



# Broward County Homeless Continuum of Care Written Standards of Care

September 2025



**Table 1: Version of Document**

Date Released	Noted Changes
September 8, 2016	Created
August 5, 2020	Updated for U.S. Department of Housing and Urban Development (HUD) guidance on Coordinated Entry requirements. Added complete Coordinated Entry section and timeframes
January 27, 2021	Approved by the Homeless Continuum of Care Advisory (“HCoC”) Board Meeting
May 26, 2021	Policy 19A Amendment approved by the Homeless Continuum of Care Advisory (“HCoC”) Board Meeting
September 13, 2022	Revisions to VAWA policies, the Emergency Transfer Plan Guide, Coordinated Entry documentation, participant banning/discharge procedures, and the roles of housing providers who are also landlords.
February 27, 2023	Update the Prioritization for Permanent Supportive Housing (PSH) Update the compliance with Fair Housing Act
June 25, 2025	Updated format and content to mirror HUD Outline for Continuum of Care (CoC) Coordinated Entry (CE) Policies and Procedures; and approved by the Homeless Continuum of Care Advisory (“HCoC”) Board Meeting
September 4, 2025	Update to comply with Executive Order: Ending Crime and Disorder on American Streets (July 24, 2025)
September 24, 2025	Approved by the Homeless Continuum of Care Advisory (“HCoC”) Board Meeting

**Table 2: Terms and Definitions**

<p><b>Access Point</b></p> <p>Physical or virtual location where individuals and families experiencing homelessness can access the coordinated entry system for housing and services.</p>
<p><b>Chronically Homeless</b></p> <p><u>HUD's definition:</u></p> <p>Chronically homeless means: (1) A "homeless individual with a disability," as defined in Section 401(9) of the McKinney-Vento Homeless Assistance Act, who:</p> <ol style="list-style-type: none"><li>i. Lives in a place not meant for human habitation, a Safe Haven, or an emergency shelter; AND</li><li>ii. Has been homeless continuously for at least 12 months or on at least four 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 (i) above.</li></ol>
<p><b>Case Conferencing or Due Process Staffing</b></p> <p>Local process for Coordinated Entry System Performance (CESP) staff to coordinate and discuss ongoing work with persons experiencing homelessness in the community, including the prioritization or active list. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication.</p>
<p><b>Continuum of Care (CoC)</b></p> <p>Group responsible for the implementation of the requirements of HUD's CoC Program interim rule (<a href="#">24 CFR Part 578</a>). The CoC is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.</p>
<p><b>Continuum of Care (CoC)</b></p> <p>Group responsible for the implementation of the requirements of HUD's CoC Program interim rule (<a href="#">24 CFR Part 578</a>). The CoC is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.</p>

**Continuum of Care (CoC) Program**

HUD funding source to (1) promote communitywide commitment to the goal of ending homelessness; (2) provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; (3) promote access to and effect utilization of mainstream programs by homeless individuals and families; and (4) optimize self-sufficiency among individuals and families experiencing homelessness.

**Coordinated Entry System Performance (CESP)**

Team responsible for coordinating access and prioritization to housing within the Homeless Continuum of Care, as well as ensuring data quality, standards of care, and optimal performance of the system of care.

**Emergency Shelter (ES)**

Short-term, low barrier, emergency housing available to persons experiencing homelessness.

**Emergency Solutions Grant (ESG) Program**

HUD funding source to (1) engage homeless individuals and families living on the street; (2) improve the quantity and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents; (5) rapidly rehouse homeless individuals and families; and (6) prevent families and individuals from becoming homeless.

**Homeless Assistance Center (HAC)**

Low-barrier shelter designed to provide immediate support and services to individuals experiencing homelessness.

**Homeless Management Information System (HMIS)**

Local information technology system used by a CoC to collect participant-level data and data on the provision of housing and services to homeless individuals and families and to persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards. HMIS includes information about participants, calls, resources, shelter occupancy, service transactions (scans), reports, and other administrative tasks.

**Public Housing Authority (PHA)**

Local entity that administers public housing and Housing Choice Vouchers (HCV) (aka Section 8 vouchers).

**Permanent Supportive Housing (PSH)**

Permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless individuals. Eligibility requirements depend on funding source.

**Rapid Re-housing (RRH)**

Program emphasizing housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing.

**Release of Information (ROI)**

Written documentation signed by a participant to release his/her personal information to authorized partners.

**Street Outreach**

Program that moves outside the agency's walls to engage individuals experiencing homelessness who may be disconnected and alienated from services and supports and that focuses on providing unsheltered individuals experiencing homelessness with critical services and housing.

**Transitional Housing (TH)**

Program providing homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing funds may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing. Examples of Transitional Housing in Broward County are Elder Haven and Hope (older adults) and Plymouth Colony (families).

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## **Broward County Homeless Continuum of Care Written Standards of Care**

The U.S. Department of Housing and Urban Development (HUD) requires all Continuums of Care (CoC's) to adopt "written policies and procedures" to guide the general operations and day-to-day activities of their Coordinated Entry (CE) systems. HUD detailed these requirements in its 2017 [Notice Establishing Additional Requirements for a Homeless Continuum of Care Centralized or Coordinated Assessment System](#):

*Each CoC must incorporate additional requirements into their written policies and procedures to ensure that its coordinated entry implementation includes each of the requirements described in [Section II.B].*

This document is an outline of Broward County's Homeless Continuum of Care (HCoC) policies and procedures. It references all required Coordinated Entry elements established by HUD's 2017 CE Notice, and it contains most essential elements to address every policy or operational goal intended by Broward's CoC. It can be used as a starting point to develop more specific policies and procedures that reflect changing operational standards and management practices.

**HCoC providers should always refer to their specific contracts, relevant [Service Delivery Models](#), and [Provider Handbook](#).**

Broward County's HCoC Written Standards were created following the [Outline for a Continuum of Care's Coordinated Entry "Policies & Procedures" Document](#) and the [Coordinated Entry Core Elements Guidebook](#). Furthermore, they have been developed for the Broward FL 601 Continuum of Care, which geographically includes all of Broward County Florida. Broward County's Written Standards are reviewed annually and updated according to changing community needs and the HUD regulations.

### **Clarifications**

Throughout this document the term **Homeless Continuum of Care** or **HCoC** refers to Broward County's Homeless Continuum of Care; and **Continuum of Care** or **CoC** is used to cite or refer to HUD or other official publications. HCoC is intended as the specific continuum, whilst CoC is intended is the general term used by HUD.

Likewise, the term **Coordinated Entry** or **CE**, is used when citing or referring to HUD or other official publications; and **Coordinated Entry System Performance** or **CESP** refers specifically to Broward County's team. CESP is intended as the specific Coordinated Entry team, while CE intended to be the general term used by HUD to identify the coordinated entry system and process.

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## Introduction and Overview

Broward County’s CE system follows the four (4) Coordinated Entry Core Elements outlined by HUD: Access, Assessment, Prioritization, and Referral.

**Access** refers to “the engagement points for persons experiencing a housing crisis.” Some of Broward County’s Access Points include” street outreach, Homeless Helpline, behavioral health system, healthcare system, and legal system; however, Broward County abides by a “no-wrong” door policy.

**Assessment** refers to the tools and processes to determine the needs, preferences, and vulnerabilities of persons experiencing a housing crisis.

