

**Northwest Arkansas Continuum of Care  
Coordinated Entry System  
Policies and Procedures**



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# Coordinated Entry Policies and Procedures – Northwest Arkansas Continuum of Care

## A. Policies and Procedures Purpose

The Policies & Procedures detailed in this document focus on the intake, assessment, prioritization, and referral to homeless resources and housing for literally homeless individuals and families. The policies and procedures in this document outline the process and guiding principles for the implementation of the Northwest Arkansas Continuum of Care (NWA CoC). Procedures establish a series of steps to complete the coordinated entry process with guidance on eligible individuals and services. Policies develop the specific purpose of the program and the widespread application of the specific components of NWA CoC.

The purpose of Coordinated Entry System (CES) is to ensure that all people experiencing homelessness have fair and equal access to housing, regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status. The system aims to work with households to understand their strengths and needs, provide a common assessment, and connect them with housing and homeless assistance. Through the use of standardized tools and practices, CES aims to incorporate the principles of a system-wide Housing First approach and prioritize those with the highest service needs. Coordinated Entry is designed to:

- Allow anyone who needs assistance for a housing crisis to know where to go to get that assistance and to be assessed in a standard and consistent way;
- Ensure that households who are experiencing homelessness gain access as efficiently and effectively as possible to available community interventions;
- Prioritize households for limited housing resources based on need and vulnerability;
- Provide clarity, transparency, consistency, and accountability throughout the assessment and referral process for households experiencing homelessness, community partners, and homeless and housing service providers; and
- Facilitate exits from homelessness to stable housing in the most rapid manner possible.

To achieve these objectives, Coordinated Entry System includes:

- A **standard assessment process** to be used for all households who are seeking assistance, and procedures for determining the appropriate next level of assistance;
- Establishment of **uniform guidelines** among homeless housing programs (emergency shelter for families, transitional housing, rapid rehousing, and permanent supportive housing) participating in the Coordinated Entry System for screening criteria, and prioritizing populations;
- Consistent **referral policies and procedures** from CES to housing programs and other resources;
- The **Operations Manual** contained herein and detailing the operations of Coordinated Entry System.

Circumstances will present themselves, and adjustments to processes described in this manual will be made. Evaluation of quarterly data by stakeholders will provide ongoing opportunities for feedback, supporting continued improvement of the CES.

Our Coordinated Entry system is person-centered, and prioritizes those with the greatest need without precondition, including all subpopulations. It is coordinated such that wherever individuals seeking services enter, they will be able to participate in the same assessment and linkage process where providers use a uniform decision-making approach.

As communities have begun implementation efforts, we have learned that coordinated assessment is not only a best practice for serving consumers and a way to more efficiently use available resources, but also is an excellent tool to shift agency and single-service minded thinking to holistic service provision and overall community need.

A glossary of terms relevant to CES can be found in Appendix A.

## **B. Coordinated Entry System Overview**

Coordinated Entry System Process, Step-By-Step:

1. Connecting to Coordinated Entry System – To ensure accessibility for eligible households, Coordinated Entry provides services from Regional Access Points (RAPs) located throughout NWA (see Appendix B for a list of NWA CoC Regional Access Points). Eligible households can initiate an appointment in person through any of the designated Regional Access Points. Households can also complete an assessment through community-based Housing Navigators.
2. Diversion First – Housing Navigators at RAPs have access to flexible financial assistance and an array of other services and mainstream resources to assist in resolving the immediate needs of a household and potentially end an episode of homelessness such as diversion opportunities, employment, education, transportation, public benefits, and legal services, among other resources.
3. Housing Assessment – Housing Navigators are available to administer the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) with eligible households, either at RAPs, or as part of outreach efforts. The tool is completed and tracked using Hark Notes.
4. Offer Crisis Intervention Services – At the time of assessment, Housing Navigators will connect households with emergency shelter or other crisis response services as appropriate and as available.
5. Refer to the Coordinated Entry By-Name List – Once the household has completed the VI-SPDAT, the Housing Navigator discusses the intervention identified in the By-Name List and prioritizes the household based on VI-SPDAT score.
6. Housing Referral – Households are referred based on the prioritization policy adopted by the NWA CoC (see section I.D. of this document). Information gathered from the VI-SPDAT will create a vulnerability score which contributes to prioritization for available resources. Households not recommended for housing resources based on the results of the VI-SPDAT will be offered other services, such as short-term/emergency housing, or referral to other community supports (see Appendix C for definitions of homelessness). Households not interested in the programs identified through the VI-SPDAT may also be offered other resources, and will not lose their prioritization, but rather will continue to receive offers of housing.

See Appendix D for a map of the NWA CoC Coordinated Entry System.

## **C. Elements of NWA CoC Coordinated Entry**

### **1. Initial Contact and Determination of Homelessness**

Inclusive of both outreach efforts and contact with a local agency, the first step of Coordinated Entry is initial contact with clients experiencing a housing crisis. For clients experiencing homelessness or at risk of homelessness, the VI-SPDAT (or Housing Triage Tool) is the appropriate next step.

### **2. Housing Triage Tool**

The NWA CoC Coordinated Entry Committee has selected the VI-SPDAT as our Housing Triage Tool. The VI-SPDAT can be conducted at any local participating agency (see Appendix B), or by any Hark Community Liaison (again, see Appendix B).

