decision-making based on community needs

Residents seeking housing assistance and supportive services will be prioritized based on vulnerability. Priority is given to clients who are unsheltered and may have risk factors such as fleeing domestic violence, physical/mental/cognitive disabilities, and long-term or cyclical homelessness. Assistance may also be offered to individuals who are at imminent risk of homelessness or may be in danger of losing stable housing in the future as resources allow.

System-wide collaboration can help ensure all available resources are brought to bear and applied based on client vulnerability rather than first-come, first-serve.

Grays Harbor and Pacific Counties Coordinated Entry will use the HUD definitions of Homelessness when assessing client housing type and appropriate assistance and support:

**Unsheltered Homeless:**

- Living outside or in a place that is 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 campground.
- Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, human trafficking, or other dangerous or life-threatening conditions that relate to violence against the household member(s), including children, that have either taken place within the household's primary nighttime residence or has made the household member(s) afraid to return to their primary nighttime residence

**Sheltered Homeless:**

- Residing in a temporary housing program including shelters, transitional or interim housing, and hotels and motels paid for by charitable organizations or government programs
- Exiting a system of care or institution where they resided for 90 days or less AND who resided in an emergency shelter or place not meant for human habitation immediately before entering the system of care or institution

**At Imminent Risk of Homelessness:**

- Households are at imminent risk of homelessness if they will lose their primary nighttime residence (including systems of care or institutions) within 14 days of the date of application for assistance, AND no subsequent residence has been identified, AND the household lacks the resources or support networks needed to obtain other permanent housing

**What is different from uncoordinated system:**

- Every person screened, based on client need not just “do you qualify for one of our programs?”
- Staff is almost always immediately available to complete initial screening with client and plan next steps in the pathway to assistance with that client
- Clients are prioritized based on highest need vs. first-come, first-served
- More robust referral system

*Note: The lead agency will facilitate a mandatory training for all Coordinated Entry subcontractors at least annually that covers policies and procedures. All policies and procedures will be reviewed at least annually and the lead agency will facilitate a process for stakeholder feedback.*

**Section 2: Marketing**

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**POLICY: Affirmative Marketing**

*Grays Harbor and Pacific County  
Public Health and Social Services  
Department*

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**CE02-01**

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**PURPOSE:**

To publicize as widely as possible the services of Coordinated Entry in order to ensure that all who need housing services in Grays Harbor and Pacific Counties are aware of how to obtain those services.

**POLICY:**

GHCE/PCCE must take every reasonable measure to ensure that information about how to access the Coordinated Entry and a description of services are available to every segment of the population regardless of:

- Language
- Race

- Gender or gender identity
- Familial status
- Sexual orientation
- Age
- National origin
- (Dis)ability
- Criminal record

**DEFINITIONS**

**REFERENCES:**

See Procedure CE02-01-01: Marketing  
 See Policy CE6.2-01: Non-discrimination  
 See Policy CE03-02: Reasonable Accommodation

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<b>POLICY: Advertising Access Points</b>	<i>Grays Harbor and Pacific County Public Health and Social Services Department</i>
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**CE02-02**

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**PURPOSE:**

To publicize as widely as possible the services of Coordinated Entry in order to ensure that all who need housing services in Grays Harbor and Pacific Counties are aware of how to obtain those services.

**POLICY:**

GHCE/PCCE must take every reasonable measure to advertise access points to mainstream systems of care and other community partners within Grays Harbor and Pacific County.

**DEFINITIONS**

**REFERENCES:**

See Procedure CE02-01-01: Marketing  
 See Policy CE6.2-01: Non-discrimination  
 See Policy CE03-02: Reasonable Accommodation

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**POLICY: Accessible materials and instructions**

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*Grays Harbor and Pacific Counties  
Public Health and Social Services  
Department*

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**CE02-03**

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**PURPOSE:**

To publicize as widely as possible the services of Coordinated Entry in order to ensure that all who need housing services in Grays Harbor and Pacific County are aware of how to obtain those services.

**POLICY:**

GHCE/PCCE must take every reasonable measure to ensure marketing materials and participant instructions are available in multiple languages to meet the varying needs of those who speak other languages, have Limited English Proficiency (LEP), and/or have other literacy abilities.

**DEFINITIONS****REFERENCES:**

See Procedure CE02-01-01: Marketing

See Policy CE6.2-01: Non-discrimination

See Policy CE03-02: Reasonable Accommodation

**Section 3: Access**

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**POLICY: Equal Access**

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*Grays Harbor and Pacific County  
Public Health and Social Services  
Department*

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**CE03-01**

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**PURPOSE:**

To ensure all households in different populations have fair and equal access to GHCE/PCCE, including people experiencing chronic homelessness, veterans, households with children, youth, survivors of domestic violence, and those least likely to access homeless assistance.

**POLICY:**

GHCE/PCCE is low-barrier and adheres to state and federal anti-discrimination laws. Households will not be screened out based on any of the following criteria:

- Having too little or no income
- Having poor credit or financial history
- Having poor or lack of rental history

- Having involvement with the criminal justice system
- Having active or history of alcohol and/or substance use
- Having a history of victimization
- The type or extent of disability-related services or supports that are needed
- Lacking ID or proof of U.S. Residency status
- Other behaviors that are perceived as indicating a lack of “housing readiness” including resistance to receiving services

**DEFINITIONS**

**REVIEW REQUIREMENTS**

**REFERENCES**

See Procedure CE03-01-01: Equal Access

See Policy CE6.2-01: Non-discrimination

See Policy CE03-02: Reasonable Accommodation

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**POLICY: Reasonable Accommodations**

*Grays Harbor and Pacific County  
Public Health and Social Services  
Department*

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**CE03-02**

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**PURPOSE:**

To ensure that CE sites take reasonable measures to ensure clients can access services regardless of barriers.

**POLICY:**

CE sites must make reasonable accommodations to allow clients to access the Community Housing Network regardless of the client’s perceived or actual barriers. Such measures may include:

- Coordinated entry assessments over the phone,
- Providing bilingual printed materials,
- Identifying an interpreter to assist with assessment,
- Meeting client at a mutually agreed upon location,
- Assisting client with filling out paperwork, OR
- Reading assessment paperwork out loud to a client.

This list is not exhaustive and provides suggestions of possible strategies for CE sites. CE sites are encouraged to adopt their own methods to accommodate the needs of all clients within reason.

**DEFINITIONS**

**REFERENCES**

See Procedure CE03-01-01: Equal Access

See Policy CE6.2-01: Non-discrimination

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**POLICY: Physical Access**

*Grays Harbor and Pacific County  
Public Health and Social Services  
Department*

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**CE03-03**

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**PURPOSE:**

All clients, regardless of ability, can access CE's physical access points.

**POLICY:**

All reasonable steps shall be taken to ensure access points are fully accessible, including accessible physical locations for individuals who use wheelchairs, as well as a plan to offer reasonable accommodation as needed.

**DEFINITIONS**

**REVIEW REQUIREMENTS**

**REFERENCES**

See Procedure CE03-01-01: Equal Access

See Policy CE03-01: Equal Access

See Policy CE6.2-01: Non-discrimination

See Policy CE03-02: Reasonable Accommodation

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**POLICY: Effective Communication with individuals  
with disabilities**

*Grays Harbor and Pacific County  
Public Health and Social Services  
Department*

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**CE03-04**

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**PURPOSE:**

To ensure that CE sites take reasonable measures to ensure clients can access services regardless of barriers.

**POLICY:**

GHCE/PCCE will make reasonable effort to ensure effective communication with individuals with disabilities, including access to all appropriate auxiliary aids and services necessary.