**Prioritization** refers to the process of managing the HCoC’s shelter and housing inventory and matching the persons with the greatest needs and vulnerability to those openings.

**Referral** refers to the process of connecting resources and persons.

Broward County’s HCoC establishes the following guiding principles for its system:

- The HCoC will operate with a person-centered approach, and with person-centered outcomes.
- The HCoC will maximize the efficiency of assessments and interviews to ensure participants quickly receive access to the most appropriate services and housing resources available.
- The HCoC will strengthen and expand access to behavioral health services (such as substance use and mental health treatment, etc.), and integrate with judicial and law enforcement systems.
- The HCoC will incorporate cultural and linguistic competencies in all engagement, assessment, and referral coordination activities.
- The HCoC will implement standard assessment tools and practices and will capture only the information necessary to determine the severity of the participant’s needs and the best referral strategy.
- The HCoC will integrate mainstream service providers into the system, including but not limited to housing authorities, healthcare facilities, courts, jails, veteran service providers, and faith-based organizations.
- The HCoC will utilize HMIS for the purposes of managing participant information and facilitating quick access to available HCoC resources.
- The HCoC will monitor the Priority List monthly, to ensure referrals on the list are being referred to housing providers upon availability.
- The HCoC is committed to maintaining the security and confidentiality of the information collected by the participating organization and in the Homeless Management Information System (HMIS).

For information on key roles, responsibilities, and Point-of-Contact for Broward County's HCoC please refer to Appendix A.

For commonly used Terms and Definitions please refer to Table 2 in the beginning of this document.

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## Introduction Policies

### Policy 1: HCoC Coordination and Geographic Coverage

The Geographic Coverage of the HCoC is the entirety of Broward County. Broward County Housing Options, Solutions, and Supports Division (HOSS-D) is the CoC of its geographical area.

Broward County's HCoC aligns and coordinates the written standards for administering CoC, HUD, ESG, and any other dedicated programs funds with applicable local, state and/or federal policy.

The CE process covers the entire Broward County HCoC and is mandatory for all Broward County funded providers and highly encouraged for non-county-funded homeless service providers.

### Policy 2: Non-Discrimination

Broward County's HCoC and its subrecipients must adhere to all relevant civil rights and fair housing laws and regulations.

The HCoC has designated HOSS-D, as the entity responsible for monitoring agencies on compliance with all CE requirements, including adherence to civil rights and fair housing laws and regulations. Failure to comply with these laws and regulations will result in a monitoring finding on the project, which may affect its position in the local CoC rating and ranking process.

- *Fair Housing Act*
- *Section 504 of the Rehabilitation Act*
- *Title VI of the Civil Rights Act*
- *Title II of the Americans with Disabilities Act* Source: [HUD CE Notice: Section I.D](#)

### Policy 3: Marketing and Outreach

Broward County's HCoC in accordance with applicable local, state and/or federal policy, will ensure all persons participating in any aspect of CE such as access, assessment, prioritization, or referral shall be afforded equal access to services and resources:

- Each project participating in the HCoC is required to post or otherwise make publicly available a notice (provided by HOSS-D) that describes the coordinated entry process (Appendix B).
- This notice should be posted in the agency's waiting areas, as well as any areas where participants may congregate or receive services (e.g., dining hall). All staff at each agency are required to know which personnel within their agency can discuss and explain CE to a participant who seeks more information.
- This information must also be provided during the intake processes.

#### **Policy 4: Safety Planning and Risk Assessment**

All HCoC providers are expected to have policies around Safety Planning and Risk Assessment.

All persons who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, and/or human trafficking shall have immediate and confidential access to available crisis services within the defined geographic area. Source: [HUD CE Notice: Section II.B 10](#)

Providers cannot require a victim to obtain a police report, court document or order of protection; victim can sign a self-certification form ([Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking, and Alternate Documentation \(Form HUD-5382\)](#)).

The CE system must include a local domestic violence hotline, which is staffed 24 hours a day, seven days a week, to ensure that all persons who are fleeing or attempting to flee domestic violence or sexual assault have immediate access to crisis response services. All persons will have access to this hotline regardless of which access point they initially contact for services: **Women in Distress of Broward County, Inc. – 954-761-1133.**

**Broward County’s HCoC adheres to the Violence Against Women Act which applies to all funded projects.**

#### **Coordinated Entry Process and Safety Planning**

Domestic violence (DV) service providers screen survivors during intake. Referrals to CESP are made either by phone or by another provider who may be engaged with the individual or family. When a referral is received by CESP, the CE process is followed however an exception is made and most referrals are not documented in HMIS. Referrals for housing are made by phone when the DV provider will NOT be providing housing services. All survivors will receive case management services including linkage to supportive community resources.

#### **Violence Against Women Act (VAWA)**

*The Violence Against Women Act (VAWA) is a federal law that, in part, provides housing protections for people applying for or living in units subsidized by the federal government and who have experienced domestic violence, dating violence, sexual assault, or stalking, to help keep them safe and reduce their likelihood of experiencing homelessness.* Source: [www.hud.gov/VAWA](http://www.hud.gov/VAWA)

## **Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking**

### **Emergency Transfers**

Broward County's HCoC recipients and subrecipients are concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault or stalking. In accordance with the Violence Against Women Act (VAWA), the HCoC allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability of housing providers to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether the housing provider has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that the HCoC, recipients and subrecipients are compliant with VAWA.

### **Eligibility for Emergency Transfers**

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

### **Emergency Transfer Request Documentation**

To request an emergency transfer, the tenant shall notify the housing provider's management office and submit a written request for a transfer to the HCoC, recipients or subrecipients. The housing provider will provide reasonable accommodations to this

policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under the housing provider's program; OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.
3. Victims shall be allowed to move multiple times if necessary to ensure their safety.

### **Notification of Rights**

Every person who applies for or receives assistance must be informed of their full rights under VAWA to ensure they have the knowledge required to exercise them. The recipient or subrecipient must provide this information at the following times, at minimum:

- When an applicant is denied admission to a permanent or transitional housing program (CoC) or denied rental assistance (ESG)
- When an applicant is admitted to a permanent or transitional housing program (CoC) or begins receiving rental assistance (ESG)
- When a tenant receives notification of eviction (CoC and ESG)
- When a tenant is notified their assistance is ending (CoC and ESG)

### **Confidentiality**

Housing providers will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives the housing provider written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about housing providers' responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

### **Emergency Transfer Timing and Availability**

Housing providers cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. Housing providers will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant

reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. Housing providers may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If a housing provider has no safe and available units for which a tenant who needs an emergency is eligible, they will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, the housing provider will also assist tenants in contacting the local organizations helping victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

Victims are also allowed to break a PSH/RRH lease under VAWA without penalty.

### **Safety and Security of Tenants**

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-SAFE (7233), or by texting "START" to 88788, for persons with hearing impairments, the national hotline can be accessed by calling 1-800-787-3224 (TTY).

Locally victims of domestic violence can contact Women in Distress of Broward County by calling the 24-hour crisis hotline at (954) 761-1133 or dial 7-1-1 (1-800-955-8771) for Florida Relay Telecommunications Services.

Tenants who have been victims of sexual assault can contact RAINN (Rape, Abuse & Incest National Network) by calling 1-800-656-HOPE (4673) or visit the Online Hotline at <https://ohl.rainn.org/online/>.

Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

Sexual Assault and Human Trafficking survivors can be screened for relocation assistance.