#### **a) VI-SPDAT**

The NWA CoC Coordinated Entry Committee has opted to utilize 2 versions of the VI-SPDAT, depending on a client's family situation. For clients who would be housed alone, the Individual VI-SPDAT is most appropriate. For clients whose household would include a husband, wife, long-term partner, or minor children, the Family VI-SPDAT is most appropriate.

See Appendix E for step-by-step instructions on how to access the VI-SPDAT as a provider.

All clients completing the VI-SPDAT must complete a VI-SPDAT authorization form (see Appendix F).

Neither the VI-SPDAT nor any part of the Coordinated Entry process requires the disclosure of specific disabilities or diagnoses. Specific diagnoses and/or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

### **3. Crisis response during non-business hours**

The NWA United Way 211 - 24/7 phone line

### **4. By-Name List**

After completing the VI-SPDAT, individuals and families are added to the community-wide By-Name List. This list contains all of the information provided by the client on the VI-SPDAT, as well as any updates to the client's housing status with dates and details of those updates. The By-Name List exists on harknwa.com, and is managed by Hark at the Center for Collaborative Care in partnership with the NWA CoC Coordinated Entry Committee.

### **5. Prioritization**

Once on the By-Name List, individuals and families are prioritized for housing interventions by their VI-SPDAT score, the highest scoring (and most vulnerable) individuals and families being prioritized *first*. Their scores will guide what types of housing programs (if any) are most appropriate given any situation. This is the guidance for those program matches based on VI-SPDAT scores, with the understanding that case

conferencing and staffing meetings can provide more targeted matching of individuals and families to housing interventions.

- Individuals 8+ & Families 9+: Permanent Supportive Housing, followed by Transitional Housing if no PSH is available.
- Individuals 4-7 & Families 4-8: Rapid Re-Housing.
- Individuals 0-3 & Families 0-3: No housing intervention. Other community resources provided.

#### **D. Housing Triage Tool/VI-SPDAT Assessor Training**

Individual agencies are encouraged to train their staff to conduct the VI-SPDAT, if their agency regularly serves people experiencing homelessness. In order to become a trained VI-SPDAT assessor, follow the following steps:

1. Watch the following video, provided by OrgCode: <https://vimeo.com/126548635>
2. Complete the following quiz, also provided by OrgCode: [http://www.orgcode.com/vi\\_spdat](http://www.orgcode.com/vi_spdat)

Next, contact the NWA CoC Coordinated Entry Committee to set up a one-on-one training on how to utilize the VI-SPDAT in the Hark system in order to enter clients experiencing homelessness onto the By-Name List. (And see Appendix E for step-by-step instructions on how to do this.)

Annual group trainings will also be offered to the general NWA CoC membership. These in-person trainings will include:

- Review of NWA CoC's written Coordinated Entry policies and procedures (including all adopted variations for specific subpopulations)
- Requirements for use of assessment information to determine prioritization
- Criteria for uniform decision-making and referrals

#### **E. By-Name List Policies and Procedures**

The By-Name List contains all known individuals experiencing homelessness in the NWA CoC Geographic Region. These individuals enter the By-Name List either by completing a VI-SPDAT with a trained VI-SPDAT assessor, or by presenting to a trained VI-SPDAT assessor as currently experiencing homelessness, but unwilling or unable to complete the assessment. A person unwilling or unable to complete the assessment will be added to the By-Name List without assessment information, and the assessor will attempt to learn as much about that individual and his/her situation for a future discussion at case conferencing.

Once on the By-Name List, a Housing Navigator will do the following:

- Work with local housing providers and landlords to find housing for the individuals on the By-Name List, starting with the most vulnerable individual and/or family on the By-Name List (i.e., the highest scoring individual and/or family on the VI-SPDAT), and working downward. (See Section I.D. for more information on prioritization.)
- Follow-up with all individuals and families actively homeless on the By-Name List once every 30 days to confirm their housing status and gather updated information.

## **1. Statuses on the By-Name List**

An individual or family on the By-Name List will have one of the following 3 statuses at any given moment in time, and will be updated by the Housing Navigator as is appropriate:

- Active – This is an individual or family who is actively homeless. (See Appendix C for definitions of homelessness.)
- Housed – This is an individual or family who is currently in permanent, stable housing.
- Inactive – This is an individual who has met the criteria outlined below:

## **2. Inactivity Policy**

The Inactivity Policy is a critical component of maintaining a real-time By-Name List, as well as a robust Coordinated Entry System. To ensure an efficient assessment and referral process, it is important to ensure that Housing Navigators and Outreach teams have the ability to contact and connect with households as soon as a housing opportunity is available. Without this policy, the Coordinated Entry System can experience delays in its referral procedures due to the time spent searching for households in the community who they have not been able to reach through multiple attempts, often for many months. Due to this loss of contact it is hard for the system to determine whether these households are still in need of housing. In some situations, these households may have self-resolved their housing crisis or relocated to another area.

If a household has had no contact with any Coordinated Entry Access points, Housing Navigators and/or Community Outreach for 90 days, AND they have had no services or shelter stays in HMIS for the past 3 months, the individual or family's By-Name List status will be changed to Inactive. For our Veteran population, we coordinate with our VA team members to access their HOMES and Remote Data Systems to see if the veteran has relocated or has accessed any other VA services locally. If a signed ROI was in place at the time the Veteran's By-Name List status changed to Inactive, our local VA team will provide any pertinent information available. If an individual or family on the By-Name List with an Inactive status makes contact with the homeless system including outreach workers, drop-in centers, shelters, meal lines, etc., their status on the By-Name List is changed from Inactive to Active, and can be referred to housing openings once they have fully re-engaged with the system, which may include re-assessment of their vulnerability.