**DEFINITIONS**

**REFERENCES**

See Procedure CE03-01-01: Equal Access

See Policy CE03-01: Equal Access

See Policy CE6.2-01: Non-discrimination

See Policy CE03-02: Reasonable Accommodation

See Policy CE02-01: Affirmative Marketing

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**POLICY: Population-specific access points**

*Grays Harbor and Pacific County  
Public Health and Social Services  
Department*

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**CE03-05**

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**PURPOSE:**

CES can have different access points for different populations. It is critical that all clients, regardless of population type, receive consistent assessment and referral.

**POLICY:**

Individuals experiencing homelessness seeking permanent housing resources will be referred to centralized Coordinated Entry access point for assessment, prioritization, and referral to available resources. Individuals seeking emergency services may be referred to population-specific programs (i.e. shelter for youth and/or Domestic Violence survivors) as needed.

**REFERENCES**

See Procedure CE03-01-01: Equal Access

See Policy CE03-01: Equal Access

See Policy CE6.2-01: Non-discrimination

See Policy CE03-02: Reasonable Accommodation

See Policy CE02-01: Affirmative Marketing

See Policy CE03.1-02 – Emergency Services

See Policy CE4.1-01: Assessment

See Procedure CE3.1-01-01: Emergency Services

See Procedure CE4.1-02-01: Assessment

See Procedure CE4.1-03-1: Assessment for Subpopulations



## Section 3.1 Emergency Services

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**POLICY: Emergency Services - Information**

*Grays Harbor and Pacific County  
Public Health and Social Services  
Department*

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**CE03.1-01**

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**PURPOSE:**

Housing crises do not always occur during business hours of 8 a.m. to 5 p.m. It is important that clients and community partners have a pathway to access information about emergency services at the time of crisis.

**POLICY:**

GHCE/PCCE will make reasonable effort to ensure information about how to access emergency services is available independent of the operating hours of the CES, and to describe how households will be connected to the CES from emergency services when CES next opens.

**DEFINITIONS****REFERENCES**

See Procedure CE3.1-01-01: Emergency Services

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**POLICY: Emergency Services - Prioritization**

*Grays Harbor and Pacific County  
Public Health and Social Services  
Department*

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**CE3.1 - 02**

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**PURPOSE:**

Describe Emergency Service access and prioritization process

**POLICY:**

GHCE/PCCE will assess and refer households for emergency services (e.g. shelter) during regular business hours. Grays Harbor and Pacific County have alternate access points for target population emergency services – Youth and Domestic Violence survivors – which have their own specific screening and prioritization criteria. Emergency services not funded through County contracts are not accessed and/or prioritized solely by Coordinated Entry.

**DEFINITIONS****REFERENCES**

See Procedure CE3.1-01-01: Emergency Services

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## Section 3.2 Street Outreach

**POLICY: Street Outreach**

*Grays Harbor and Pacific County*

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**CE3.2 - 01**

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**PURPOSE:**

To enhance communication and coordination of efforts between CE sites and homeless outreach programs.

**POLICY:**

All CE sites should communicate on a regular basis with the homeless outreach staff working in their area. In particular, the two teams should discuss:

- How to refer outreach clients to CE sites for services,
- How to best communicate with clients who are unsheltered, AND
- How CE staff can share resources and other information with outreach staff.

All CE sites should work as closely as possible with outreach programs to identify clients in need of services and assist them with coordinated entry.

**DEFINITIONS**

**REFERENCES**

See Policy CE02-01: Affirmative Marketing

See ProcedureCE02-01-01: Marketing

**Section 3.3 Homeless Prevention**

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**POLICY: Homelessness Prevention**

*Grays Harbor and Pacific County  
Public Health and Social Services  
Department*

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**CE3.3 - 01**

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**PURPOSE:**

To ensure coordination of all assistance available to individuals experiencing homelessness or at-risk of homelessness.

**POLICY:**

Prevention programs funded with CHG, ESG, and/or CoC must participate in GHCE/PCCE. Households seeking access to homelessness prevention services will prioritized based on need.

**DEFINITIONS**

**REVIEW REQUIREMENTS**

**REFERENCES**

See Policy: Assessment

See Policy: Prioritization

See Procedures: Assessment

See Procedures: Prioritization

**Section 3.4 Victim Services**

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**POLICY: Victim Service Providers**

*Grays Harbor and Pacific County  
Public Health and Social Services  
Department*

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**CE03.4 -01**

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**PURPOSE:**

Integrate victim service providers with the larger homeless response system.

**POLICY:**

The Domestic Violence Center of Grays Harbor is a victim service provider funded through a contract with Grays Harbor County. The DVC will:

- Serve as an access point for households fleeing domestic violence
  - Establish and adhere to a comparable assessment and prioritization process for households who are fleeing or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or trafficking
- Accept referrals from the GHCE main access point as appropriate

**DEFINITIONS**

**REVIEW REQUIREMENTS**

**REFERENCES**

See Procedure CE3.4-01-01: Victim Service Providers

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**POLICY: Victim Service Provider input**

*Grays Harbor and Pacific County  
Public Health and Social Services  
Department*

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**CE3.4-02**

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**PURPOSE:**

Victim service providers have valuable insight on policies and procedures to ensure accessibility, safety, and confidentiality for households who are fleeing, attempting to flee, domestic violence, dating violence, sexual assault, or trafficking.

**POLICY:**

GHCE/PCCE will partner with relevant victim service providers to develop and implement the following policies and procedures:

- Process to guide the operation of the CES to address the needs of households who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or trafficking, but who are seeking shelter or services from non-victim service providers
- Process to ensure this population has safe and confidential access to GHCE
- Process to ensure immediate access to emergency services such as domestic violence helplines and shelter

**DEFINITIONS**

**REVIEW REQUIREMENTS**

**REFERENCES**

See Procedure CE3.4-01-01: Victim Service Providers

**Section 4: Assessment and Prioritization**

**Section 4.1 Assessment**

**POLICY: Assessment Tool**

*Grays Harbor and Pacific County  
Public Health and Social Services  
Department*

**CE4.1 -01**

**PURPOSE:**

All households entering GHCE/PCCE will complete an assessment that is used to inform a uniform prioritization process. The assessment tool will help determine which households have the greatest need. Assessment tools will be used consistently at all access points in order to achieve fair, equitable, and equal access to services within the community.

**POLICY:**

The GHCE/PCCE Assessment tool used with homeless households (excluding households fleeing DV and homeless youth) include the following factors:

- Chronic homelessness as defined by HUD
- Length of time homeless
- Unsheltered

The GHCE/PCCE assessment tool also includes the following factors:

- Vulnerability to illness or death
- Vulnerability to victimization, including physical assault, trafficking, or sex work
- Significant challenges or functional impairments, including any physical, mental, developmental or behavioral health disabilities which require a significant level of support in order to maintain permanent housing
- High utilization of crisis or emergency services to meet basic needs

**REFERENCES**

See Procedure CE 4.1 – 02-01: Assessment factors and criteria used for uniform decision-making

See Appendix B – GHCE/PCCE Assessment and Prioritization Tool

See Appendix C – GHCE/PCCE Flow Chart

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**POLICY: Assessment Factors and Criteria for uniform-decision-making**

*Grays Harbor and Pacific County  
Public Health and Social Services  
Department*

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**CE4.1 -02**

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**PURPOSE:** GHCE/PCCE policies and procedures should be clear and transparent and will include assessment information, factors, and documentation of the criteria used for uniform decision-making across access points and staff.

**POLICY:** GHCE/PCCE has established a uniform assessment process and objective criteria used for decision-making across access points and staff. GHCE/PCCE policies and procedures are publicly available.

