

Centralized Intake Policies and Procedures



HOUSING
ALLIANCE
DELAWARE

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1. Introduction

The United States Department of Housing and Urban Development (HUD) requires every Continuum of Care to establish a coordinated entry system (CES) that meets the requirements set forth in HUD Notice CPD-17-01.

<https://www.hudexchange.info/resource/5208/noticeestablishing-additional-requirements-for-a-continuum-of-care-centralized-or-coordinatedassessment-system/>

In Delaware we call our CES *Centralized Intake*. Centralized Intake helps our community prioritize assistance based on the severity of service need to ensure that people who need assistance the most receive it in a timely and coordinated manner. Housing Alliance Delaware administers the core elements of Centralized Intake on behalf of the Delaware CoC. An effective CES requires the participation and cooperation of many partners throughout the state.

2. Guiding Principles

Centralized Intake is the process by which Delaware coordinates entry into the homeless response system. Centralized Intake ensures fair and equal access to resources and services to all populations and subpopulations, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence. Centralized Intake is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. The purpose of Centralized Intake is to ensure that people have fair, equal and efficient access to homeless assistance, people with the greatest needs receive priority for homeless assistance, and communities are working together to identify and resolve gaps in available services and housing resources.

Our Guiding Principles are

➤ **Low Barrier Access to Homeless Shelter, Housing and Services**

Centralized Intake helps Delaware's homeless response system provide low-barrier access to shelter and housing in Delaware for people experiencing homelessness.

➤ **Prioritize Homeless Households by Need**

Centralized Intake prioritizes households for homeless assistance by level of need, with the highest need homeless households receiving priority for housing assistance. By prioritizing households based on level of need we ensure that our community's limited resources are targeted to the clients who are least likely to self-resolve their homeless episode.

➤ **Client Choice**

All Centralized Intake staff are trained to deliver a client centered service approach. Additional annual trainings include but are not limited to assessment tool (VI-SPDAT) training, CMIS (HMIS) training, trauma informed care, domestic violence, Fair Housing, and the review of Centralized Intake policies and procedures.

Centralized Intake staff will offer all available services for which a client is eligible. Refusing a referral does not make a client ineligible for other services or even the same service refused. Clients are encouraged to exercise choice about what services and

housing they believe will be best suited to meet their needs by providing them with as much information and choice as possible, and honoring their self-determination.

➤ **Housing First**

Centralized Intake utilizes a housing first approach to homelessness by recognizing that all households experiencing homelessness are ready for permanent housing, and referring all eligible households to the permanent housing resources available in Delaware. Some households may need light touch assistance to access and stabilize in housing, while others may need ongoing and permanent intensive supports. Regardless of their levels of need, all households deserve the dignity of their own home.

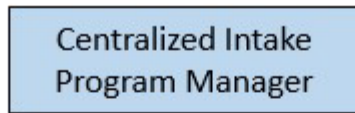
Specifically, CI does not screen people out from referrals to any project type due to perceived barriers, such as income or lack thereof, DV history, SUD, MH, criminal history (except for sex offender status) or other perceived barriers.

➤ **Nondiscrimination**

Centralized Intake is committed to compliance with the nondiscrimination and equal opportunity provisions of Federal civil rights laws and fair housing laws and requirements. This includes the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, Title II of the Americans with Disabilities Act, and Title III of the Americans with Disabilities Act. Households are referred to shelter/housing providers regardless of race, color, religion, sex, sexual orientation, gender identity, national origin, disability, or familial status. Clients are informed that they are able to file a nondiscrimination complaint.

3. Operations

Centralized Intake (CI) consists of two sections that coordinate access to homeless housing and services. The housing section is staffed by two Housing Specialists who work to manage prioritized lists and make referrals to Rapid Rehousing and Permanent Supportive Housing programs throughout Delaware. The Intake department is staffed by Intake Specialists, who make referrals to emergency shelters throughout Delaware and provide information to households seeking housing assistance. CI is managed by the Centralized Intake program manager.