## **3. Release of Information, Consent and Information Sharing**

When communicating about persons on the prioritization list, great care should be taken to maintain appropriate confidentiality. Whenever possible, Client IDs should be used. Personal information should not be sent via email unless encrypted and general security training offered by HMIS staff should be adhered to in all cases. Confidentiality for DV survivors should comply with VOCA/VAWA guidelines.

HMIS Consent & Sharing Agreement: Clients must consent to have their information entered into HMIS in accordance with the Arkansas HMIS Standard Operating Policies & Procedures. Client information entered on the VI-SPDAT and in Hark Notes is protected by Hark at the Center for Collaborative Care and its data security policies, which maintains the following: "Center for Collaborative Care is committed

to ensuring the confidentiality, privacy, integrity, and availability of all electronic protected health information (ePHI) it receives, maintains, processes and/or transmits on behalf of its Users. To comply with the HIPAA Security Rule, HIPAA Privacy Rule, and HITECH, Center utilizes a layering software that is HITRUST Certified to protect the security and integrity of HarkNotes.”

Consent: Per the OrgCode VI-SPDAT Manual, “An individual must provide informed consent prior to the VI-SPDAT (or SPDAT) being completed. You cannot complete an [assessment] with a client without that person’s knowledge and explicit agreement. You also cannot complete [an assessment] solely through observation or using known information within your organization. This applies to all participants in the coordinated entry system, including survivors of domestic violence.” Consent for assessment is separate and in addition to consent to have information entered into HMIS.

Data entered onto the By-Name List through the VI-SPDAT/Hark Notes will be protected by Hark at the Center for Collaborative Care. The Hark Notes platform is fully HIPAA- and FERPA-compliant, and clients entered into the system must consent to being entered into a community-wide database to have their information shared to enter the By-Name List. This consent will be documented and maintained within the Hark Notes platform. For clients who elect not to consent to entering the By-Name List, Housing Navigators will work with clients to collect any relevant information they are willing to provide, and will raise the issue of housing non-consenting households in staff meetings and case conferences.

#### 4. Unique/special needs populations

HUD and communities prioritize different populations - different resources are available for these. The following is a list of some of these populations (not to be confused with populations for whom our community may consider variations in procedures and assessment).

- **Chronically homeless**: For the NWA CoC communities to be on track to effectively end chronic homelessness in 2020, chronically homeless persons need to be prioritized for quick assessments and available services.
- **LGBTQ**: In accordance with Federal regulation and recent Federal guidance, individuals shall not be discriminated against due to sex, gender identity, or sexual orientation. Providers should offer services in safe and culturally-competent ways.
- **Veterans**: As the federal plan to end homelessness has drawn nearer to the goal of ending homelessness among veterans by 2020, the state of Arkansas has seen an increase in resources geared for this population. Where an individual or family is eligible for veteran housing resources (SSVF or VASH), they should be prioritized for and strongly encouraged to take advantage of these resources. Where veterans are not eligible for VA services, providers should work with veterans to seek an appeal. If an appeal is unrealistic or the veteran is resistant to receiving VA services, veterans should be prioritized for available units within the VI-SPDAT scoring eligibility structure and prioritized first in the case of a tie.
- **Unaccompanied Youth**: Unaccompanied homeless youth are defined as between the age of 18-25 without an older adult in the household. This population requires specialized service provisions, and service providers should



maintain an awareness of current best practices for this population on an ongoing basis. Where unaccompanied youth tie for service prioritization, they should be served first.

- **Domestic Violence**: Safety planning and lethality risk need to be accounted for in the case of survivors of domestic violence. Where appropriate, DV service providers may wish to include the scoring of the Campbell Lethality Assessment in the prioritization process to indicate the need for project based placement. All providers need to remember that survivors of domestic violence are not required to have identifying information entered into HMIS in order to receive services, and providers must express this option to potential program participants. Providers may wish to consult with a DV advocate to better understand the potential risks.
  - People fleeing or attempting to flee domestic violence and victims of trafficking are assured safe and confidential access to the coordinated entry process and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelter.
- **HIV+**: An additional resource, Housing Opportunities for Persons with AIDS (HOPWA), is available for persons who are HIV+. This resource is contracted through the Arkansas Department of Health, and providers are encouraged to contact this office directly if they are not aware of who provides HOPWA within their community.
- **55+**: Persons age 55+ and/or 60+ may have access to additional housing resources in your area. Aging services divisions may be willing to offer support and advocacy, and many communities have affordable housing units set aside specifically for persons in these categories.

## 5. Reporting Requirements

Scoring, status, or placement reporting should be completed within 7 days of the assessment, status change, change in geography, or placement date in order to keep By-Name List data more up to date.

## 6. Tracking Progress

Process evaluation, performance, and helpful information for decision-making requires data be reported regularly and be readily available and coordinated assessment tools can be an excellent resource for doing so. The following modes are recommended for tracking progress:

**Community Level**: By-Name List Summary Reports.

**Program Level**: Program By-Name List Summary Reports are forthcoming. In the meantime, agencies can view their own placements through Hark Notes.

**Client Level**: Hark Notes also serves as a case management tool, and additional reporting options exist and can be utilized there.