**REFERENCES**

See Procedure CE 4.1 – 02-01: Assessment factors and criteria used for uniform decision-making

See Policy 6.1 -01: Privacy

See Procedure CE6.1-02-01: Client Consent

See Appendix B – GHCE/PCCE Assessment and Prioritization Tool

See Appendix C – GHCE/PCCE Flow Chart

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**POLICY: Assessment processes for subpopulations**

*Grays Harbor and Pacific County  
Public Health and Social Services  
Department*

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**CE4.1 -03**

**PURPOSE:** GHCE/PCCE has different access points for different populations (main access point, Domestic Violence survivors, and youth). Access points that do not assess certain populations must immediately refer those households to an appropriate access point. Households included in more than one population for which an access point is dedicated (for example a youth who is fleeing domestic violence) will be served at whichever access point they choose, so long as they qualify as a target population.

**POLICY:**

Different assessment processes will be used for the following populations:

- Households at risk of homelessness
- Households fleeing domestic violence, dating violence, sexual assault, stalking, trafficking, or other dangerous or life-threatening conditions
- Youth and young adults

**REFERENCES**

See Procedure CE 4.1-03-01: Assessment for subpopulations

**Section 4.2 Assessment Training**

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**POLICY: Assessment Training**

*Grays Harbor and Pacific County  
Public Health and Social Services  
Department*

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**CE4.1 - 01**

**PURPOSE:**

Regular training and reflection is important to ensure clients receive consistent and effective assessment, prioritization, and referrals to meaningful resources.

**POILCY:**

GHCE/PCCE strives to ensure all staff administering assessments receive training annually. Training will occur in-person and may include supplemental reading material. Staff training will be scheduled to occur within sixty (60) days of the beginning of the contract period (July 1).

The training curricula will include the following topics:

- Review of local CES policies and procedures, including any adopted variations for specific populations
- How to use assessment information to determine prioritization
- Criteria for uniform decision-making and referrals

**DEFINITIONS**  
**REVIEW REQUIREMENTS**  
**REFERENCES**

**Section 4.3 Prioritization**

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**POLICY: Prioritization**

*Grays Harbor and Pacific County  
Public Health and Social Services  
Department*

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**CE4.3 - 01**

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**PURPOSE:**

To describe prioritization as a process separate than eligibility and the objective decision-making criteria used to prioritize all types of housing resources.

**POLICY:**

Prioritization is a process that is separate from determination of eligibility for existing programs and is based on objective decision-making criteria. If a household is eligible and prioritized for one type of housing intervention, it does not exclude the household from another type of intervention. Households may appeal referral and prioritization decisions (see P & P for Referrals and Grievances).

**REFERENCES**

See Policy CE 4.3 – 02: Incorporation and inclusion of additional information into prioritization

See Procedure CE 4.3 – 02-01: Incorporation and inclusion of additional information into prioritization

See Policy CE 6.3 -01: Grievances

See Procedures CE 6.3-01: Grievances

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**POLICY: Incorporation and inclusion of additional information into prioritization**

*Grays Harbor and Pacific County  
Public Health and Social Services  
Department*

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**CE4.3 - 02**

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**PURPOSE:**

Assessment tools alone may not capture all the information necessary to determine vulnerability.

**POLICY:**

Households seeking assistance and household’s service providers have an opportunity to give information which should be considered in prioritization decisions. However, only information relevant

to prioritization factors established in CES policies and procedures may be used to make prioritization decisions.

**REFERENCES:**

See Policy CE 4.2-01 Prioritization

See Procedure CE 4.2-01-01 Prioritization

See Procedure CE 4.3-02-01 Incorporation and inclusion of additional information into prioritization

See Policy CE 6.3 -01 Grievances

See Procedures CE 6.3-01 Grievances

**Section 5: Referrals**

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**POLICY: Referral Rejections - Agency**

*Grays Harbor and Pacific County  
Public Health and Social Services  
Department*

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**CE05-01**

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**PURPOSE:**

Describe GHCE/PCCE referral flow and values.

**POLICY:**

Referral rejections by providers are justified, rejected households are immediately referred to appropriate services, and households maintain their place on GHCE/PCCE prioritization lists when a provider rejects a referral.

**DEFINITIONS**

**REFERENCES**

See Procedure CE05-01-01: Referral Rejection Documentation and Monitoring

See Procedure CE05-02-01: Reducing Housing Service and Referral Rejections

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**POLICY: Referral Rejections - Household**

*Grays Harbor and Pacific County  
Public Health and Social Services  
Department*

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**CE05-02**

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**PURPOSE:**

To ensure households maintain their place in GHCE/PCCE prioritization lists when households reject a referral.



**POLICY:**

Households have the right to reject housing and service options without retribution or limiting their access to other forms of assistance.

**DEFINITIONS**

**REFERENCES**

See Procedure CE05-02-02: Referral Rejections – Household

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**POLICY: Openings**

*Grays Harbor and Pacific County  
Public Health and Social Services  
Department*

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**CE05-03**

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**PURPOSE:**

Knowledge and communication regarding program openings are critical to making appropriate and effective referrals.

**POLICY:**

Coordinated Entry staff will manage communication about program openings with all Housing resource providers and keep information up-to-date.

**DEFINITIONS**

**REFERENCES**

See Procedure CE05-03-01: Openings

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**POLICY: Rent limit policies**

*Grays Harbor and Pacific County  
Public Health and Social Services  
Department*

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**CE05-04**

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**PURPOSE:**

To ensure alignment with funding source requirements on rent limits.

**POLICY:**

Rent limit policies as required by funding sources are consistently followed

**DEFINITIONS**

Rent limit:

## REFERENCES

### Section 6: Household Protections

#### Section 6.1 Privacy

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**POLICY: Information sharing and assessment**

*Grays Harbor and Pacific County  
Public Health and Social Services  
Department*

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**CE6.1 - 01**

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**PURPOSE:**

To describe GHCE/PCCE's values for obtaining household consent to share and store household information for purposes of assessing and referring households through GHCE/PCCE.

**POLICY:**

GHCE has developed and implemented policies and procedures for obtaining household consent to share and store household information for purposes of assessing and referring households through CE. These policies and procedures reflect the following privacy protections:

- GHCE/PCCE does not deny assessment or services to a household if the household refuses to provide certain pieces of information, unless the information is necessary to establish or document program eligibility
- GHCE/PCCE does not deny services to households if the household refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of a household's personally identifiable information condition of program participation
- Records containing personally identifying information will be kept secure and confidential and the address of any family violence project not be made public
- The assessment and prioritization process do not require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

**REFERENCES**

See Procedure CE6.1-02-01: Client Consent

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**POLICY: Client Consent**

*Grays Harbor and Pacific County  
Public Health and Social Services  
Department*

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**CE6.1 - 02**

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**POLICY:**

Coordinated Entry staff will communicate with clients to request and confirm their consent for data entry and release of that information to necessary community service organizations through referrals. Staff will inform clients that services are not contingent on their consent to provide or release information. All information shared will be the minimum level necessary to communicate effectively about the client needs.

The following types of records must be entered at Coordinated Entry anonymously:

- Households entering a domestic violence program or currently fleeing or in danger from a domestic violence, dating violence, sexual assault, human trafficking or a stalking situation.
- Minors (under the age of 16) entering programs independently (without a parent or guardian).
- If one household member does not consent, all household members must be entered anonymously.
- If a funder requires a program to report the HIV/AIDS status.