A. Intake

Intake operations are the process by which homeless households are referred to emergency shelter in Delaware. This is a crisis service, so assuring functionality with full coverage is a priority. Full staff coverage consists of at least 3 intake specialists. In some special circumstances (employee absence, etc.) the program may operate with only 2 Intake Specialists. During these special circumstances, the Centralized Intake Program Manager will arrange further staff assistance as necessary or fill-in to ensure proper coverage.

Centralized Intake operates from 8am-5pm Monday through Friday, with the exception of holidays. In the event of a scheduled holiday Centralized Intake sends all participating agencies an email reminder of the closure at least 1 week in advance. All calls/contacts received during a holiday closure, overnight, and on the weekends are returned the next business day.

B. Housing

Housing Specialists conduct assessments, manage priority lists, and coordinate entry into Rapid Rehousing and Permanent Supportive Housing programs statewide. Housing Specialist staff follow Centralized Intake’s general hours of operation, holiday, and emergency closures. Housing staff may occasionally work alternate hours to accommodate client needs.

C. After-Hours Policy

Protocol is in place to allow for shelter access during times when Centralized Intake is not operating. Centralized Intake is currently closed after 5 pm on weekdays, is closed in observance of major holidays, and is closed entirely on the weekend.

Emergency shelter providers can and should accept a client into their emergency shelter when centralized intake is closed if they have bed availability. However, they are not required to do so. It is up to each individual emergency shelter to determine whether or not to accept clients after hours.

If a shelter accepts a client into an open bed when Centralized Intake is closed, they must reflect the addition to their facility in CMIS by entering the client/household into the bed in ShelterPoint in CMIS, indicating that the bed is no longer available.

All Centralized Intake staff will include information about after- hours policy on their individual voicemail messages.

Centralized Intake staff will be prepared for instances of inclement weather. Every reasonable measure will be taken to ensure the safety of staff while maintaining the operation of the program. The Centralized Intake program manager will monitor weather conditions to ensure adequate preparation. Tablets, laptops and cell phones will be brought home prior to any weather event that could lead to a closure of the office.

Intake specialists are considered essential staff and are required to work regularly scheduled hours from home using agency-provided mobile devices during weather or other emergency office closures.

D. Equal Access

Centralized Intake makes referrals to homeless assistance projects in alignment with HUD requirements, including HUD's Equal Access Rule and local and federal Fair Housing law. Centralized Intake will keep up-to-date with any new guidance from HUD and incorporate new regulations or policies into its daily practice.

Centralized Intake makes referrals for all individual and family types to family shelters and housing programs, regardless of the age, gender, gender identity, sexual orientation, disability, marital status, or any members of the family.

Centralized Intake ensures that any homeless client who identifies as transgender or gender non-conforming is provided with choice related to the type of shelter that he or she is referred to, and monitors access to ensure compliance in the community. Clients are never refused CI services due to gender identify or sexual orientation.

Centralized Intake services can be accessed by email, text message, telephone, or in person at accessible sites in the community, including Unite US – an additional community platform. For clients with a visual or hearing impairment staff make appropriate accommodations (usually phone, text, or email) as necessary to ensure equal access. To ensure equal access for households with limited or no English proficiency, Centralized Intake uses a language interpretation service – Language Line - for callers who speak languages other than English.

E. Fair Housing

Centralized Intake follows all requirements related to fair housing when making referrals to homeless assistance programs. Centralized Intake does not make referrals discriminatorily based on any protected class, including race, ethnicity, color, gender, gender identity, sexual orientation, marital status, religion, creed, or any other class protected under federal or local fair housing law. Centralized Intake communicates directly with clients about their housing and shelter options when referrals are made, and makes sure that they are informed about their fair housing rights whenever possible or necessary.

Centralized Intake staff conduct outreach with community partners to ensure that households experiencing homelessness that are least likely to access homeless assistance are provided with an opportunity to receive assistance. Staff regularly communicate with homeless outreach providers related to clients they serve to ensure that those clients are able to be connected to services and housing through Centralized Intake.