Feedback on the NWA CoC Coordinated Entry process will be continually solicited through the [NWA CoC website](#), and via email to [info@nwacoc.com](mailto:info@nwacoc.com). This feedback will be aggregated and reported anonymously to the NWA CoC Board and NWA CoC general membership on an ongoing basis through monthly (Board) and bimonthly (General) meetings.

## II. Appendices

### Appendix A – Glossary of Terms

**Access Points** – For the purpose of this document, Access Points are designated areas located within our continuum where individuals or families can go to for intake and assessment of homeless prevention and housing services for which they may qualify.

**Admission** – Using authority to admit a client into a program.

**Assessment** – A process that reveals the past and current details of a service seeker’s strengths, and needs, in order to match the client to appropriate services and housing. For the purpose of this toolkit, assessment will refer to a process (whether at primary screening and intake or at entry to a housing program) that reveals a client’s eligibility, needs, barriers and strengths.

**Affordable Housing** – Non-time limited housing that is available to households with incomes less than 30%, 50% or 80% of area median income (AMI), also sometimes known as workforce housing. Housing projects may receive tax credits or other incentives in exchange for agreeing to set aside a certain number of units in the development for households with total incomes less than a particular percentage of AMI. Households must meet income requirements to be eligible for the units. Affordable housing may or may not have a rental subsidy.

**By-Name List** – List of all persons currently experiencing homelessness in a region (in this case, NWA). Managed by the Coordinated Entry Committee of the NWA CoC.

**CES (Coordinated Entry System)** – The process where any eligible household can complete an assessment to be considered for homelessness assistance through NWA.

**CES Participating Programs** – Any program that is required by its funding source to participate in the coordinated entry system, or has opted into the system to receive its referrals through the coordinated entry system.

**Chronically Homeless**<sup>1</sup> – Chronically homeless means: (1) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who: (i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility; (2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has

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<sup>1</sup> <https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf>

fluctuated while the head of household has been homeless.

**Community Outreach Teams** – Mobile housing Representatives who are based at Regional Access Points and can travel around their region to complete the housing assessment with households who are unable to visit a physical Regional Access Point location.

**Community Queue** – The list of eligible households for resources in CE.

**Coordinating Entity** – The entity that manages the CE system. In the NWA CoC context, this refers to the Coordinated Entry Committee of the NWA CoC.

**Eligible Household** – Coordinated entry serves all young adults, families, veterans, and single adults who are literally homeless according to the category 1 HUD definition of homelessness or fleeing/attempting to flee domestic violence, and single young adults (ages 18-24) who are imminently at risk of homelessness within the next 14 days. See “Eligibility” section for details.

**Emergency Shelter** – Temporary shelter from the elements and unsafe streets for homeless individuals and families. Emergency shelters typically address the basic health, food, clothing, and personal hygiene needs of the households that they serve and provide information and referrals about supportive services and housing. Emergency Shelters are indoors, and range from mats on the floor in a common space to beds in individual units. Some shelters are overnight only, while others operate 24/7.

**ESG (Emergency Shelter Grants)** – Grants from HUD that support homelessness prevention, emergency shelter, and related services.

**Family** – A household with more than one individual. This will include individuals with children or other dependents, couples without children, and couples with children.

**F-VI-SPDAT (Family Vulnerability Index – Service Prioritization Decision Assistance Tool)** – A tool developed and owned by OrgCode that is utilized for pregnant or parenting households to recommend the level of housing supports necessary to resolve the presenting crisis of homelessness. Within those recommended housing interventions, the F-SPDAT allows for prioritization based on presence of vulnerability.

**GPD (Grant Per Diem)** – Funding offered through the VA to community agencies that provide supportive services and/or housing for homeless Veterans.

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

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

**Homeless** – HUD definition as of January 2012; an individual or family who lacks a fixed regular, and adequate nighttime residence, which includes a primary nighttime residence of: a place not designed for or ordinarily used as a regular sleeping accommodation (including car, park, abandoned building, bus/train station, airport or camping grounds); a publicly or privately-operated shelter or transitional housing, including a hotel or motel paid for by government or

charitable organizations. In addition, a person is considered homeless if he or she is being discharged from an institution where he or she has been a resident for 90 days or less and the person resided in shelter (but not transitional housing) or place not meant for human habitation immediately prior to entering the institution.

**Homeless Individual with a Disability**<sup>2</sup> – The term ‘homeless individual with a disability’ means an individual who is homeless, as defined in section 103, and has a disability that— (i)(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; (ii) is a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or (iii) is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.

**HOPWA (Housing Opportunities for Persons With AIDS)** – A Federal program dedicated to the housing needs of people living with HIV/AIDS.

**Housing Assessors** – Staff based at NWA CoC Coordinated Entry Access Points and other identified individuals who administer the assessment tool with individuals and families who are eligible for Coordinated Entry.

**Housing Coordinators** – Staff based at NWA CoC Coordinated Entry Access Points who work with eligible households to prepare for a housing referral once they have completed an assessment. The Housing Coordinator role may alternatively be filled by an outreach worker or case manager.

**HUD (The United States Department of Housing and Urban Development)** – HUD requires Continuums of Care to establish a *Centralized or Coordinated Assessment System* where households experiencing homelessness are assessed and referred

**Mobile Assessment** – Housing assessments completed by an Outreach Team with households who are unable to visit a physical Regional Access Point location.

**NWA CoC Geographic Region** – This includes Benton County, Washington County, Carroll County, and Madison County, Arkansas.