### **Additional Resources:**

- [National Domestic Violence Hotline Stalking Safety Plan](#)
- [SPARC](#)
- [Women In Distress of Broward County](#)
- [VAWA Requirements for CoCs, CoC Recipients, and ESG Recipients](#)
- [Nancy J. Cotterman Center](#) - sexual assault, child abuse and human trafficking

### **Policy 5: Coordinated Entry (CE) Participation Expectation**

All HCoC funded projects are required to participate in the Broward CE process. Regardless of funding, the HCoC aims to have all homeless assistance projects in the geographic area participate in its CE process ([CoC Program Interim Rule, 24 CFR 578.7](#); [ESG interim rule: 24 CFR 576.400 \(d\) and \(e\)](#)).

The coordinated entry process is a system of access, assessment, prioritization and referral, where individuals and families move along the system of care based on the length of time homeless, severity of service needs, engagement, and coordinated approach.

As part of the ongoing monitoring process, CoC and HUD, ESG subrecipients must submit reports reflecting compliance with the CE process and all other contractual agreements. Some examples include:

- Performance Outcome Report
- HMIS Referrals Report
- Annual Performance Report (APR)
- Housing Move-in Date Report
- Billing Summary Report

### **Policy 6: Compliance and Service Requirements**

Participants and providers shall comply with all federal, state, and local laws, Executive Orders, and court rulings regarding requirements or other prerequisites for participating in HCoC programs. Services offered by providers require use of Evidence Based Practice (EBP), Evidence Informed Models (EIM), or Promising Practices (PP).

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## Access Policies

### Policy 1: Broward County's Access Model, Coverage, and Points

Broward County's HCoC has adopted a "no wrong door" approach to CE. Participants can access HCoC services through any homeless assistance agency within the geographic area. Participants can access services in person, via phone, and outreach can be provided at a specific location for those with mobility barriers. Outreach services are offered daily where individuals and families experiencing homelessness gather and congregate.

The HCoC, recipients and subrecipients must ensure effective communication with individuals with disabilities. Recipients of federal funds and CoCs must provide appropriate auxiliary aids and services necessary to ensure effective communication (e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters).

The HCoC will maintain multiple points of intervention to engage individuals experiencing homelessness who are exhibiting behaviors that threaten public order or safety, or who appear unable to care for themselves. This may include enhanced outreach programs focused on public spaces (e.g. Airport, Public Transit, hospitals, Community Courts, etc.), collaboration with law enforcement to identify individuals needing intervention (e.g. Multi-Agency Homeless Taskforce), and any provider can assist with immediate assessment and referral to treatment for substance use or mental health treatment.

HCoC providers must ensure all employees complete annual training outlined in their respective contract as well as required by local, State, and Federal guidelines. Training provided by Florida DCF can be found at <https://myflfamilies.com/about/DCF-training>.

The HCoC has designated specialized access points for the following subpopulations: individuals seeking shelter (Taskforce Fore Ending Homelessness), families in need of homeless housing and services (Homeless Helpline, TaskForce Fore Ending Homelessness, Care Resource), and victims of domestic violence (Women in Distress, Inc.). However, these subpopulations are not limited to those access points, nor those access points limited to those subpopulations.

Following is a list of the most common providers:

Broward Behavioral Health Coalition
Broward County Housing Authority
Broward County Public Schools
Broward Healthy Start Coalition
Broward Housing Solutions
Broward Partnership (CHAC and NHAC)
Care Resource Community Health Center

ChildNet
Covenant House
FLITE Center
Henderson Behavioral Health
Hope South Florida
Homeless Helpline
Miami Rescue Mission/ South Homeless Assistance Center (SHAC)
Broward Health (North Broward Hospital District)
Memorial Healthcare System (South Broward Hospital District)
Taskforce Fore Ending Homelessness
The Salvation Army

**Policy 2: Prevention, Diversion, Outreach and Emergency Services**

The CE system ensures that all participants are screened for homelessness prevention and diversion assistance, regardless of the access point. According to the National Alliance to End Homelessness, “prevention targets people at imminent risk of homelessness, diversion targets people as they are applying for entry into shelter” ([\*Creating a Successful Diversion Program for Families\*](#), 2011). Some of these services are provided within the HCoC others by external community agencies. For a comprehensive and up-to-date list contact 211 or the Homeless Helpline.

Prevention and diversion services include:

- Provision of financial, utility, and/or rental assistance; short-term case management;
- Conflict mediation;
- Connection to mainstream services (services that come from agencies outside of the homeless assistance system, such as welfare agencies) and/or benefits; and
- Housing search.

Other strategies may include reunification and incidental assistance.

When prevention and diversion strategies are not available, street outreach teams can engage individuals and families experiencing homelessness where they gather and congregate. Street outreach teams (TaskForce Fore Ending Homelessness for individuals, and TaskForce Fore Ending Homelessness and Care Resource for families) also function as the HCoC designated access points for shelters.

Screening and assessment for Emergency Shelter for individuals is available through TaskForce Fore Ending Homelessness at designated daily locations or by special request at a specific location for those with mobility barriers. Up-to-date times and locations can

be found by calling the Homeless Helpline (954-563-4357). The Homeless Helpline hours of operations are Monday through Sunday 8am-7pm.

Screening for Emergency Shelter for families is available through the Homeless Helpline, who will refer the participant(s) to the designated agency that will coordinate the assessment, prioritization, and assignment to available family Emergency Shelter. TaskForce and Care Resource can also directly enroll families in their outreach projects at their discretion upon consent of a family.

### **Policy 3: Eligibility for Educational Services**

It is the policy of the CoC to ensure individuals and families who have recently begun experiencing homelessness are informed of their eligibility for educational services.

It is the policy of the CoC to ensure educational stability and continuity, including allowing homeless children to remain in one, stable school environment and provide continuous access to teachers, programs, peers, services and extracurricular activities.

It is the policy of the CoC to recognize that education is a critical strategy for ending homelessness among families and unaccompanied youth.

It is the policy of the CoC to ensure these protections are available to all persons receiving services.

### **Student Rights**

All students have the right to:

- Receive a free, appropriate public education.
- Enroll in school immediately, even if lacking documents normally required for enrollment.
- Enroll in school and attend classes while the school gathers needed documents.
- Enroll in the local attendance area school or continue attending their school of origin (the school they attended when permanently housed or the school in which they were last enrolled), if that is the parent's, guardians, or unaccompanied youth's preference and is feasible. If the school district believes the school selected is not in the student's best interest, then the district must provide the parent, guardian, or unaccompanied youth with a written explanation of its position and inform him/her of the right to appeal its decision.
- Receive transportation to and from the school of origin, if requested by the parent, guardian, or unaccompanied youth.
- Receive educational services comparable to those provided to other students, according to the student's need.

All programs in the CoC shall advise all individuals and families of the rights existing under the McKinney-Vento Homeless Assistance Act at intake, or other meetings and

regardless of whether such information is requested; such information shall also be made available upon request.

CoC programs should place posters about the education rights of homeless children and youth, including local liaison contact information, in all their facilities serving families and youth. Additionally, service providers should encourage parents to enroll their children in school immediately and encourage unaccompanied youth to enroll immediately.

Homeless service providers should incorporate information on education rights into the standard intake process. As a follow-up to the initial intake, providers may wish to schedule a meeting with Broward County Public School's Homeless Education Assistance Resource Team (HEART) Coordinator (754-321-1566). Homeless service providers that serve families and youth regularly should host informational sessions about education rights for their staff and participants.