Staff also visit homeless day centers and assess clients who are sleeping outdoors for priority and eligibility for housing. Households with the highest levels of need are prioritized for housing in the homeless assistance system according to the CoC's approved standards (rapid re-housing, transitional housing, and permanent supportive housing). Centralized Intake is well advertised statewide. There are multiple points of entry that clients may use to access Centralized Intake services, including State Service Centers, Delaware 2-1-1, and community partner sites.

4. Client Eligibility Requirements

A household must be literally homeless to be eligible for a referral to shelter or housing assistance in Delaware's homeless response system through Centralized Intake.

Definition of Literally homeless:

- a) Living in an emergency shelter or transitional housing program,
- b) Living in a place not meant for human habitation (car, park, abandoned building, etc.),
- c) Living in a motel paid for by the state or another charitable organization, or
- d) Fleeing or attempting to flee domestic violence.

If an individual/family cannot return to their previous residence and will be spending the night in one of the locations listed above, they are literally homeless. In other words, a household does not need to spend a night sleeping outdoors to be eligible for homeless assistance.

Clients/households who are at risk of experiencing homelessness are provided with information about Homeless Prevention resources in the community that may be able to help them avoid entering homelessness.

Centralized Intake Staff also provides referral for families to the Diversion Assistance Program to assist families from being evicted, divert homeless families from entering shelter, and obtain stable housing. Through Centralized Intake access individuals and families are provided with the contact information of local agencies that provide other types of assistance. DE 2-1-1 is also a great resource for clients seeking this type of assistance.

There is no limit to the number of times that clients can access homeless assistance through Centralized Intake.

Clients/households exiting institutions, such as mental health/substance abuse treatment facilities, hospitals, jails/prisons, or foster care, will not be referred to emergency shelter directly from the institution without confirmation from the client's discharge planner that all other housing options have been sought and identified, and are not viable upon immediate release from the institution. Institutions must demonstrate that all possible alternatives to homelessness have been sought.

5. Access

There are a variety of ways that clients can access Centralized Intake services:

Centralized Intake/Housing Alliance Delaware

Any household experiencing homelessness, or a worker or family member on their behalf, may contact Centralized Intake by calling or texting 855-FIND BED (855-346-3233) or by emailing intake@housingalliance.org for emergency assistance.

2-1-1

If a client is experiencing homelessness they can call Delaware 211 to be connected to Centralized Intake by phone for assistance.

State Service Center

A client may visit a local State Service Center for assistance with emergency services. Once a household is identified as homeless, a referral is sent to Centralized Intake via intake@housingalliance.org with the client name, household size, and phone number for follow-up.

Community Access Sites

Centralized Intake housing specialists are available in person at various community locations throughout the state to ensure equal access for all clients to Centralized Intake services. These locations are subject to change. Providers and clients are made aware of these locations by Centralized Intake, and any changes to these locations, along with hours of operation, etc. Many of these locations serve as homeless drop-in centers that are operated by local non-profit agencies.

Centralized Intake participates in the community network, Unite Us. This innovative software system is provided by Christiana Care Healthcare Systems. Community partners send referrals to Centralized Intake for households experiencing homelessness and Intake Specialist contact client to assist.

6. Assessment

A. Emergency Shelter

Any households that calls or emails CI is assessed briefly for their living situation and housing needs. Their current living situation is captured, as well as basic demographic information. Households that are literally homeless are entered into the Centralized Intake project in CMIS, and a basic HUD SSO-CE assessment is conducted by staff. Households that are not literally homeless are tracked via CallPoint, and may be referred to prevention or diversion resources.

B. Permanent Housing Resources (RRH and PSH) and TH-RRH

Entry into Rapid Rehousing (RRH) and Permanent Supportive Housing (PSH) programs *is prioritized* by severity of need, as indicated using the following assessment criteria:

- Length of time homeless
- Chronic homeless status
- Multiple homeless episodes
- Current living situation
- Multiple shelter stays

This criteria is collected by Centralized Intake staff during intake, as well as by other system users when a household touches the system via program entry/intake. A CMIS report is pulled each week that lists active CI households and their status regarding the prioritization criteria.