**Permanent Supportive Housing-** Permanent housing for a household that is homeless on entry, and has a condition or disability, such as mental illness, substance abuse, chronic health issues, or other conditions that create multiple and serious ongoing barriers to housing stability. Households have a long-term high level of service needs in order to meet the obligations of tenancy and maintain their housing. Tenants have access to a flexible array of comprehensive services, mostly on site, such as medical and wellness, mental health, substance abuse, vocational/employment, and life skills. Services are available and encouraged but are not to be required as a condition of tenancy.

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<sup>2</sup> US Department of Housing and Urban Development. Federal Register. Vol. 76, No. 233. Accessed May 2015. [https://www.hudexchange.info/resources/documents/HEARTH\\_HomelessDefinition\\_FinalRule.pdf](https://www.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf)

**Permanent Housing with Supports (i.e. other permanent housing)** - Permanent housing for homeless households with a high to medium level of service needs. Services are needed in order for the homeless household to maintain housing stability and services are individualized and targeted based on the housing stability plan. Programs and services may be available on or off-site and the tenant holds a rental agreement.

**Referral** – Referring a client to a particular program for possible help.

**RRH (Rapid Re-Housing)** – A type of housing assistance that provides housing identification, move-in and rental assistance, and/or case management.

**RAP (Regional Access Point)** – Regional Access Points provide housing assessments and referrals to community resources. They are located in five sites across NWA. Housing Representatives and Coordinators are based at these sites.

**SSVF (Supportive Services for Veteran Families)** – Rapid Rehousing assistance for veterans, including single individuals and families.

**Subsidized Housing** – Non-time limited housing that is supported by a rental subsidy. Generally, the tenant pays a portion of their monthly income towards rent and utilities, and the other portion of the rent is paid by the subsidy, up to a defined reasonable amount.

**Targeting** – Process of determining the population to whom assistance will be directed. That is, the target population. The targeting process can occur at both the system and the program levels.

**Transitional Housing** – A time-limited intervention intended to provide assistance to households who need more intensive or deeper levels of support services to attain permanent housing. Services continue to emphasize housing attainment through a housing-focused assessment and housing stability planning, which includes working with each household to identify resources in the community, to make referrals as needed, and to support on-going family and housing stability.

**VA** – The Department of Veteran Affairs; provides resources, including housing, for individuals and families who are veterans

**VASH (Veterans Administration Housing Support)** – The HUD-VASH program combines Housing Choice Voucher rental assistance for homeless veterans with case management and clinical services provided by the VA.

**VI-SPDAT (Vulnerability Index- Service Prioritization Decision Assistance Tool)** – An assessment tool developed and owned by OrgCode and Community Solutions that is utilized for single individuals, including veterans, to recommend the level of housing supports necessary to resolve the presenting crisis of homelessness. Within those recommended housing interventions, the VI-SPDAT allows for prioritization based on presence of vulnerability.

**YA (Young Adult)** – An individual who is 18-24 years old. There are programs targeted to serve individuals in this age range. Young adults may also be eligible for single adult programs.

## **Appendix B – List of Regional Access Points (RAPs)/Participating Agencies**

### **1. Benton County**

- Samaritan Community Center (Rogers)  
1211 W Hudson Rd, Rogers, AR 72756  
(479) 636-4198

### **2. Washington County**

- Samaritan Community Center (Springdale)  
1300 N Thompson Ave, Springdale, AR 72764  
(479) 872-1115
- Gracepoint Church (Springdale)  
7325 Meeshow, Springdale, AR 72762  
(479) 466-8600
- House of Hope Rescue Mission (Springdale)  
505 E Emma Ave, Springdale, AR 72764  
(479) 756-7333
- Salvation Army (Fayetteville)  
219 W 15th St  
(479) 521-2151
- 7hills Homeless Center (Fayetteville)  
1832 S School Ave  
(479) 966-4378
- Genesis Church (Fayetteville)  
205 M.L.K. Jr Blvd, Fayetteville, AR 72701  
(479) 442-1827

To inquire about becoming an assessment site, contact Cari Bogulski (479-283-6856).

To request a Hark Community Liaison (who are all trained Housing Navigators and outreach workers), call (918) 973-0496 and request a Community Liaison for assistance getting onto the Housing By-Name List. Or visit [harknwa.com](http://harknwa.com) and click “Contact a Community Liaison.”