CoC programs shall establish policies and practices that are consistent with, and do not restrict the exercise of rights provided by, the McKinney-Vento Act, and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness.

CoC programs shall designate a staff person to ensure that children are enrolled in school and connected to the appropriate services within the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and McKinney-Vento education services.

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## Assessment Policies

### Policy 1: Assessment Approach, Assessment Process, and Assessor Training

Broward County's HCoC CE process will provide a standardized assessment process to all providers, ensuring uniform decision-making and coordination of care for persons experiencing a housing crisis.

All persons served by the HCoC providers will be assessed using the identified assessments. Assessments identified for use by the HCoC currently include Vulnerability Index – Service Prioritization Decision Assistance Tool / Family (VI-SPDAT or VI-F-SPDAT), and the Housing Barrier Assessment. Appropriate assessments may be utilized to identify presenting behaviors or symptoms, and determine the urgency of need for intervention, and address immediate threats to safety or order, or the individual's well-being. All access points must use the identified assessments to ensure that all persons served are assessed in a consistent manner, using the same process. Assessments document a set of participant conditions, attributes, need level, and vulnerability, allowing the access point and/or assessment staff to identify a service strategy when making a referral to CESP. The CESP team manages the HCoC's Housing Prioritization List.

**Please see Appendix C of this document for a copy of the assessment tools.**

HCoC providers must utilize the identified assessments and adhere to the CE process. The assessment process will progressively collect only enough information to prioritize and refer participants to available and appropriate behavioral health (such as substance use and mental health, etc.), housing, and support services.

### Housing Assessment Process

The HCoC utilizes a standardized assessment for housing needs. Assessments are based on a participant's strengths, goals, risks, and protective factors. The assessments and tools used are easily understood and sensitive to the participant's lived experiences. Broward County's HCoC uses a phased assessment process to determine the appropriate housing intervention needed that includes VI-SPDAT or VI-F-SPDAT to help determine participant(s) acuity level, and Housing Barrier Assessment.

For employment needs, HMIS has a screening assessment to begin building a profile of the participants to determine if they need technical or vocational training, basic resume writing and interviewing skills, and/or a referral to CareerSource Broward (CSBD) for additional employment related services. Agencies referring participants to CSBD must complete an assessment, provide a referral form, and have a signed Release of Information form – all these documents must be uploaded in HMIS. Agencies that elect to utilize a customized employment assessment tool must include all the elements included in the HMIS employment assessment. For additional information on Program

Expectations please refer to specific contracts, relevant [Service Delivery Models](#), and [Provider Handbook](#). *Please See Appendix C for all Standardized Assessments*

There are special assessments that can be utilized for the HUD-designated subpopulations. These include:

- Adults without children.
- Adults accompanied by children.
- Unaccompanied Youth.
- Participant(s) fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous conditions (human trafficking).
- Persons at imminent risk of literal homelessness.
  - **Applicant Rights:** Applicants have the right to complete a standardized housing assessment and have the right to request an assessor who speaks their native language or translation services.
  - As needed, applicants have the right to update their assessment with the assessor who originally completed the assessment, or with any other skilled assessor. Applicants may call the Homeless Helpline at (954) 563-4357 or visit [www.broward.org/Homeless](http://www.broward.org/Homeless) to inquire about Broward County's HCoC Access Points.

### **Applicant Responsibility**

The HCoC prioritizes personal accountability and promotes treatment, recovery, and self-sufficiency, with the goal of increasing effectiveness in reducing homelessness and increasing public safety. As part of this process applicants will be asked to sign a Client Acknowledgement for Electronic Data Collection form, also referred to as the global release, or Release of Information (ROI) which confirms the level of sharing personal information authorized by the participant. This consent will be explained, and the applicant has the right to ask questions related to how their data will be used or shared so that they can make an informed decision. The ROI is revocable at any time by the participant.

While completing a variety of assessments, participants are responsible for sharing information as accurately as possible. When providers are interacting with applicants, they should always inquire about the need to update their information such as contact information, new hospitalizations, or the diagnosis of a disabling condition, change in family composition, and change in income. These updates allow for a more accurate understanding of eligibility for housing programs and when matched to housing, updated contact information allows the housing agency to reach the participant(s).

**Refusals of Housing Assessment unless otherwise exempt by law (i.e. Violence Against Women Act):** Individuals who do not sign the Client Acknowledgement for Electronic Data Collection and who do not complete the assessment may delay or negatively impact their ability to access housing. When assessors encounter individuals

unwilling to sign the Client Acknowledgement for Electronic Data Collection (ROI) or who are hesitant to provide a response to assessment questions, they should stop and acknowledge that the assessment will not provide useful information. The assessor should inform the individual that their participation is needed to create a referral, and referrals are not permitted to be sent to service providers without the participant's consent.

Individuals who are not able to complete a VI-SPDAT can request reasonable accommodations which may include the use of TTY: (954)831-3940. If additional assistance is needed, then they may contact the Homeless Helpline through TTY.

Applicants are responsible for responding to service providers' calls and should inform the provider if they need any additional supports. Extra support may include scheduling a housing intake appointment, accessing documents, paperwork navigation support, or other resources within the community. The service provider must attempt to contact the applicants within three (3) calendar days of the referral (or as specified in program's Service Delivery Model) and should attempt to contact the applicants a minimum of five (5) times. All attempts should be documented in the Client Notes section of the participant(s) HMIS record.

The assessments determine the participant(s) service needs based on HUD's Criteria of Defining Homeless (Categories 1 and 4). Category 4 participants (victims of domestic violence) must be referred immediately to Women in Distress of Broward County.

### **Updating the Assessment**

Participant assessment information should be updated at least once a year, if the participant is served by a provider for more than 12 months. Additionally, staff should update participant records with new information as new or updated information becomes known by staff.

Individuals who choose not to participate in data collection upon initial assessment or project entry may later decide that their information can be collected and entered in HMIS. Participant data in HMIS can be updated after an initial data collection period and throughout project enrollment to reflect emergence of new information, corrections to previously collected information, or additions of previously unanswered questions. The HCoC will continuously work to improve participant engagement strategies to achieve completion rates of required HMIS data elements that are as high as possible.

### **Documentation**

Collection and management of documentation in HMIS is a collaborative effort; however, the ultimate responsibility rests with the referral source. However, providers working with participants at other stages in the process who find deficiencies in paperwork should endeavor to collect those documents to ensure the participant's file is complete. When an individual or family is referred to CESP, they are placed on the "By-Name List". The

By-Name List is reviewed monthly to ensure that the referrals are moving through the HCoC. HOSS-D provides staff to monitor progress towards participants becoming “paperwork ready” and follow up is discussed during the appropriate By-Name Meeting. Participants requiring additional support will be referred to the appropriate community provider.

### **Assessor Training**

The HCoC is committed to ensuring that all staff who assist with CE operations receive sufficient training to implement the CE system in a manner consistent with the vision and framework of CE, as well as in accordance with the policies and procedures of its CE system.

The HCoC will provide an annual training for persons who manage the access point processes and conduct assessments. Training will be offered at no cost to the agency or staff, and will be delivered by an experienced, professional trainer. Topics for training will include the following:

- Review of HCoC written policies and procedures, including variations adopted for specific subpopulations.
- Requirements for use of assessment information to determine prioritization.
- Intensive training on the use of the assessment tool; and
- Criteria for uniform decision making and referrals.