7. Referral

A. Emergency Shelter

Referral Process

People seeking shelter contact Centralized Intake on a daily basis to check for shelter availability. Each morning and afternoon CI staff run a shelter report that pulls all callers for the last 5 business days, and sorts them by county and whether or not they are sheltered.

Bed availability at participating shelters is checked in CMIS in the morning and afternoon at the same time the report is run, and the bed availability worksheet is updated. Staff work throughout the day to match literally homeless households to open shelter beds.

An Intake Specialist works in partnership with the client and the shelter staff to facilitate a successful referral and placement into emergency shelter. Emergency shelters are only permitted to fill their beds with clients referred by Centralized Intake, apart from clients who enter in accordance with the after-hours policy.

All emergency shelters are required to update their shelter bed availability in ShelterPoint by 9:00am each day, Monday – Friday, to inform CI of bed openings. If a bed opens up later in the day, the shelter provider must update CMIS to reflect this change, and email or call CI to inform them of the opening.

When an open shelter space is identified in CMIS via ShelterPoint for an eligible individual or family, the Intake Specialist will make a referral directly to the emergency shelter in CMIS. They will accompany the CMIS referral with an email to the appropriate shelter staff that identifies the client as experiencing literal homelessness. This email serves to alert the shelter provider of the referral in CMIS and opens up a line of communication between provider and client should further communication be necessary.

Once referred, the client is accepted into the open shelter space. Clients must be accepted into the open shelter bed to which they are referred unless they pose a direct threat to safety, or do not meet the basic eligibility criteria of the shelter (e.g. a family with children arrives on-site to a shelter that can only serve single adults).

The emergency shelter provider agency is responsible for ensuring that the full client intake is completed in CMIS when they enter the client into their program.

No-Shows

If the client does not arrive on-site for shelter the same day the referral is made, the emergency shelter staff must email Centralized Intake to inform them that client did not show up on site. The shelter provider agency is responsible for updating the electronic referral sent through CMIS as, (-No Show-). Intake specialists will follow up with the referred client and ensure that the bed is filled immediately by another client in need.

Referral Denials

Emergency shelter programs are expected to provide shelter to all clients referred by Centralized Intake unless the client poses an immediate and direct threat to safety. If the household is determined to pose an immediate or direct threat to safety (violence, stalking, etc.), shelter staff must contact Centralized Intake immediately to discuss this.

If an emergency shelter does not wish to serve a client that is referred for any other reason, they must accept the client in shelter for at least 1 night and contact the Centralized Intake program manager immediately to inform him or her that they would like to decline the referral. The program manager will arrange a case conference for the following business day to review the client's need for shelter and housing. Centralized Intake will work in partnership with the shelter agency and the case conference team to identify appropriate shelter for the client.

Households can choose to decline a referral that is offered to them, and they will remain eligible for other resources in the community or for a referral at a later date. Households are not denied access to services or housing because they choose not to accept a referral option.

Rapid re-housing is a housing intervention designed to help individuals and families quickly exit homelessness and return to permanent housing in the community. Rapid Re-Housing helps people find housing, pay for housing, and stay in housing. Centralized Intake coordinates entry into RRH programs by managing a prioritized by-name list and making referrals directly to RRH provider agencies in alignment with the CoC's RRH program standards (see Appendix B).

B. Rapid Re-Housing/Transitional Housing

Referral Process

When a RRH or TH provider has availability they alert Centralized Intake staff of availability, and an eligible and prioritized household is referred.

Centralized Intake staff verbally verify that each household is still literally homeless before sending the referral, and use CMIS to verify literal homelessness whenever possible.

Centralized Intake contacts the client to verify their information and offer them the referral.

The referral is sent to the RRH provider via email. The referral email contains a statement verifying the client's literally homeless status, the client's name, CMIS number, household size, income, phone number/contact information, and current location. The provider then makes contact with the client and arranges for program entry and enrollment.