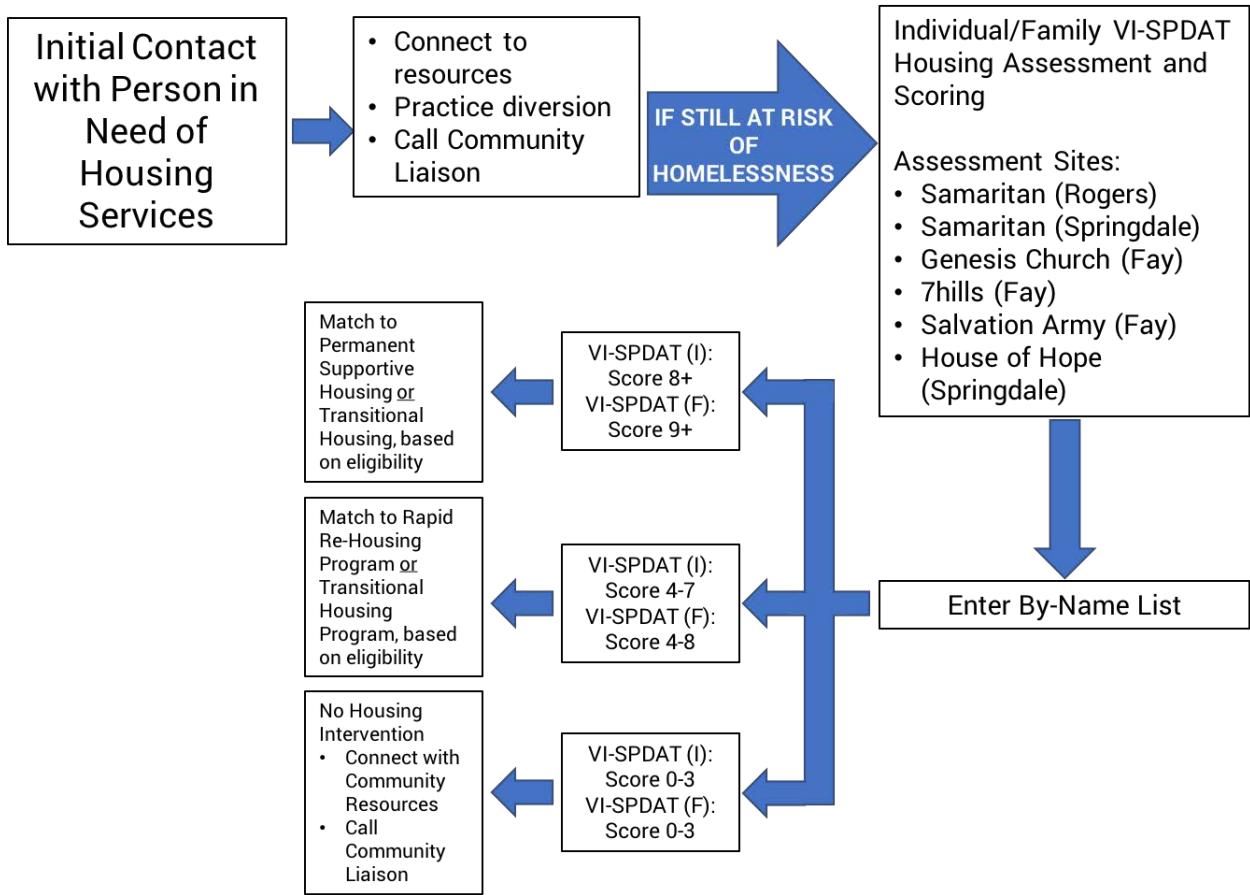
## Appendix C – Definitions of Homelessness

<b>HUD CRITERIA FOR DEFINING HOMELESS</b>	<b>Category 1</b>	Literally Homeless	<p>Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> <li>• Has a primary nighttime residence that is a public or private place not meant for human habitation;</li> <li>• Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>OR</u></li> <li>• Is exiting an institution where (s)he has resided for 90 days or less <u>AND</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution</li> </ul>
	<b>Category 2</b>	Imminent Risk of Homelessness	<p>Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> <li>• Residence will be lost within 14 days of the date of application for homeless assistance;</li> <li>• No subsequent residence has been identified; <u>AND</u></li> <li>• The individual or family lacks the resources or support networks needed to obtain other permanent housing</li> </ul>
	<b>Category 3</b>	Homeless under other Federal statutes	<p>Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ul style="list-style-type: none"> <li>• Are defined as homeless under the other listed federal statutes;</li> <li>• Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;</li> <li>• Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; <u>AND</u></li> <li>• Can be expected to continue in such status for an extended period of time due to special needs or barriers</li> </ul>
	<b>Category 4</b>	Fleeing/ Attempting to Flee DV	<p>Any individual or family who:</p> <ul style="list-style-type: none"> <li>• Is fleeing, or is attempting to flee, domestic violence;</li> <li>• Has no other residence; <u>AND</u></li> <li>• Lacks the resources or support networks to obtain other permanent housing</li> </ul>

<b>HUD CRITERIA FOR DEFINING AT RISK OF HOMELESSNESS</b>	<b>Category 1</b>	Individuals and Families	<p>An individual or family who:</p> <p>(i) Has an annual income below <u>30%</u> of median family income for the area; <u>AND</u></p> <p style="padding-left: 40px;">(ii) Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the “homeless” definition; <u>AND</u> (iii) Meets one of the following conditions:</p> <p>A. Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; <u>OR</u></p> <p>B. Is living in the home of another because of economic hardship; <u>OR</u></p> <p>C. Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; <u>OR</u></p> <p>D. Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; <u>OR</u></p> <p>E. Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; <u>OR</u></p> <p>F. Is exiting a publicly funded institution or system of care; <u>OR</u></p> <p>G. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient’s approved Con Plan</p>
	<b>Category 2</b>	Unaccompanied Children and Youth	A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute
	<b>Category 3</b>	Families with Children and Youth	An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.