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## Prioritization Policies

### Policy 1: Standardized Housing Prioritization

Prioritization means implementing an admissions preference for chronically homeless persons for CoC funded housing interventions and supportive services (Source: [Notice on Prioritizing Persons Experiencing Chronic Homelessness](#)). Broward County's HCoC utilizes several factors to prioritize individuals and families experiencing homelessness, and will prioritize participation in treatment recommendation as a condition for receiving housing assistance. Some of the factors include vulnerability, housing barriers, length of time homeless, number of homeless episodes, and severity of service needs. Additionally, the HCoC may use other factors that impact vulnerability and morbidity such as age, household composition, medical conditions, actual place of habitation, and stakeholder's advocacy.

Chronically homeless is defined as ([Defining Chronically Homeless Final Rule](#), 2015):

- a) A "homeless individual with a disability," 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 above, continuously for at least (12) twelve months or on at least (4) four separate occasions in the last (3) three years, as long as the combined occasions equal at least (12) twelve months and each break in homelessness separating the occasions included at least (7) seven consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than (90) ninety days will not constitute as a break in homelessness, but rather such stays are included in the (12) twelve-month total, if the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility.
- b) 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) ninety days and met all the criteria in paragraph (a) of this definition, before entering the facility.
- c) 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 the criteria in paragraph (a) or (b) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Severity of service needs refers to:

- a) History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or

- b) Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support to maintain permanent housing.
- c) For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.

Severe service needs should be identified and verified through data-driven methods or using standardized assessment tools and should be documented in HMIS. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual or family provided they are in compliance with treatment plan (Source: [Notice on Prioritizing Persons Experiencing Chronic Homelessness](#)).

### **Shelter Prioritization**

Shelter services for individuals and families are available through Broward County's HCoC. There are multiple ways to access emergency shelter.

For families:

- Call the Broward County Homeless Helpline for a Family Street Outreach referral – preferred method
- Enroll through a Family Street Outreach provider

For individual adults:

- Visit a TaskForce daily access point
- Register online with TaskForce
- Call the Broward County Homeless Helpline for information or to request Outreach Services

Shelter access is provided in the order of registration, with priority given to:

1. U.S. Military Veterans
2. Severity of Service Needs and Vulnerabilities

A designated portion of shelter availability is prioritized for individuals being discharged from hospitals, jails, and rehabilitation facilities who would otherwise be released to the streets.

A designated portion of shelter capacity is reserved for specific populations, projects, and municipalities. The Individual Street Outreach service providers are authorized to provide access to these shelters.

For the safety of participants, most shelter beds require individuals to be able to perform their activities of daily living (ADLS) independently:

1. Mobility (also called ambulating or transferring)
2. Dressing
3. Eating
4. Personal Hygiene
5. Toileting (also called continence)

In accordance with the Americans with Disabilities Act (ADA), individuals with disabilities are permitted to be accompanied by their service animals in all public areas.

## **Order of Priorities for Housing Interventions**

### **Rapid-Rehousing Prioritization**

**REQUIRED: Literally Homeless as defined by HUD**

**DECIDING FACTORS: Length of Time, Household Compositions (children and older adults), potential for Self-Sufficiency, and prior Housing Interventions (Permanent Housing, Rapid Re-housing, Transitional Housing).**

Rapid-Rehousing presents greater flexibility with chronicity and documentation, and it is considered a lower barrier, faster, and time-limited intervention. The objective of this intervention is for individuals or families to become self-sufficient and self-sustaining within a maximum of (24) months. Potential for self-sufficiency is defined as the ability to maintain rent and utilities once the program has ended. Prioritization will also be based on the type of Rapid Re-housing such as Move-in Assistance, Short-Term Rapid Re-housing, Long-Term Rapid Re-housing. Additional criteria may be required as stipulated in the Contract or Service Delivery Model.

Participants will start contributing 30% of their adjusted gross income and will be able to pay 100% of the rent and utilities by the end of the program. This schedule will be adjusted by the provider based on the specific circumstances of the participants, the program, and the availability of funds.

### **Permanent Supportive Housing**

**Priority 1a – (Primarily HUD Funded Projects)**

**REQUIRED: Chronically Homeless (as defined above)**

**DECIDING FACTORS: Length of Time and Severity of Service Needs**

- a. Individual or head of household meets the definition of chronically homeless as defined above;
- b. The length of time the individual or household has been homeless is at least (12) twelve months continuously or at least (4) four occasions in the past (3) three years where the total length of time homeless totals at least (12) twelve months; and,
- c. The individual or household member has been identified as having severe service needs as defined above.

## **Non-Chronic Prioritization**

Non-Chronic Housing Interventions present greater flexibility with chronicity and documentation. These are considered lower barrier interventions. The order of priority is as described below.

### **Priority 1b – (Both HUD and General Funds Projects)**

**REQUIRED: Literally Homeless + Verified Disability (any household member)**

**DECIDING FACTORS: Household Compositions (children and older adults), Length of Time, and Severity of Service Needs**

- a. Individual or member of the household is literally homeless; and,
- b. Individual or member of the household is disabled; and,
- c. The length of time the individual or household member has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter is fewer than four occasions but where the cumulative time homeless is at least (12) twelve months; and,
- d. The individual or household member has been identified as having severe service needs as defined above.

***The differences between priority 1a and priority 1b are funding sources, chronically vs literally homeless, and discretion of application of criteria to all or some members of the household.***

### **Priority 2 – (Exclusively General Funds Projects)**

**REQUIRED: Literally Homeless + Length of Time**

**DECIDING FACTORS: Household Compositions (children and older adults), Verified or Observed Disability (any household member) and Severity of Service Needs**

- a. Individual or member of the household is literally homeless; and,
- b. The length of time the individual or household member has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter is at least (12) twelve months, or the individual or household member has frequent occasions of verified homelessness equivalent to (12) twelve months; and,
- c. The individual or household member has been identified as being disabled, or having severe service needs as defined above.

### **Priority 3 – (Exclusively General Funds Projects)**

**REQUIRED: Literally Homeless + Severity of Service Needs**

**DECIDING FACTORS: Household Compositions (children and older adults), Verified or Observed Disability (any household member), and Length of Time**

- a. Individual or member of the household is literally homeless; and,

- b. Individual or member of the household has been identified as having severe service needs as defined above.

**Other Factors Increasing Priority for Referral to Housing Interventions:**

- Lawful conduct and participation in behavioral health care (substance use and mental health) if recommended by a professional
- Acuity as determined by the VI-SPDAT or VI-F-SPDAT
- Type and number of Housing Interventions available
- Veteran Status
- Unsheltered vs. Sheltered
- Medical Vulnerability
- Behavior Health
- Co-occurring Conditions
- Age of Individuals: Children, Youth, and Elderly

For all Permanent Supportive Housing Interventions, participants must contribute 30% of their adjusted gross income for the duration of the program. This can be adjusted – upon HOSS-D approval – based on specific circumstances of the participants, the program, and the availability of funds.