Both Centralized Intake and the RRH provider are expected to take all reasonable measures necessary to help ensure prompt program entry for each client that is referred. In cases where Centralized Intake cannot make contact with the client, the next eligible client will be contacted in a timely manner.

If a client is referred and the RRH provider has made multiple unsuccessful attempts to contact the client for program enrollment, they will alert Centralized Intake within 2 weeks (at most) and another referral will be sent as soon as possible. This helps ensure vacancies are filled quickly.

Referral Denials

RRH programs are expected to enroll and house all eligible clients that are referred to them through Centralized Intake. If a household is not able to be enrolled or served for any *reason other than lack of contact*, the provider must contact Centralized Intake to request a case conference. Centralized Intake, the RRH program, and case conference team will work together to ensure that an appropriate housing option is identified for the client. If a household or client is found to be ineligible for RRH, the provider must inform Centralized Intake so that an eligible referral can be made.

Households can choose to decline a referral that is offered to them, and they will remain eligible for other resources in the community or for a referral at a later date. Households are not denied access to services or housing because they choose not to accept a referral option.

D. Permanent Supportive Housing

Permanent Supportive Housing (PSH) is an intervention that combines a permanent housing subsidy with wrap-around support services for people with severe service needs who are experiencing homelessness. All CoC-funded PSH resources in Delaware are prioritized or dedicated to people experiencing chronic homelessness (per the HUD definition). For more information about PSH and chronic homelessness:

<https://www.hudexchange.info/homelessness-assistance/resources-for-chronichomelessness/>.

Centralized Intake coordinates entry into PSH programs in Delaware by managing a prioritized by-name list.

When a PSH provider has availability, they alert Centralized Intake staff of availability. A Housing Specialist at Centralized Intake fills the opening by sending an eligible referral to the provider from the prioritized list. Centralized Intake staff will verbally verify that each client is still literally homeless and eligible before sending the referral, or use CMIS to do so whenever possible.

The referral is sent to the provider via email and CMIS. The referral email contains a statement verifying the client's literally homeless status, the client's name, CMIS number, household size, income, phone number/contact information, current location, and available documentation regarding the client's chronic homeless status. The provider then makes contact with the client and arranges for program entry.

Both Centralized Intake and the PSH provider are expected to take all reasonable measures necessary to help ensure prompt program entry. In cases where Centralized Intake cannot make contact with a client on the by-name priority list, it will move on to the next eligible and prioritized client on the PSH priority list in a timely manner.

If a client is referred and the PSH provider has made multiple unsuccessful attempts to contact the client for program enrollment, they will alert Centralized Intake within 2 weeks and another referral will be sent as soon as possible. This helps ensure vacancies are filled quickly.

Referral Denials

PSH programs are expected to enroll and house all clients that are referred through Centralized Intake. If a household is not able to be enrolled or served for any *reason other than lack of contact*, the provider must contact Centralized Intake to request a case conference. Centralized Intake, the PSH program, and case conference team will work together to ensure that an appropriate housing option is identified for the client. If a household or client is determined to be ineligible after a referral has been made, the provider agency must inform CI and request another eligible referral.

Households can choose to decline a referral that is offered to them, and they will remain eligible for other resources in the community or for a referral at a later date. Households are not denied access to services or housing because they choose not to accept a referral option.

E. Overriding Assessment Outcomes

In some cases, the information in CMIS used to prioritize households will not accurately reflect the household's homeless history or severity of service need.

In these cases, Centralized Intake staff, and a community-based worker, will determine the best way to move forward to determine which housing intervention may be best suited to meeting the household's needs, and update any information in CMIS as needed to ensure it properly

captures the information considered in the assessment. This may include re-assessing, or relying on other agreed upon indicators of vulnerability.

F. Case Conferences

Case conferences may be initiated by Centralized Intake or by a provider agency. The goal of a case conference is to determine the best shelter or housing resource for the client in question, and to ensure that no one seeking services in the homeless assistance system falls through the cracks. Case conferences also serve to hold the community accountable to standards, requirements, and best practices.