**REFERENCES**

See Procedure CE6.1-02-01: Client Consent

**Section 6.2 Non-Discrimination**

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<b>POLICY: Non-discrimination</b>	<i>Grays Harbor and Pacific County Public Health and Social Services Department</i>
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**CE6.2 - 01**

**PURPOSE:**

To serve all clients of GHCE equally in compliance with all local, state, and federal housing and nondiscrimination laws and regulations.

**POLICY:**

**I. Compliance with Federal law**

All designated coordinated entry sites must comply with the following Federal civil rights laws:

- Fair Housing Act,
- Section 504 of the Rehabilitation Act,
- Title VI of the Civil Rights Act,
- Title II of the Americans with Disabilities Act, AND
- Title III of the Americans with Disabilities Act.

Compliance with the laws above prohibits any discriminatory housing practices based on race, color, religion, sex, national origin, disability, familial status, or disability.

**II. Serving All Regardless of Barriers**

All clients, regardless of perceived or actual barriers to housing, must be rendered all necessary assistance to secure permanent housing. Designated coordinated entry sites cannot turn clients away based on:

- Too little or no income,
- History of substance abuse,
- Domestic violence history,
- Resistance to receiving services,
- Type or extent of required disability-related services or supports,
- History of evictions or poor credit,
- Lease violations or lack of rental history, OR
- Criminal record.

### III. Clients May Refuse Consent

All clients have the right to refuse to share any requested information during the coordinated entry enrollment process. Clients are not required to disclose any diagnoses or disabilities. Specific diagnoses or disability information may be obtained when such disclosure helps determine their eligibility for referral to a particular program.

#### DEFINITIONS

#### REFERENCES

See Policy CE03-01: Equal Access

See Policy CE03-02: Reasonable Accommodations

## Section 6.3 Grievance

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**POLICY: Grievance**

*Grays Harbor and Pacific County  
Public Health and Social Services  
Department*

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**CE6.3-01**

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**PURPOSE:**

An applicant has the right to file a grievance. The person filing a grievance shall be free from restraint, coercion, discrimination, or reprisal.

**Policy:**

Households will be notified of their right to submit grievances and in what manner they can submit grievances, including nondiscrimination and equal access complaints.

**DEFINITIONS****REFERENCES**

See Procedure CE6.3-01-01: Grievances

## Section 7: Evaluation

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### **POLICY: Evaluation**

*Grays Harbor and Pacific County  
Public Health and Social Services  
Department*

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#### **CE07-01**

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#### **PURPOSE:**

To describe the evaluation components, metrics of success, and timeline.

**Policy:** Grays Harbor and Pacific Counties Public Health and Social Services, as the lead entity will complete an evaluation of GHCE annually. The evaluation process will include the following components:

- Monthly “Quality Assurance” meetings with other community stakeholders about the effectiveness of GHCE and the opportunity to troubleshoot inefficiencies
  - Review of the intake, assessment, and referral process
  - Collection of information and feedback from participating programs
- A formal evaluation of the previous fiscal year will take place at least annually within sixty (60) days of the beginning of the contract period (July 1)
- The formal evaluation will follow a CE monitoring tool based on the GHCE Policies and Procedures, Commerce CE Guidelines/Requirements, and Best Practice information from State and Federal resources
  - GHCPHSS will complete the monitoring tool through desk and onsite monitoring
  - Community partner and participant feedback will be solicited through a process similar to a fidelity review with standard interview questions
- The monitoring tool will include the following components:
  - Documentation of adequate privacy protections of all household information collected
  - Description of how program participants will be selected to provide feedback
  - All other components of GHCE Policies and Procedures
- The results of the GHCE evaluation will be summarized in a monitoring report provided to the agency administering GHCE. The agency will have the opportunity to draft and implement a corrective action plan if necessary.
  - The results of the monitoring report will be presented to the Coordinated Entry Quality Assurance group
  - Policies and Procedures will be reviewed to determine if updates/revisions are necessary
- The monitoring tool, report, and corrective action plan will be documented and provided to Commerce and/or other funders as relevant

#### **REFERENCES:**

See Policy CE07-02: Stakeholder input on system evaluation

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**POLICY: Stakeholder input on system evaluation**

*Grays Harbor and Pacific County  
Public Health and Social Services  
Department*

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**CE07-02**

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**PURPOSE:**

To encourage broad community stakeholder input on the Coordinated Entry system.

**Policy:**

It is the intent of the Coordinated Entry central intake agency to adhere to the recommendations of the Coordinated Entry working committee and adjust program design and model as needed.

1. All CE program partners will be encouraged to participate in the quality assurance collaborators committee meeting.
2. CE subcontractor will lead and participate in the Coordinated Entry collaborators quality assurance meeting.
3. Grays Harbor County and Pacific County will support regular CE QA meetings.
  - a. GHC will send out agenda and any attachments to partner organizations
  - b. Document minutes of the meeting, and
  - c. Distribute meeting minutes to CE program partners
4. CE program QA meeting is designed to:
  - a. Identify gaps in the CE program system,
  - b. Give partners a voice in the system,
  - c. Hear service partner concerns and challenges,
  - d. Report monthly data findings, and
  - e. Be solution focused and oriented.

**DEFINITIONS**

**REFERENCES**

See Policy CE07-01: Evaluation

# Appendix A: Procedures

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## Section 2: Marketing

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**PROCEDURE: Marketing**

*Grays Harbor and Pacific County  
Public Health and Social Services Department*

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**CE02-01-01**

**POLICY STATEMENT:** GHCE/PCCE must take every reasonable measure to ensure that information about how to access the Coordinated Entry and a description of services are available to every segment of the population

**APPLIES TO:** Coordinated Entry subcontractors, The County

**PROCEDURE:**

- I. The County will provide marketing materials including printed flyers, rack cards, and brochures to CE sites to enhance marketing of the Coordinated Entry system. Marketing materials and participant instruction will be available in multiple languages to meet the varying needs of those who speak other languages, have Limited English Proficiency (LEP), and/or have limited literacy abilities.
- II. GHCE providers will attend regular partner meetings, including those in more rural areas of the community to share materials and information about access to CE.
- III. GHCE providers will host an information event in each community within Grays Harbor no less than once per calendar year to share information and materials about Coordinated Entry.
- IV. GHCE providers will participate in Service Officer Training event for the Veterans Relief Fund no less than once per calendar year to share information and materials about Coordinated Entry.
- V. GHCE providers will meet with representatives from Tribal entities no less than once per calendar year to share information and materials about Coordinated Entry.
- VI. GHCE providers will regularly meet with mainstream systems of care such as DSHS, Behavioral Health providers, Medical providers, school districts, etc. to share materials and information about access to CE.
- VII. GHCE providers will regularly meet with relevant partners who conduct street outreach to share materials and information about access to CE.
- VIII. GHCE providers will regularly participate and contribute content to Grays Harbor's Coordinated Entry Work Group
- IX. GHCE providers will regularly meet with emergency response personnel such as law enforcement, crisis response teams, emergency room personnel, etc. to share materials and information about access to CE.

## REVIEW REQUIREMENTS

### REFERENCES

See Policy CE02-01: Affirmative Marketing

See Policy CE02-02: Advertising access points

See Policy CE02-03: Accessible materials and instructions

See Policy CE3.2-01: Street Outreach

## Section 3: Access

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### PROCEDURE: Equal Access

*Grays Harbor and Pacific County  
Public Health and Social Services Department*

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#### CE03-01-01

**POLICY STATEMENT:** To ensure all households in different populations have fair and equal access to GHCE/PCCE, including people experiencing chronic homelessness, veterans, households with children, youth, survivors of domestic violence, and those least likely to access homeless assistance.