**Policy 2: By-Name List Process**

“The intention of a *prioritization list* is to have a single, centralized list for each sub-population for the entire CoC, that includes all relevant participant-level information to identify which persons are most vulnerable and therefore most likely to be in the most immediate need for CoC assistance prioritized through CE. The use of a *prioritization list* ensures that CoC’s do not serve persons on a “first come, first served basis,” but rather according to each participant’s level and severity of need, vulnerability, and risk of greater harm should the household not receive accelerated access to CoC assistance” Source: [CE “Policies & Procedures”](#)

HOSS-D’s Coordinated Entry System Performance team is responsible for the regular maintenance of the *Housing Prioritization (Coordinated Entry) Program* (HMIS project #322), which populates the *By-Name List* (BNL). To be placed on the Prioritization List, or By-Name List, an Access Point is required to refer an individual or family to Broward County’s *Housing Prioritization Program* through the Homeless Management Information System (HMIS). The referral must include:

1. The standardized assessments (Housing Barrier Assessment, and VI-SPDAT or VI-F-SPDAT)
2. The minimum required documents listed on the *Housing Checklist* (Appendix D)
3. A complete and accurate Client Profile and

4. Referring provider *Entry* with ongoing documented engagement in HMIS after the referral is accepted (Current Living Situation updates, active Project Entry, Client Notes, Service Transaction, etc.).

For a referral to remain active, a participant(s) must remain engaged with an HCoC provider at least every 89 days. For Street Outreach projects the CLS must be updated for the project to remain active, or the project will be automatically exited by the system. Furthermore, to streamline housing interventions, Broward County's HCoC has identified (4) four sub-populations and several additional categories. Each sub-population convenes a meeting, called "*By-Name Meeting*," with the relevant providers to update and further prioritize participants within. The Prioritization List, or By-Name List, and By-Name Meetings ensure transparency, accountability, and collaboration in the prioritization of participants in the CE process of Broward County's HCoC. The (4) sub-populations are:

1. Chronically Homeless Households – PSH BNL
2. Veterans
3. Youth (18-24 years) and Families (adult with minor(s)) Literally Homeless
4. Non-chronic households – RRH BNL

Related By-Name Meetings may be held virtually every quarter, or more frequent as needed. Broward County's CESP team is responsible for scheduling and facilitating the meetings – except for the Veterans By-Name Meeting which is managed by United Way Mission United.

All By-Name Meetings are mandatory for at least one representative from each of the *Contributing HMIS Organizations* based on the latest *Client Acknowledgement for Electronic Data Collection in HMIS*.

BNLs must be scheduled at least thirty days (30) in advance by HOSS-D and promptly communicated to all providers – a shorter timeframe may be required for special sub-populations.

Participation is mandatory by involved providers. If unable to attend, providers must inform HOSS-D and submit updates at least three (3) business days prior to the meeting. Additional categories may include but are not limited to the following – these are scheduled on a need basis but are typically scheduled in advance as series:

- CESP Referrals
- HEART Project (Broward County Public Schools)
- Unsheltered Participants
- Sheltered Participants
- Airport Project
- Transit Project
- Court Projects

Providers can also request these types of By-Name Meetings when necessary.

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## Referral Policies

### Policy 1: Notification of Vacancies

All HCoC providers will only enroll new participants when a referral is received following the CE process. To facilitate prompt referrals and to reduce vacancy rates, participating providers must notify HOSS-D of any known and/or anticipated vacancies.

### Active List Referrals

#### Housing Referrals

When a housing vacancy occurs or is expected to occur, the provider agency with the vacancy must alert the HOSS-D via email within three (3) calendar days of the vacancy or upon becoming aware of the vacancy. The notification should include specific details of the vacancy, including project name, unit size, location, and any funder-defined eligibility requirements.

CESP will work to identify and refer a prioritized household to fill the housing vacancy within three (3) calendar days of the notice – unless a utilization review is required.

#### Emergency Shelter

When an Emergency Shelter vacancy occurs, HCoC funded emergency shelters are required to report vacancies to Street Outreach providers and HOSS-D by email no later than 10am, Monday through Friday.

TaskForce Fore Ending Homelessness is solely responsible for emergency shelter referrals (individuals). The provider will work to identify and refer a prioritized individual to fill the shelter vacancy within 24 hours of the notice.

TaskForce Fore Ending Homelessness and Care Resource share responsibility for family's emergency shelter referrals. The providers will work to identify and refer a prioritized family to fill the shelter vacancy within 24 hours of the notice.

A designated portion of shelter capacity is reserved for specific populations, projects, and municipalities. The specific Street Outreach service providers are authorized to provide access to these shelters.

#### CESP Referral

Participants referred to CESP (for a housing program such as PSH/RRH) are reflected on the appropriate active prioritization list. Participants' referral will remain active as long as documented contact is made with an HCoC provider every 89 days.

## **Referrals on Inactive List**

### **Emergency Shelter**

Referrals for emergency shelter placement become inactive when a participant either fails to present for intake on the same day or refuses to complete the admission process at the available Emergency Shelter.

### **CESP Referral**

When there is no documented contact with an HCoC provider for more than 89 days participants referred to CESP (for housing program such as PSH or RRH) are moved to the inactive list.

### **Policy 2: Participant Declined Referrals**

Individuals and families will be given information about the programs available to them by the referring provider and provided choices whenever feasible. Options are based on information provided during assessment, vulnerability, preliminary eligibility pre-determinations, and available resources. Of the options available, participants will be afforded their choice of which project to be referred to. If an individual or family declines a referral to a housing program, they remain on the prioritization list until the next housing opportunity is available.

### **Policy 3: Provider Declined Referrals**

There may be instances when a provider decides not to accept a referral from CESP. When a provider declines to accept a referred prioritized household into its project.

Refusals by projects are acceptable only in certain situations, such as:

- Participant referred does not meet the project's eligibility criteria.
- Participant would be a danger to self or others if accepted into the project.
- Services provided by the project are not sufficient to meet the participant's needs.
- The project is at capacity and unable to accept referrals.

When a referral is being declined the provider must provide the reason to CESP within three (3) business days. The provider must explain the reason for the declination, how the referred participant was informed, what alternative resources were made available to the participant, and whether the project staff foresees additional, similar refusals occurring in the future. The CESP team will coordinate a case staffing as indicated to discuss the appropriate next steps. If a provider declines a referral, the participant remains on the prioritization list until the next housing opportunity is available.

## Miscellaneous Policies

### Policy 1: Privacy Protection, Disclosure of Disability or Diagnostic Information, and Participant Autonomy

All HCoC providers are required to notify and obtain participant consent for the collection, use, and disclosure of participants' personally identifiable information (PII) and must have policies and procedures that specifically address participant confidentiality. ([HUD Coordinated Entry Notice: Section II.B.12.a](#)).

All participant information collected, stored, or shared in the operation of CE/HCoC functions, regardless of whether those data are stored in HMIS, will be considered personal and sensitive information worthy of the full force of protection and security associated with data collected, stored, or shared in HMIS.

Throughout the assessment process, participants must not be pressured or forced to provide information that they do not wish to disclose, including specific disability or medical diagnosis information.

#### **Personal Health Information (PHI) should not be included in the HMIS Client Profile.**

Providers must ensure participants understand the relationship between program eligibility and documentation. For example, to document eligibility for certain HUD funded Permanent Supportive Housing Projects; the participant must provide acceptable evidence of the qualifying disability. Participants may choose not to provide the requested information, however doing so could limit potential referral options.

It is equally important that participants are informed that the CE process may collect and document a participants' membership in protected class; however, the HCoC will not consider one's membership in a protected class as justification for restricting, limiting, or steering participants to a particular referral option ([HUD Coordinated Entry Notice: Section II.B.4](#))

It is crucial that persons served by the HCoC have the autonomy to identify whether they are uncomfortable or unable to answer any questions during the assessment process, or to refuse a referral that has been made to them. In both instances, the refusal of the participant to respond to assessment questions or to accept a referral shall not adversely affect his or her position on the prioritization list.