## Appendix D – Overview of the Coordinated Entry Process in NWA



## Appendix E – Procedural Instructions for Assessing Individuals Experiencing Homelessness and Entering Them onto the By-Name List

1. First, determine if your client is literally homeless *right now*. Homelessness can include sleeping outside, in a vehicle, in an emergency shelter, or couch surfing.
  - a. If your client is not literally homeless, the By-Name List is not a good resource for him/her, because it is solely intended to connect clients with housing resources. Continue to work with your client to connect him/her to other community resources.
2. Ask your client to complete the By-Name List consent form on paper, pictured below:

 <b>nwa Continuum of Care</b>		
<b>Authorization to Use or Disclose Protected Health Information (PHI)</b>		
<b>Section 1. Who is the Individual?</b>		
Last Name:	First Name:	Middle Initial
Provider Completing Assessment:	Date of Birth:	Social Security Number:
<p><b>I hereby authorize the use or disclosure of protected health information about the individual named above.</b></p> <p><b>I am:</b>   <input type="checkbox"/> the individual named above (complete Section 8 below to sign this form)  <input type="checkbox"/> a personal representative because the patient is a minor, incapacitated, or deceased (complete Section 9 below)</p>		

3. Next, determine if your client would be best served by the **Individual** or **Family** version of the housing assessment (VI-SPDAT).
  - a. Ask: “Even if they are not with you today, would your household include a husband, wife, long-term partner, or minor children if you had a safe place to live?”
    - i. If NO: Follow the directions for the **Individual** version.
    - ii. If YES: Follow the directions for the **Family** version.
4. For **Individuals**
  - a. Log into your provider profile at [harknwa.com](http://harknwa.com).
  - b. Click on Hark Notes in the upper right.
  - c. Click “Add Client” on the right side at the top of the white section.
  - d. Enter the following information:
    - i. First Name, Last Name, Date of Birth
    - ii. Last 4 digits of SSN, Email (optional)
  - e. If your client has already been entered in Hark Notes by another provider, you will see a screen like this:

The following records were found:

You can request access to these records or create a new record that will be owned by **Hark at the Center for Collaborative Care** and managed by you.

---

Testy Tester  
DOB: 1/2/1990

[Request Access](#)

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[Cancel](#) [New Client Record](#)

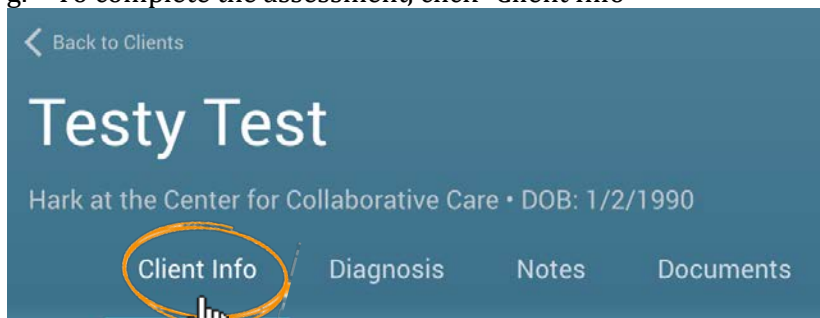
- i. Click “Request Access” to be given access to that client’s file.
- f. Once you have created your client’s file, you must provide consent.
  - i. We **strongly encourage** providers to obtain Universal Consent with their clients. Click the middle button to do so (see below):

Consent Forms


Welcome to HarkNotes Universal Consent Form page! Below are 3 buttons. Two of which are Universal Consent Form buttons. These are for you to utilize to gain consent from your client(s). *We are asking all users to sign Universal forms because HarkNotes was built for providers across health and human services working toward coordinated case management.*



- g. To complete the assessment, click “Client Info”



- h. Scroll down and click on “Basic Needs.”
- i. Next to Housing, click “Add client to this list.”
- j. Next, under “Would you like to fill out the VI-SPDAT now?”, click “Yes,” and then click the blue “Complete VI-SPDAT” button.

**Housing**  Add client to this list

Have they filled out the VI-SPDAT?

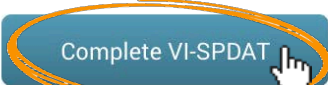
Yes

No

Would you like to fill out the VI-SPDAT now?

Yes

No



- k. Complete the VI-SPDAT
    - i. If they say No to “Do you feel safe right now?”, dig into that a bit with them to see if they are in need of a crisis service.
    - ii. Please read the opening script and each question as written.
      - 1. Encourage clients to respond with “Yes,” “No,” or one-word answers. (This is in the opening script.)
      - 2. Encourage clients to continue working with any case managers they are currently working with, but expect someone else to be in touch about their housing needs.
      - 3. However, if a client wants to give you specifics, please let them do that and listen.
    - iii. Emphasize that skipping or refusing a question is okay. (This is in the opening script.)
    - iv. No matter what the client says, please ensure that you don’t react. This will help the client feel comfortable.
    - v. Some questions end in “or anything like that.” It’s good to slow down when reading “or anything like that” to emphasize that you do not need specifics.
      - 1. However, if a client wants to give you specifics, please let them do that and listen.
  - l. Click “Submit” once you are finished with the form.
    - i. Your client will be automatically added to the list, and someone will check in with your client about their housing needs.
5. For **Families**
- a. This version is not yet housed in Hark Notes, so use the paper copy of the **Family** VI-SPDAT.
  - b. Complete the VI-SPDAT
    - i. If they say No to “Do you feel safe right now?”, dig into that a bit with them to see if they are in need of a crisis service.
    - ii. Please read the opening script and each question as written.