**APPLIES TO:** Coordinated Entry subcontractors

#### PROCEDURE:

- I. The County will provide marketing materials including printed flyers, rack cards, and brochures to CE sites to enhance marketing of the Coordinated Entry system. Marketing materials and participant instruction will be available in multiple languages to meet the varying needs of those who speak other languages, have Limited English Proficiency (LEP), and/or have limited literacy abilities.
- II. GHCE/PCCE physical site is physically accessible for individuals who use wheelchairs
- III. Reasonable accommodations will be provided as needed (see policy)
- IV. Access points are sited very close to public transportation hubs and other mainstream services
- V. Reasonable accommodations can be provided for individuals unable to physically come to the access point (i.e. phone interview, Skype, etc.)
- VI. GHCE/PCCE provider will make reasonable efforts to provide listening aid devices as needed
- VII. GHCE/PCCE provider will make reasonable efforts to connect clients to bilingual staff and/or Language Line as needed

### REFERENCES

See Policy CE03-01: Equal Access

See Policy CE03-02: Reasonable accommodations

See Policy CE03-03: Physical access



See Policy CE03-04: Effective communication with individuals with disabilities

See Policy CE-03-05: Population-specific access points

### Section 3.1 Emergency Services

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**PROCEDURE: Emergency Services**

*Grays Harbor and Pacific County  
Public Health and Social Services Department*

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**CE3.1-01-01**

**POLICY STATEMENT:** GHCE/PCCE must make reasonable efforts to ensure information about emergency services and how to access them is available outside of regular business hours.

**APPLIES TO:** Coordinated Entry subcontractors

**PROCEDURE:**

- I. GHCE/PCCE provider will activate a recording about available emergency services when CE is not open
- II. GHCE/PCCE provider will post information about available emergency services on their website
- III. Individuals who access emergency services outside of GHCE business hours will be referred to Coordinated Entry on the next business day for assessment and referral
- IV. GHCE/PCCE provider will make reasonable efforts to meet with emergency response personnel on a regular basis to share materials and information about emergency services available outside of normal business hours

**POLICY STATEMENT:** Some, but not all emergency services are solely accessed and prioritized through Coordinated Entry.

**PROCEDURE:**

- I. Coordinated Entry is the sole access point for CCAP 3 unit family shelter
- II. Emergency services for specific subpopulations may be accessed either through Coordinated Entry **or** directly at the service provider location. Individuals who access these emergency services will be referred to centralized Coordinated Entry on the next business day for permanent housing assistance as needed
- III. Emergency services funded by funding administered by Grays Harbor County will be prioritized based on vulnerability.
  - a. CCAP 3 unit family shelter
  - b. CCAP hotel/motel funding
  - c. Domestic Violence Shelter (5 rooms)
- IV. Emergency services not funded through Grays Harbor County are not prioritized on need.

- a. Union Gospel Mission shelter for men (40 beds)
- b. Friendship House shelter for women and children (40 beds)

**REFERENCES**

See Policy CE3.1-01: Emergency Services – Information

See Policy: CE3.1-02: Emergency Services Prioritization

**Section 3.4 Victim Services**

**PROCEDURE: Victim Service Providers**

*Grays Harbor and Pacific County  
Public Health and Social Services Department*

**CE3.4-01-01**

**POLICY STATEMENT:** GHCE/PCCE will partner with relevant victim service providers to develop and implement the following policies and procedures:

- Process to guide the operation of the CES to address the needs of households who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or trafficking, but who are seeking shelter or services from non-victim service providers

**APPLIES TO:** Coordinated Entry subcontractors, County-contracted victim service providers

**PROCEDURE:**

- I. Domestic Violence Center will regularly participate in monthly Coordinated Entry work groups to provide input and guidance on serving households who are fleeing or attempting to flee

**POLICY STATEMENT:** GHCE will partner with relevant victim service providers to develop and implement the following policies and procedures:

- Process to ensure this population has safe and confidential access to GHCE

**PROCEDURE:**

- I. If client is in imminent danger CCAP will take necessary steps to ensure physical/emotional safety
  - Ex: Call 911
  - Physically escorting clients to safety or referral agency off premises
  - Call Crisis Line
- II. For clients who indicate they are fleeing or attempting to flee CCAP 60 intake gets shredded
- III. Clients who indicate they are fleeing DV or otherwise in danger HMIS is **always marked as** consent refused and no identifying information included in database
- IV. Meet clients in individual rooms for screening/assessment to ensure privacy and confidentiality
- V. Consent refused files will be kept in separate location, crosswalk available to limited staff

- VI. Victim service providers will regularly participate in monthly Coordinated Entry work group meetings to provide and guidance on serving households who are fleeing or attempting to flee

**POLICY STATEMENT:** GHCE will partner with relevant victim service providers to develop and implement the following policies and procedures:

- Process to ensure immediate access to emergency services such as domestic violence helplines and shelter

**PROCEDURE:**

- I. Screened on initial eligibility, additional CCAP screening making appropriate referrals
  - a. Interviewed by staff person
  - b. If client identifies DV or fleeing go to second sheet regarding referrals (DV worksheet?)
  - c. If client identifies DV/fleeing → interview stops and referral process to DV or other advocacy services immediately occurs
- II. Phone calls to DV or Crisis line happen at CCAP office
  - a. CCAP staff can do it, or assist clients do it
- III. CCAP speaks to DV or other advocacy program to determine if they are capable of sheltering clients and/or providing safety planning services and supports
  - a. If yes: warm handoff to advocacy agency – confirmed by phone call
  - b. If no (agency unable to serve or client declines services):
    - i. Still has safety plan needs: CCAP will continue to work with other shelters or programs as directed by client needs/goals
    - ii. Client declines: CCAP proceeds with housing assessment

**REFERENCES**

See Policy CE3.4-01: Victim Service Providers

See Policy CE3.4-02: Victim Service Provider input

**Section 4 Assessment and Prioritization**

**Section 4.1: Assessment**

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**PROCEDURE: Assessment factors and criteria for decision-making**

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*Grays Harbor and Pacific County  
Public Health and Social Services Department*

**CE4.1-02-01**

**POLICY STATEMENT:** GHC/PCCEE has established a uniform assessment process and objective criteria used for decision-making across access points and staff. GHCE/PCCE policies and procedures are publicly available.

**APPLIES TO:** Coordinated Entry subcontractors, County-contracted victim service providers

**PROCEDURE:**

- II. GHCE/PCCE has established a consistent assessment tool that seeks to determine households' specific needs and the minimum amount of assistance that is needed to end their housing crisis
- III. This tool also serves to gather information needed to prioritize available resources for households with the greatest needs
- IV. GHCE/PCCE staff move through the Coordinated Entry Flow Chart and if clients are literally homeless and unable to resolve their housing crisis with Diversion strategies GHCE/PCCE staff administer the "GHCE/PCCE Assessment and Prioritization Screening"
- V. All clients are asked the same questions in the same order, and are instructed they have the option of declining to answer any and all questions they wish – however the more information they are willing to share the more accurate picture of need will be presented and pathways to assistance may be removed without adequate information
- VI. At the end of the screening GHCE/PCCE staff will review the responses and crosswalk critical questions with pathways to assistance
- VII. Problem-solving will focus on client's responses to the questions "What do you need to address your housing crisis" and "What would you hope results from this meeting today?". Using that framework as a guide staff will review responses to the following questions for meaningful referral pathways, **based on client choice:**
  - a. If client has indicated they served in the military/are a Veteran GHCE staff may refer to the Veteran Relief Fund and/or Supportive Services for Veteran Families assistance programs
  - b. If the client has indicated they are currently or was recently in treatment for behavioral health GHCE/PCCE staff may refer to a Behavioral Health provider to access HARPS funding
  - c. If the client has indicated they are currently enrolled in TANF or was enrolled and not met the 60 month limit GHCE/PCCE staff may refer to Ending Family Homelessness resources
  - d. If the client is currently enrolled in HEN or ABD programs GHCE/PCCE staff may refer to Housing and Essential Needs resources
  - e. If the client indicates they have been a victim of Domestic Violence GHCE staff may refer to the Domestic Violence Center/PCCE
  - f. If the client indicates they are currently fleeing domestic violence GHCE staff may refer to the Domestic Violence Center and all information will be entered as anonymous/consent refused**
  - g. If the client indicates they are currently unsheltered GHCE/PCCE staff may refer to an Emergency Shelter provider (including CCAP family shelter program) and/or safety plan with