#### **Discharging or Banning**

Discharging or banning a participant from any program or service should be the last resort. When it is the recommendation of the provider to discharge or ban a participant from a program or service, providers must maintain termination policies consistent with [Provider Handbook](#). Providers must give participants a written copy of the grievance policy, termination policy, program requirements, and conditions when the individual or

family enters the program. When a participant is discharged, HOSS-D will work quickly with providers to avoid discharge to homelessness.

When a discharge occurs due to an emergency or incident the provider must submit an incident report & complete documentation as outlined in the Broward County HOSS-D [Provider Handbook](#).

When a housing provider becomes aware of a situation that could result in termination of participation in the program, HOSS-D must be contacted, and a case staffing scheduled. The housing provider should strive to ensure participants are not discharged to homelessness. When a housing provider is also acting as the landlord, there must be a clear distinction of roles. Housing providers, being reimbursed by Broward County, must ensure HMIS documentation clearly reflects both roles.

### **Policy 2: Data System, Collection, Standards, and Participant Consent**

Providers must collect all data required as defined by the HCoC, including the “universal data elements” listed in HUD’s [HMIS Data Standards Data Manual](#).

The HCoC and participating providers collecting participant data must ensure participants’ data is secured regardless of the system(s) or locations where collected data is stored, managed, or shared. Providers must ensure data is secure whether stored on paper or electronically. Additionally, participants must be informed on how their data collected will be stored, managed, and potentially shared. Participants must be informed with whom information is shared, and for what purpose.

Participants must receive and acknowledge a “Participant Consent” form prior to the collection of data. The form identifies what data will be collected, where data will be stored/managed, how data will be used and for what purposes. Participant consent should also outline what data may be shared with others (if the participant consents to such data sharing).

During the intake and assessment process, participants will be provided with a written copy of Broward County Continuum of Care Client Acknowledgement for Electronic Data Collection in Homeless Management Information System (HMIS), which identifies what data will be collected, what data will be shared, which agencies data will be shared with, and what the purpose of the data sharing is. Participants will have the option to decline sharing data; doing so does not make them ineligible for services.

### **Policy 3: Evaluation of the Coordinated Entry (CE) System**

Regular and ongoing evaluation of the CE system will be conducted to ensure that opportunities for improvement are identified. Evaluation results are shared and understood, and that the CE system/system providers are held accountable. The Coordinated Entry Workgroup will be tasked with this endeavor.

HCoC providers play a crucial role in the evaluation of the CE process. Providers will collect accurate and meaningful data on persons served. In addition, providers will review

evaluation results and offer insights into potential improvements to the CE processes and operations.

Broward County's HCoC evaluates its providers on a quarterly basis using HMIS data – Quarterly Outcomes. Prior to publishing these outcomes, providers will have at least (10) ten business days to review and provide feedback on the draft results. Feedback should provide detailed suggestions to the HCoC about how best to interpret and use the evaluation results.

The HCoC has identified the following outcomes/performance measures for the CE system.

- Reduction in the length of time individuals and families are homeless (system and project level).
- Reduction in the number of persons experiencing first-time homelessness (system and project level).
- Increase in the number of placements into housing (system and project level).
- Reduction in the length of time from intake to move in date.

The HCoC values feedback, insight, and suggestions of participants; for information on client satisfaction surveys see [Broward County Provider Handbook, Client Satisfaction.](#)

#### **Policy 4: Recordkeeping Requirements**

HCoC providers must follow all Federal, State, and County regulations and/or Statutes related to recordkeeping and participant confidentiality. Documentation about homelessness must follow HUD guidelines and notices as they occur. HCoC providers must ensure internal practices, policy, and procedure are in line with Federal, State, and County regulations and/or Statutes. Internal policies and procedures must be updated to reflect changes/updates as they occur.

For more information related to Recordkeeping Requirements see: [BC Provider Handbook, HOSS Record Keeping Requirements.](#)

#### **Policy 5: Housing Intervention Transfers**

##### **All Transfers**

Detailed steps must be followed to complete transfers in HMIS whether from RRH to PSH or from PSH to PSH. All transfers must be approved by HOSS-D; CESP and HMIS Project Management teams must ensure accurate process is followed to avoid date errors.

##### **RRH to PSH Transfers**

Transfers from Rapid Re-housing (RRH) to Permanent Supportive Housing (PSH) are generally permitted if the household met the criteria for PSH when entering the RRH program, and the transfer is deemed necessary to prevent homelessness. Transfers are handled by CESP upon approval from HOSS-D.

**Eligibility**

Households must meet the criteria for PSH when initially assessed and entering the RRH program.

**Transfer Request**

The RRH program must submit a transfer request to the CESP/HOSS-D, detailing the reasons for the transfer and documentation of the household's need for PSH.

**Documentation**

The transfer request should include:

- A narrative on the efforts to stabilize the household in RRH.
- A narrative explaining the reason for the transfer and the need for PSH services.
- Release of Information if not already in HMIS.

**Approval**

The CESP team reviews the request and requests approval from HOSS-D leadership.

**Prioritization**

Approved transfers are prioritized for PSH availability, especially if the household is at risk of returning to homelessness.

**No Time Accrual in RRH**

Households do not accrue time towards chronic homelessness while enrolled in RRH.

**Purpose of Transfers**

Transfers are considered when all other options have been exhausted to prevent the participant's housing instability and risk of returning to homelessness.

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**Appendix A: HCoC Roles and Responsibilities:**  
**For specific contact information call 954-357-9702**

**HCoC Advisory Board**

Responsible for the general oversight of the CE system, including the approval of the CE Policies & Procedures document.

**Coordinated Entry System Performance (CESP) Coordinator**

Staff position responsible for supporting or managing day-to-day functions of CE, which may include any combination of the following: maintaining a prioritization list, assisting with matching participants to available housing resources, communicating referrals, facilitating case conferencing meetings, assisting with grievance and appeal processes, monitoring CE activity, and preparing CE monitoring and evaluation reports.

**Coordinated Entry (CE) Management Entity**

Agency responsible for the day-to-day operations of the CE system. In Broward County, this is the responsibility of Broward County Housing Options, Solutions, and Supports Division (Phone: 954-357-9702).

**Coordinated Entry (CE) Workgroup**

Governing and leadership committee responsible for the implementation and evaluation of the CE system.

**Collaborative Applicant**

Entity that must apply for HUD funding for coordinated entry, including planning grants. In Broward County, the Collaborative Applicant is Broward County Housing Options, Solutions, and Supports Division (Phone: 954-357-9702).

**HMIS Lead Agency**

Operates the Homeless Management Information System on the CoC's behalf. Ensures the HCoC has access to HMIS software and functionality for the collection, management, and analysis of data on persons served by coordinated entry. Entity designated by the CoC in accordance with HUD's CoC Program interim rule to operate the HMIS on the CoC's behalf. The HMIS Lead designated by the CoC may apply for CoC Program funds to establish and operate its HMIS. In Broward County, the HMIS Lead Agency is Broward County Human Services Department (Email: [hmis-projectmgmt@broward.org](mailto:hmis-projectmgmt@broward.org)).