1. Encourage clients to respond with “Yes,” “No,” or one-word answers. (This is in the opening script.)
  2. Encourage clients to continue working with any case managers they are currently working with, but expect someone else to be in touch about their housing needs.
  3. However, if a client wants to give you specifics, please let them do that and listen.
- iii. Emphasize that skipping or refusing a question is okay. (This is in the opening script.)
  - iv. No matter what the client says, please ensure that you don’t react. This will help the client feel comfortable.
  - v. Some questions end in “or anything like that.” It’s good to slow down when reading “or anything like that” to emphasize that you do not need specifics.
    1. However, if a client wants to give you specifics, please let them do that and listen.
- C. Once finished, notify Kristen Schatzman (479-721-8891). She will collect paper versions of the **Family VI-SPDATs** and the consent forms on a regular basis.

## Appendix F – VI-SPDAT Authorization

### Section 1. Who is the Individual?

Last Name:	First Name:	Middle Initial
Provider Completing Assessment:	Date of Birth:	Social Security Number:

**I hereby authorize the use or disclosure of protected health information about the individual named above.**

- I am:**  the individual named above (complete Section 8 below to sign this form)  
 a personal representative because the patient is a minor, incapacitated, or deceased (complete Section 9 below)

### Section 2. Who Will Be Disclosing Information About the Individual?

The following person(s) or entity may use or disclose the information:

All providers within the Fayetteville/Northwest Arkansas (NWA) Continuum of Care who utilize the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) pre-screen assessment and/or Service Prioritization Decision Assistance Tool (SPDAT) to assist with housing and resource allocation.

### Section 3. Who Will Be Receiving Information About the Individual?

The information may be disclosed to:

All providers within the Fayetteville/NWA Continuum of Care who utilize the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) pre-screen assessment and/or Service Prioritization Decision Assistance Tool (SPDAT)

### Section 4. What Information About the Individual Will Be Disclosed?

The information to be disclosed may include records on drug abuse, alcoholism, sickle cell anemia, human immunodeficiency virus (HIV) infection, acquired immunodeficiency syndrome (AIDS), or tests for HIV information.

The information to be disclosed, including behavioral health and/or substance abuse services, includes the following:

All information contained within the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) pre-screen assessment, including:

All information contained within the Service Prioritization Decision Assistance Tool (SPDAT), including:

- A. History of Housing and Homelessness
- B. Risks
- C. Socialization and Daily Functioning
- D. Wellness
- A. Self-Care and Daily Living Skills
- B. Meaningful Daily Activity
- C. Social Relationships and Networks
- D. Mental Health and Wellness
- E. Physical Health and Wellness
- F. Substance Use
- G. Medication
- H. Personal Administration and Money Management
- I. Personal Responsibility and Motivation
- J. Risk of Personal Harm/Harm to Others
- K. Interaction with Emergency Services
- L. Involvement in High Risk and/or Exploitive Situations
- M. Legal
- N. History of Homelessness and Housing
- O. Managing Tenancy

**Section 5. What is the Purpose of the Disclosure?**

To improve access and service alignment by assessing various health and social needs, and then to match those assessed with the most appropriate housing interventions available. The VI-SPDAT and SPDAT are tools to help guide those assessed to the appropriate services, assist with the case planning process and track changes over time — for those clients that are referred to a case management team as a result of their SPDAT score.

**Section 6. What is the Expiration Date or Event?**

This authorization will expire 1 year from the date this document was signed in Section 8 or Section 9 below.

**Section 7. Important Rights and Other Required Statements You Should Know**

- ❖ You can revoke this authorization at any time by writing to The Northwest Arkansas CoC, at PO Box 3643, Fayetteville, AR 72702. If you revoke this authorization, it will not apply to information that has already been used or disclosed.
- ❖ The information disclosed based on this authorization may be redisclosed by the recipient and may no longer be protected by federal or state privacy laws. Not all persons or entities have to follow these laws.
- ❖ If you refuse the authorization or revoke the authorization, you will continue to receive all the medical care and benefits for which you are eligible. You do not need to sign this form in order to obtain enrollment, eligibility, payment, or treatment for services and these cannot be a conditioned on signing this authorization.
- ❖ The unauthorized disclosure of mental health information violates the provisions of the Health Insurance Portability and Accountability Act of 1996 omnibus rule (HIPAA omnibus rule). The client or representative may only make disclosures pursuant to a valid authorization. The Act provides for civil damages and criminal penalties for violations.
- ❖ This authorization is completely voluntary, and you do not have to agree to authorize any use or disclosure.
- ❖ You have a right to a copy of this authorization once you have signed it. Please keep a copy for your records, or you may ask us for a copy at any time by writing to The Northwest Arkansas CoC, at PO Box 3643, Fayetteville, AR 72701.
- ❖ You have a right to file a non-discrimination complaint if you feel at any point that you have been discriminated against because of your race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information. For information on how to file a complaint, visit the [EEOC website](#).
- ❖ If you have any questions about anything on this form, or how to fill it out, we can help. Please call Havenwood at 479-273-1060.

**Section 8. Signature of the Individual**

Signature \_\_\_\_\_ Date (required) \_\_\_\_\_

**Section 9. Signature of Personal Representative (if applicable)**

Signature \_\_\_\_\_ Date (required) \_\_\_\_\_

Please describe your relationship to the individual and/or your legal authority to act on behalf of the individual in making decisions related to healthcare. You may be asked to provide us with the relevant legal document giving you this authority.

Relationship to the individual (required): \_\_\_\_\_

**NOTICE TO RECIPIENT OF INFORMATION**

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are protected under the federal regulations on the confidentiality of alcohol and drug abuse patient records (42 CFR Part 2), you are prohibited from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.