- h. If the client indicates they have limited or no income GHCE/PCCE staff may refer to FCS Supported Employment and/or employment/workforce development resources including but not limited to WorkSource or Express Employment
  - i. If the client indicates they have a disability that affects their ability to find or maintain housing GHCE/PCCE staff may refer to Northwest Justice Project and/or the Landlord Liaison for further advocacy
  - j. If the client indicates they have a chronic health condition and/or needs access to life sustaining medications and are not currently engaged with a primary care physician GHCE/PCCE staff may refer to a “medical home” option
  - k. If the client indicates themselves or someone in their household is in need of mental health services GHCE/PCCE staff may provide information about behavioral health provider options
  - l. If the client indicates themselves or someone in their household is currently in recovery for drugs or alcohol GHCE/PCCE staff may refer to Oxford, Second Chance, or other recovery housing options
  - m. If the client indicates there are dependents under the age of five and/or CPS involvement in the past 6 months GHCE/PCCE staff may refer to DCYF and/or Parents as Teachers programs
  - n. If the client indicates they are pregnant (including high risk pregnancy) GHCE/PCCE staff may refer to PCAP and/or other prenatal care options
  - o. If the client indicates yes to any questions under the “Criminal History” section of the screening GHCE/PCCE may refer to Northwest Justice Project
- VIII. Once the client has completed the screening, GHCE/PCCE staff will total the vulnerability score based on client responses
- IX. Depending on how the client answered “What do you need to address your housing crisis” and “What would you hope results from this meeting today?” GHCE/PCCE will begin to draft a comprehensive plan on how to best meet the client’s goal
- a. If the client is looking for immediate shelter GHCE/PCCE staff will review household size, makeup, location, vulnerability factors, and preferences and present emergency shelter options and client may choose how to proceed
    - i. If client is not a fit or declines referral to available emergency shelter option GHCE/PCCE staff may safety plan with the client
  - b. If the client is looking for housing placement GHCE staff will review level of assistance need. If client need is for long-term, sustained housing subsidy that exceeds mainstream resource capacity to respond GHCE staff will review eligibility for existing programs.
    - i. If client is literally homeless and income is at or below 30% AMI they are eligible for CHG RRH → GHCE staff will refer client information to Google Docs
    - ii. If client is literally homeless and enrolled in TANF they are eligible for TANF RRH and CHG RRH → GHCE staff will refer client information to Google Docs
    - iii. If client is literally homeless and enrolled in HEN or ABD they are eligible for HEN RRH and CHG RRH → GHCE staff will refer client information to Google Docs

- iv. If client is literally homeless and income is at or below 50% AMI and are identified as a target population in the TBRA program description they are eligible for TBRA RRH (and if income is below 30% eligible for CHG RRH) → GHCE staff will refer client information to Google Docs
- v. If client is literally homeless, income is at or below 50% AMI, and head of household and/or spouse is a Veteran they are eligible for SSVF, TBRA, and CHG RRH (if income less than 30%) → GHCE staff will refer client information to Google Docs
- c. Clients are placed on Google Docs housing pools for upcoming available housing “slots” using their eligibility and prioritization information. Eligible households will be placed on Google Docs housing pools for programs for which they are eligible. The total vulnerability score that results from the “GHCE Assessment and Prioritization Screening” will be used as a means of prioritizing available housing “slots”.
- d. When a housing slot becomes available, or will be imminently available the Systems Specialist will review the housing pool for that particular program and the household with the highest vulnerability score will be enrolled in that open “slot”.

**POLICY:** Policies and procedures detailing assessment and prioritization processes are publicly available.

**PROCEDURE:**

- I. GHCE/PCCE Policies and Procedures are posted on County and CCAP websites
- II. GHCE/PCCE Policies and Procedures are available in writing upon request at GHCE

**REFERENCES:**

See Policy 4.02-01: Assessment factors and criteria for decision-making

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**PROCEDURE: Assessment for Subpopulations**

*Grays Harbor and Pacific County  
Public Health and Social Services Department*

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**CE4.1-03-01**

**POLICY STATEMENT:** Individuals experiencing homelessness seeking permanent housing resources will be referred to centralized Coordinated Entry access point for assessment, prioritization, and referral to available resources. Individuals seeking emergency services may be referred to population-specific programs (i.e. shelter for youth and/or Domestic Violence survivors) as needed.

**APPLIES TO:** Coordinated Entry subcontractors, County-contracted victim service providers

- Clients presenting at the access point for Domestic Violence survivors (Domestic Violence Center of Grays Harbor) who are not determined to be eligible will be immediately referred to the appropriate access point
- Clients presenting at the access point for youth who are not determined to be eligible will be immediately referred to the appropriate access point

- Clients presenting at the main access point (Coastal Community Action Program) who are under 18 or imminently fleeing Domestic Violence **in need of emergency shelter** will be referred to the appropriate access point

**POLICY STATEMENT:** Access and referral to emergency services may be different for the following populations:

- Households at risk of homelessness

#### **Households at risk of homelessness**

##### **PROCEDURE:**

- I. Clients are initially screened using the “Client intake” form at the front desk or over the phone with GHCE/PCCE staff
- II. Clients are also assisted to complete the “Coordinated Entry Housing Eligibility Screening” to determine housing status
- III. Clients who are determined to be at-risk of homelessness will engage with GHCE/PCCE staff to identify no or low-cost strategies through “Diversion” semi-structured conversation including but not limited to: FCS Supportive Housing, Supported Employment, Pathways case management, referrals to mainstream resources

#### **Households fleeing Domestic Violence – present at Coordinated Entry**

##### **PROCEDURE:**

- I. Clients are initially screened using the “Client intake” form at the front desk or over the phone with GHCE staff
- II. Clients are also assisted to complete the “Coordinated Entry Housing Eligibility Screening” to determine housing status
- III. Clients who are determined to be homeless due to imminently fleeing Domestic Violence **IMMEDIATELY** will be referred to the Domestic Violence Center or verify that they have been connected
- IV. Clients who are determined to be imminently fleeing Domestic Violence but who are temporarily housed (at a shelter or with friends/family) will proceed with GHCE/PCCE but all information will be considered consent refused and paper and electronic files will be treated as such (Referral to DVC may still be made depending on client choice)

#### **Households fleeing Domestic Violence – present at Domestic Violence Center**

- I. Clients go through screening and intake at DVC
- II. Client determined to be homeless as a result of imminently fleeing domestic violence and in imminent danger may be referred to the Domestic Violence Shelter as space allows or alternate shelter resources in other communities

- III. If the client is not determined to be homeless as a result of imminently fleeing domestic violence and in imminent danger they will be referred to Coordinated Entry
- IV. Once a client has been assessed and a temporary housing plan has been established (i.e. they are in shelter or found temporary housing with friends/family) they are referred to Coordinated Entry if the client has a need for permanent housing assistance

**Youth and Young Adults**

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Domestic Violence Survivors and Youth who approach population specific services directly and can be served may not need to access Coordinated Entry. Subpopulation agency staff will refer individuals to Coordinated Entry when and if they are in need of permanent housing.