Each case conference will include representation from:

- Centralized Intake,
- The shelter or housing provider agency, and
- The case conference team.

The case conference team includes representatives from the Delaware State Housing Authority, New Castle County, the City of Wilmington, and the CoC Board.

8. Serving Survivors of Domestic Violence

Centralized Intake staff are trained annually on how to respond appropriately when a client reports that he or she is fleeing or attempting to flee domestic violence. When a survivor of domestic violence contacts Centralized Intake they are offered a referral to the appropriate Domestic Violence Hotline. These hotlines are:

CHILD Inc.'s Domestic Violence Program (Bilingual Hotline)

New Castle County

302-762-6110

The SAFE Program at People's Place II

Kent & Sussex Counties

302-422-8058

Abriendo Puertas (Bilingual Hotline)

Sussex County

302-745-9874

If the caller declines DV shelter/services or prefers other shelter placement, they are offered any other available shelter space. Survivors of domestic violence, and all other callers, are provided equal access to all Centralized Intake services, treated with trauma informed practices, and offered all available service options. Clients are informed of their right to withhold information at their discretion. Information about survivors of domestic violence is not entered into CMIS, unless necessary.

Emergency Transfers

All new entries to open PSH and RRH units must come from Centralized Intake. However, there is exception for clients who are fleeing domestic violence to allow for emergency transfer to another open PSH or RRH unit without the process needing to be approved through Centralized Intake. This is to prioritize the safety of the client or household, and allow the PSH or RRH provider agency to facilitate the process of an emergency transfer as quickly and safely as possible., and to comply with VAWA requirements.

All RRH and PSH housing providers are required to follow the requirements of the Violence Against Women Act (VAWA) with regards to facilitating and allowing for emergency transfers.

All RRH and PSH providers are required to make a reasonable effort to quickly make emergency transfers for clients, and to accept self-certification from clients in writing without requiring 3rd party verification.

With client permission, the provider may request the help of Centralized Intake to locate an open unit with another housing provider if needed to quickly facilitate the transfer. In these cases, CI will prioritize this client/household for referral to the next open unit over all other households.

9. Assisting Veterans

In Delaware, veteran households may access emergency shelter through a direct Veteran Affairs Medical Center (VAMC) referral to a VA-funded emergency shelter beds. These referrals do not need to come through Centralized Intake.

Veterans may also access homeless prevention and rapid re-housing resources through the Supportive Services for Veteran Families (SSVF) program without needing to be referred through Centralized Intake. Additionally, they may access the HUD-VASH program by directly contacting the local VAMC.

If a veteran contacts Centralized Intake and reports that he or she is at risk of homelessness or literally homeless, Centralized Intake refers the client directly to shelter if needed, to the VA for shelter, and to SSVF immediately for housing help. The referral includes: Name, County, Social Security Number (optional), Military Service (optional) and Contact Information.

Housing Alliance Delaware, as the CoC Lead agency, coordinates closely and regularly with the VAMC and SSVF provider agencies in Delaware to ensure proper coordination for all veterans experiencing homelessness.

The housing status of every homeless veteran household is tracked on a statewide by-name list to ensure that all homeless veterans are offered permanent housing immediately and connected quickly to an available permanent housing resource in Delaware.

10. Client Confidentiality

Strict confidentiality and privacy standards are maintained at all times for all clients who contact Centralized Intake. Identifying or personal information about a client is not released to community partners with a signed release of information from the client. However, if the community partner is an active CMIS user, he/she is cleared for information sharing for the purpose of coordinating services to best help the household. For more information about the CoC's privacy and security standards, please review the Delaware CoC's CMIS Policies and Procedures.

All clients have the right to refuse to share information in CMIS or otherwise refuse to provide information. In situations where clients refuse to share information through CMIS, this information can still be collected in order to ensure eligibility, but will not be shared through CMIS. In certain situations, some information may be necessary to determine program eligibility. Clients who refuse to share information in CMIS remain eligible for all available services through Centralized Intake.