**Participating Project**

Agency or organization that has agreed to provide homelessness supports/services on behalf of the HCoC. A participating project must execute a *Contributing HMIS*

*Organization* agreement with the HCoC. The agreement outlines the standards and expectations for the project's participation in and compliance with the policies and procedures governing CE operations. For a project to receive CoC or ESG Program funding from HUD, it is required to participate in coordinated entry.

**Referral Partner**

A type of participating project. Referral partner will receive and consider referrals to its project from the CE system. It will sign a *Contributing HMIS Organization* agreement with the HCoC affirming it is aware of and will adhere to all expectations for coordinated entry.

**Mainstream System Provider**

Agency or entity that can provide necessary services or assistance to persons served by coordinated entry. Examples of mainstream system providers include hospitals, mental health agencies, employment assistance programs, and schools.

**U.S. Department of Housing and Urban Development (HUD)**

Federal agency responsible for administering housing and homelessness programs including the CoC and ESG Programs.

**U.S. Department of Veteran Affairs (VA)**

Federal agency responsible for providing health care and other services, including assistance to end homelessness, to veterans and their families.

## Appendix B: Notice Regarding Coordinated Entry System Access

### Notice Regarding Coordinated Entry System Access

To: Individuals and families experiencing homelessness in Broward County

Subject: Access to Shelter, Housing, and Support Services through the Coordinated Entry System

Broward County's Homeless Continuum of Care (CoC) is responsible for establishing and maintaining a **Coordinated Entry System**, which is a process to ensure all people experiencing homelessness have equal access to resources in the community. The purpose of the system is to assess the needs of those experiencing homelessness, prioritize based on vulnerability, and refer to appropriate housing and services ([HUD Exchange: Coordinated Entry System](#)).

#### Important Information:

- **What is Coordinated Entry?**

The Coordinated Entry System (CES) ensures everyone experiencing homelessness can access shelter, housing, and support services in an efficient manner.

- **Benefits of using CES:**

- **Fair access:** Everyone experiencing homelessness will be considered for services based on their needs.
- **Streamlined process:** A single point of entry to access multiple programs and services.
- **Efficient resource allocation:** Ensures resources are used effectively to address the most critical needs.

- **Who can access services?**

1. Individual or family who lacks a fixed, regular, or adequate nighttime residence, meaning:
  - Has a primary nighttime residence that is a public or private place not meant for human habitation; or
  - Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
2. Any individual or family who:
  - Is fleeing, or is attempting to flee, domestic violence;
  - Has no other residence; and
  - Lacks the resources or support networks to obtain other permanent housing.

- **How to Access Services:**

- **Access:** Contact the *Homeless Helpline (954-563-4357)* to begin the process or visit an outreach location – visit <https://www.taskforcefl.org/outreach> for a list of outreach locations.

- **What to Expect:**

- **Assessment:** individuals and families will be asked some questions to determine their needs and vulnerability.
- **Referral:** Based on the assessment, they will be referred to the most suitable program within the CoC to address the specific need when such a program is available.

If you are experiencing homelessness and need assistance, please contact the *Homeless Helpline (954-563-4357)* to begin the Coordinated Entry process.

For more information, visit [www.broward.org/Homeless/](http://www.broward.org/Homeless/)

## Appendix C: Broward County HCoC Standardized Assessments

### Housing Barrier Assessment

Housing Barrier Assessment RRH	
Date of Assessment *	05 / 23 / 2025    G
End Date (Admin Use Only)	/ /    G
Homelessness	-Select-  G
Financial/Employment History	-Select-  G
Disability	-Select-  G
Criminal History	-Select-  G
Tenant/Rental History	-Select-  G
Family Abuse	-Select-  G
Family Dynamics	
One Parent/Child household	-Select-  G
Large family (4+ members)	-Select-  G
Head of household under 18	-Select-  G
History DCF/ChildNet	-Select-  G
Open Child Protection Case (DCF/ChildNet)	-Select-  G
Miscellaneous Housing Barriers	
High School Diploma	-Select-  G
Non-English Speaking	-Select-  G
Immigration Status	-Select-  G
Pets	-Select-  G

Save Save and Add Another Cancel

## Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)

**VI-SPDAT v2.0**

**Start Date \***     G

**A. HISTORY OF HOUSING AND HOMELESSNESS**

1. Where do you sleep most frequently? (choose one)  G

If Other, please specify  G

2. How long has it been since you lived in permanent stable housing?  G

3. In the last three years, how many times have you been homeless?  G

**B. RISKS**

4. *In the past six months, how many times have you...*

4. a) Received health care at an emergency department/room?  G

4. b) Taken an ambulance to the hospital?  G

4. c) Been hospitalized as an inpatient?  G

4. d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?  G

4. e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime, or  G

## Vulnerability Index – Family Service Prioritization Decision Assistance Tool (VI-F-SPDAT)

**VI-FSPDAT v2.0**

---

**Start Date \*** 05 / 23 / 2025    G

**BASIC INFORMATION**

1. Is either head of household 60 years of age or older? -Select- ▼ G

2. How many parents are included in this family? -Select- ▼ G

**CHILDREN**

1. How many children under the age of 18 are currently with you? -Select- ▼ G

2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? -Select- ▼ G

3. IF HOUSEHOLD INCLUDES A FEMALE: Is any member of the family currently pregnant? -Select- ▼ G

4. *If your family includes children, are any of them...*

4. a) ages 6 or younger? -Select- ▼ G

4. b) ages 11 or younger? -Select- ▼ G

4. c) You may use this area to provide a list of children's names and ages:  G

**A. HISTORY OF HOUSING AND HOMELESSNESS**

5. Where do you and your family sleep most frequently? (choose one) -Select- ▼ G

If Other, please specify  G

## Appendix D: Housing Checklist

SP#

**Coordinated Entry Referral Housing Checklist – Please indicate status of documentation.**

YES	NO	Pending	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verification of Homelessness (VOH) What is the current living situation of the individual or household? Specific location: <span style="background-color: #e0e0e0; display: inline-block; width: 200px; height: 15px;"></span>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valid Identification/proof of Broward County residency (all adults) <i>*All household members age 18 or older*</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Security Card (All household members)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Birth Certificate (all household members) <i>*Head of Household BC or proof of US citizenship</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VI-SPDAT/VI-FSPDAT (completed within the last 6 months)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation of chronicity (Chronic Homelessness Documentation Checklist) <i>*Checklist is only needed for HUD funded PSH</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verification of Disability (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verification of Income (all sources of income/for all household members 18 or older) <i>Include all income type(s), source(s), &amp; amount(s)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is an application for SSI/SSDI benefits needed or has one been submitted? If yes, please explain: <span style="background-color: #e0e0e0; display: inline-block; width: 300px; height: 15px;"></span> Who is helping with benefits application follow up: <span style="background-color: #e0e0e0; display: inline-block; width: 200px; height: 15px;"></span>
<input type="checkbox"/>	<input type="checkbox"/>		Does household only require assistance with move-in costs?
<input type="checkbox"/>	<input type="checkbox"/>		If the referral is for an individual, are they open to a shared unit? <i>Shared unit: individual has own room with shared common areas</i>
<input type="checkbox"/>	<input type="checkbox"/>		<b>ARE ALL REQUIRED DOCUMENTS PROPERLY LABELED and UPLOADED TO THE HMIS CLIENT PROFILE?</b>

What is the recommended housing intervention? Please provide brief justification of recommendation:

Notes (such as explanation of pending documents):