**REFERENCES:**

See Policy 4.1-03: Assessment for subpopulations

**Section 4.3 Prioritization**

**PROCEDURE: Prioritization**

*Grays Harbor and Pacific County  
Public Health and Social Services Department*

**CE4.3 – 01-01**

**POLICY STATEMENT:** Prioritization is a process that is separate from determination of eligibility for existing programs and is based on objective decision-making criteria. If a household is eligible and prioritized for one type of housing intervention, it does not exclude the household from another type of intervention. Households may appeal referral and prioritization decisions (see P & P for Referrals and Grievances).

**PROCEDURE:**

Prioritization is a process separate from eligibility and includes:

- I. Households may go through an initial screening and assessment process to gather information about need and eligibility for various programs and services
- II. Following completion of screening and assessment GHCE staff will summarize potential next steps for the household based on information provided related to eligibility and collaboratively identify the path forward
- III. Information the household provides about factors such as housing status, income, household makeup, etc. is used to determine eligibility.
- IV. GHCE staff will refer client information and preferences to the Systems Specialist for inclusion on the Google Docs Housing Pool for available “slots”
- V. When a housing “slot” becomes open or will imminently be available prioritization for that available slot is based on the results of the vulnerability assessment score – the highest vulnerability score in that housing pool at the time of the opening will be enrolled



**REFERENCES:**

See Policy CE4.3-01: Prioritization

See Policy CE 6.1-01: Grievances

See Procedures CE 6.1-01-01: Grievances

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**PROCEDURE: Incorporation and inclusion of additional information into prioritization**

*Grays Harbor and Pacific County  
Public Health and Social Services Department*

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**CE4.3 – 02-01**

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**POLICY STATEMENT:** Households seeking assistance and household’s service providers have an opportunity to give information which should be considered in prioritization decisions. However, only information relevant to prioritization factors established in CES policies and procedures may be used to make prioritization decisions.

**PROCEDURES:**

Coordinated Entry staff have the opportunity to request and incorporate additional information to be considered in prioritization decisions.

- I. Clients will go through the complete Coordinated Entry assessment and prioritization process
- II. If CE staff feel the client has additional needs and/or prioritization score does not capture true vulnerability they can complete the “Selection Committee Criteria” form
- III. Alternatively if the client and/or service providers feel additional information is needed and/or prioritization score does not capture true vulnerability they can complete and submit the “Selection Committee Criteria” form
- IV. If client meets minimum threshold criteria additional information can be included
- V. For each additional ranking criteria the client meets one additional point will be added to prioritization score

**REFERENCES:**

See Policy CE4.3-02: Incorporation and inclusion of additional information into prioritization

**Section 5: Referral**

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**PROCEDURE: Referral  
Rejection Documentation  
and Monitoring**

*Grays Harbor and Pacific County  
Public Health and Social Services Department*

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**CE05-01-01**

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**POLICY STATEMENT:** Grays Harbor and Pacific County Social Services monitors the reasons referrals to housing resources are rejected. The reasons are documented and routinely examined so that barriers to housing stability can be identified and addressed by the housing service community.

**APPLIES TO:** Grays Harbor and Pacific County Social Services Department and Coordinated Entry (CE) subcontractors.

**PROCEDURE:**

- I. Data Collection: At the time a client’s needs are assessed and potential housing referrals identified CE staff make reasonable effort to contact the receiving agency directly to determine if the client may be served by the receiving agency. If the receiving agency indicates that they cannot serve the client, the reason the referral was rejected is documented as described below. If the receiving agency cannot be contacted the referral and the outcomes are tracked as follows:
  - A. The coordinated entry subcontractor uses HMIS to track services delivered to their clients, including CE program clients.
  - B. The housing referrals given to the client are entered by data entry staff into HMIS in the relevant program (Diversion or Coordinated Entry)
  - C. Housing Referrals given to the clients are entered as “services.” When a referral is given to a coordinated entry client and the receiving agency can’t be contacted ahead of time to determine if the client can be served:
    1. The client is verbally instructed to report back to CE program staff if the agency rejects the referral
    2. The specific referral will be entered into HMIS
    3. In the case that the outcome of the housing referral is known that outcome will be entered as a comment in the client’s HMIS record.
- II. Reporting: Monthly by the 10<sup>th</sup> working day the CE subcontractor will prepare a barrier summary report from HMIS using the information gathered from known housing referral rejections and associated barriers, contained in the comment fields for each client served the previous month. The CE subcontractor shall provide the report to the County. The report shall contain at a minimum:
  - A. A list of the known barriers reported by the clients referred to each receiving agency.
  - B. An analysis the frequency each type of barrier was reported
- III. Data Analysis: Grays Harbor County’s Coordinated Entry Workgroup meets each month. Analysis of barriers to accessing housing services is a standing agenda item at that meeting. Analysis includes
  - A. Review of the data prepared by the CE subcontractor and supplied to the County.
  - B. Discussion about the barrier including any policy or procedure mechanisms that could reduce or eliminate the barrier

- C. Recommendations to the County, County subcontractors or allied partners as needed to affect system improvement.

**REFERENCES:**

See Policy CE05-01 Referral Rejections – Agency

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**PROCEDURE: Reducing  
Housing Service and Referral  
Rejections**

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*Grays Harbor and Pacific County  
Public Health and Social Services Department*

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**CE05-02-01**

**POLICY STATEMENT:** Grays Harbor and Pacific County Social Services convenes a community wide process to continually reduce Coordinated Entry referral rejections with the goal being a system of care in which referral rejections are rare and always justified.

**APPLIES TO:** Grays Harbor and Pacific County Social Services Department, Coordinated Entry (CE) subcontractors, and allied partners.

**PROCEDURE:**

- I. There may be instances where a community housing system of care allied partner is not able to accept a referral from a CE subcontractor.
- II. Refusals are justified when:
  - a. Client does not fit required eligibility criteria for the housing program including safety criteria;
  - b. The program referred to is at its maximum capacity;
  - c. The program referred to has exhausted available resources.

**PROCEDURE:**

- I. The County convenes a process called the Coordinated Entry Work Group with the goal to make the Coordinated Entry system align with the following values:
  - a. *Solution focused:* Housing system partners assess client needs and provide resources to meet those needs in a manner that ensures referral rejections are rare and justified.
  - b. *Coordinated:* Housing system partners have a comprehensive understanding of program eligibility requirements and available resources. If a referral is rejected the client will be referred back to Coordinated Entry whenever possible. Agencies are also encouraged to communicate about successful referrals so they can be documented and included in any analysis.
  - c. *Timely:* Referrals are made as quickly as possible and if a rejection occurs the client will be quickly connected to alternate resources as available.
  - d. *Transparent:* Referral rejections are documented. Rejection reasons are regularly reviewed and discussed.
  - e. *Collaborative:* The Coordinated Entry Work Group is inclusive and values contributions from both housing and community partners to create the components of a successful housing system. The Work Group cultivates strong relationships between partner agencies so that the referral and information flow is as smooth as possible.