11. CMIS Data Management

Centralized Intake is required to collect all HUD required data elements in CMIS, and enter data in real time for clients who contact them in need. All CI staff are trained on the CI CMIS workflow and participate in multiple shadowing sessions before entering data. All efforts should be made to ensure that CI data collection processes are as client-friendly as possible, and as minimal as possible to expedite access to resources for people in crisis.

Data Quality Management

Monthly:

An SSO-CE HUD APR is run in CMIS monthly. Data quality is checked on HUD UDEs as well as CE elements and referrals. The CI program is responsible for coordinating and managing data quality clean up. Clean up is assigned out to the full team to assist with, so that everyone is reminded of common DQ errors and has a stake in ensuring data quality on a regular basis.

A DQ spot check is performed on each CI staff CMIS user by the program manager to ensure proper workflow and data collection is occurring in the right places. Common errors are addressed with additional CMIS training as needed by CI Program manager or CMIS staff.

Annually:

An SSO-CE APR is run within 30 days of grant expiration so that DQ clean up and analysis can occur before submission of APR to HUD.

12. Evaluation & Oversight

Centralized Intake is subject to both internal and external evaluation measures. The Delaware CoC's Centralized Intake Committee and the Delaware CoC Board provide guidance, evaluation and monitoring of the system. While Housing Alliance Delaware operates and oversees the processes by which people access and are prioritized for resources, an effective Centralized Intake system requires the participation and cooperation of more than 30 stakeholders throughout Delaware.

The Centralized Intake Committee is a volunteer based committee operated through the CoC which consists of various community stakeholders who meet no less than quarterly. The CoC Board also maintains responsibility for ensuring that Delaware's Centralized Intake program meets all federal and local requirements, and is helping to achieve the CoC's goals.

Housing Alliance Delaware produces and publishes an annual Centralized Intake report to the community.

The Centralized Intake Program Manager is responsible for preparing a monthly report. The report contains data on call/contact volume, the living situations of callers, and their demographics. This is reported to the community via the HAD website.

The tools used by HAD leadership and program management to monitor day to day work and outputs include: CallPoint records, VONAGE reports, google bed availability document, and other internal tools to ensure that clients who reach out are contacted in a timely manner, and that data is collected about clients and the programs activities correctly.

13. Community Training, Feedback, Information Sharing

Housing Alliance Delaware conducts trainings on Centralized Intake processes and how to conduct the standard assessment tool at least once annually. As needed, Housing Alliance Delaware also conducts or coordinates training on topics that are especially relevant to Centralized Intake operations, such as fair housing, HUD's Equal Access Rule, Chronic Homelessness, and other topics of special interest or need in the community.

Housing Alliance Delaware shares information with community partners on a regular basis to ensure that all partners working with homeless households are informed about the process to be able to assist the households that they work and come in contact with. Housing Alliance Delaware is responsible for ensuring that Centralized Intake is well advertised throughout Delaware.

Partners are encouraged to reach out to Housing Alliance Delaware with any questions or concerns at all about Centralized Intake, the process, or the community priorities.

Partners are also provided with regular opportunities for feedback through the Delaware CoC. In 2017/2018 the Delaware CoC conducted a full evaluation of Centralized Intake that included

partner interviews, on-site training and feedback, and written feedback surveys with clients and partners.

14. Grievance Policy

All applicants/clients have the right to submit a grievance or complaint. Grievances should be submitted in writing, and should be submitted to the Housing Alliance Delaware Executive Director, rstucker@housingalliance.org and the Centralized Intake Program Manager. The grievance should identify specific issues or concerns to be addressed.

After doing so, the client will receive a written response within 7 business day, and may also be contacted by phone to discuss the issues. If the client stills feels as though his/her concerns have not been addressed sufficiently, the client may request another review of the grievance. This request must be received within 14 business days.

At this time, the grievance will be provided to the Centralized Intake committee (a group of community partners that provide support and oversight to the program). The committee will review the grievance, Housing Alliance DE's response, and any other written/relevant materials, and provide a response to the client within 30 days. That response is final and is not eligible for appeal.