- f. *Data driven:* The Coordinated Entry Work Group will regularly review and discuss client barriers and successes to determine how to improve system operations.
- II. The Coordinated Entry Work Group has the following features:
  - a. *Membership:* The Coordinated Entry Work Group includes but is not limited to Grays Harbor County Public Health and Social Services staff, County Housing subcontractors including CE subcontractor(s), behavioral health partners, law enforcement, public library staff, and employment agency staff.
  - b. *Meeting frequency:* The Work Group meets at least bi-monthly.
  - c. *Scope of work:* The Work Group reviews policies and procedures, plans, data, and system operations and makes recommendations to the Housing Executive Committee and Housing Coalition as appropriate.
- III. Coordinated Entry Work Group agendas include a standing item to review rejection data gathered per CE05-01-01 – Referral Rejection Documentation and Monitoring.
- IV. Improvement: the Coordinated Entry Work Group makes Policy and Procedure recommendations to the County when appropriate. Minutes are kept of all meetings held and are available for reference.
- V. Annually the Coordinated Entry Work Group will prepare an analysis of known rejection patterns and recommendations to address them.

**REFERENCES**

See Policy CE05-01 Referral Rejections – Agency

**PROCEDURE: Household rejects referral**

*Grays Harbor and Pacific County  
Public Health and Social Services Department*

**DATE:**

Page 36 of 40

**CANCELS**

N/A

**CE05-02-02**

**POLICY STATEMENT:** Households have the right to reject housing and service options without retribution or limiting their access to other forms of assistance.

**APPLIES TO:** Coordinated Entry subcontractors, allied partners

**PROCEDURE:**

- I. Following assessment and prioritization processes at Coordinated Entry referral options are discussed with the client
- II. Client has right to be presented options and make informed choice
- III. Decision-criteria for emergency shelter (i.e. motel) funding if client rejects referrals (CHG, EFH, HEN emergency shelter funds)
- IV. Safety planning for immediate housing crisis
- V. Client maintains their place in GHCE prioritization lists when household rejects a referral.
- VI. Client rejection is documented

## REFERENCES

See Policy CE05-02: Referral Rejections – Household

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**PROCEDURE: Openings**

*Grays Harbor and Pacific County  
Public Health and Social Services Department*

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**CE05-03-01**

**POLICY STATEMENT:** GHCE/PCCE will keep up-to-date information on program capacities, vacancies, and eligibility criteria

**APPLIES TO:** Coordinated Entry subcontractors, allied partners

**PROCEDURE:**

- I. GHCE/PCCE staff is aware of opportunities in the community where their clients may be referred. If the client is in need of emergency shelter while they are awaiting permanent housing they will refer them to the appropriate shelter depending on client characteristics and fit.
- II. Vacancies in shelter programs are confirmed by phone calls from GHCE/ PCCE staff to shelter staff prior to referral as possible. If the shelter is full or the client does not fit the criteria, CCAP has the ability to shelter the clients in a safe house they operate for this purpose, or provide hotel vouchers if the units are both full and the client is a family where they are not eligible for other shelters. Hotel vouchers may be provided to households without children based on vulnerability and available resources.
- III. CCAP operates several rental assistance programs that follow various sets of guidelines. All rental assistance program openings will be filled based on priority – with the most vulnerable households having first access to available resources. GHCE/PCCE will operate an internal listing of CCAP program openings. The Systems Specialist will maintain the list make it readily available to all staff. The list will be updated at least monthly.
- IV. When a housing “slot” in a program becomes available or will be imminently available the Systems Specialist will identify the highest priority household to be given the choice to enroll in that program.
- V. Expansion of services in 2016 includes Housing Specialist to develop relationships with landlords and property managers. The role of the Housing Specialist will be to develop ongoing relationships, first on a one-on-one basis, and then provide opportunities for group get-togethers, with speakers etc. The Housing Specialist will reach out to other housing programs for best practices in cultivating landlord relationship and increasing housing options. The goal will be to make housing available more quickly, with a relationship that constantly cultivates and tracks openings for clients.
- VI. The role of the Landlord Liaison will include compiling and maintaining a list of available rental opportunities updated at least monthly.

## REFERENCES

See Policy CE05-03: Openings

### Section 6.1 Privacy

**CE6.1-02-01**

**POLICY STATEMENT:** Coordinated Entry staff will communicate with clients to request and confirm their consent for data entry and release of that information to necessary community service organizations through referrals. Staff will inform clients that services are not contingent on their consent to provide or release information. All information shared will be the minimum level necessary to communicate effectively about the client needs.

**APPLIES TO:** Coordinated Entry subcontractors, allied partners

**PROCEDURE:**

- I. Grays Harbor and Pacific Counties currently has data sharing agreements between all three subcontractors of CHG funds (CCAP, Domestic Violence Center, and CCS Youth Shelter) and the County in HMIS.
- II. All agencies also ask clients to sign a release of information form upon intake that allows that agency to communicate with other area Social Service agencies such as CCAP, Salvation Army, Union Gospel Mission, etc. regarding clients using only essential identifiers to ensure the highest level of support to that client and to prevent duplication of services.
- III. Following the assessment the release form is signed so that the agency working with a client has permission to communicate with other agencies necessary based on assessment.
- IV. If communication with agencies not on the original release becomes necessary during the course of work with the client agency staff can ask clients to sign additional release forms.
- V. Agency staff work to clearly communicate the purpose of the document and release of information with the client at intake so that they understand the intent of the release is to ensure they receive the help they need.
- VI. If the client is initially resistant to signing the release of information many agencies will enlist the assistance of peer support to explain the benefits of the release. However, all clients have the ability to refuse, and that option is clearly communicated with all clients.
- VII. In the case of an emergency or urgent need Coordinated Entry staff can obtain verbal permission from the client at the time of the request and have the client sign the release form at their next appointment.

**REFERENCES**

See Policy CE6.1-01: Information sharing and assessment

See Policy CE6.1-02: Client consent

## Section 6.3 Grievances

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### PROCEDURE: Grievances

*Grays Harbor and Pacific County  
Public Health and Social Services Department*

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#### **CE6.3-01-01**

**POLICY STATEMENT:** An applicant has the right to file a grievance. The person filing a grievance shall be free from restraint, coercion, discrimination, or reprisal.

**APPLIES TO:** Coordinated Entry subcontractors

#### **GRIEVANCE PROCEDURES – INFORMAL**

- I. Grievances may be presented and handled informally if the applicant chooses.
- II. The applicant may present over the telephone or in person informal grievances to the program supervisor. The program supervisor will listen to the grievance, keep necessary notes, and respond to the applicant by telephone within (2) working days of receiving the grievance.
- III. The program supervisor will place relevant notes regarding the grievance along with a statement of the resolution of the grievance in the applicant's file. As a follow-up step, a written report of the action taken will be forwarded to the applicant within (5) working days. This report will also be placed in the applicant's file.
- IV. An applicant's attempt to resolve his/her grievance by using informal procedures does, in no way, limit his/her right to use the Formal Grievance Procedures if the matter is not settled to the applicant's satisfaction.

#### **GRIEVANCE PROCEDURE – FORMAL**

- I. The aggrieved applicant should present his/her grievance either orally or in writing to the Executive Director or his/her designee.
- II. The aggrieved applicant may, if desired, select one other individual to represent or to accompany him/her in the grievance procedure. The aggrieved applicant shall be present, however, at each grievance step.
- III. The Executive Director shall, five (5) working days of notification of the grievance, arrange with the applicant and his/her representative to discuss the grievance. A decision regarding the disposition of the grievance shall be conveyed in writing to the applicant either at the meeting or within five (5) working days of notification of the grievance, arrange with the applicant and his/her representative to discuss to discuss the grievance. A decision regarding the disposition of the grievance shall be conveyed in writing to the applicant either at the meeting or within two (2) working days following the conclusion of the meeting. The Executive Director may select one member of management and/or the funding source to be present at the discussion.
- IV. The grievance may be settled at any point when resolution by both parties is reached with no further action taken.

#### **REFERENCES**

See Policy CE6.3-01: Grievance