



**Joint
Coordinated Entry System
for the state of Maine's
Continuums of Care
MCoC & PCoC)**

DRAFT

Written Standards

*Developed for Housing and Services
Funded through McKinney-Vento
Homeless Assistance Programs*

October 5, 2015



Contents

Introduction	4
This Document	5
Purpose:	5
Overview of Coordinated Entry/ Assessment.....	5
Responsibilities of the Continuum of Care	6
Geographic Area:	7
Target Population	7
Goals of Coordinated Entry/Assessment	8
Guiding Principles.....	8
Operating the Coordinated Entry System.....	10
Key Elements of Maine’s CES:.....	10
Definitions:.....	10
Requirements:.....	10
Pre-Screening.....	11
Screening, Assessment and Referral.....	11
Prioritization standards	11
No Wrong Door Approach	12
CES Components:	12
Assessment Tool	12
Assessment Process	12
Data Sharing	13
Emergency services.....	13
Fair and Equal Access	13
Full coverage	13
Joining the CES	13
Mainstream services	13
Monitoring and Reporting of CES	13
Privacy protections	13

Resource List	14
Referral criteria	14
Referral Rejection Policy	14
Safety planning.....	14
Standardized access and assessment.....	14
Stakeholder Inclusion.....	15
System Advertisement and Outreach.....	15
System Evaluation.....	15
Training	16
Appendices.....	18
Appendix A: Definitions	18
Appendix B: PROGRAM REQUIREMENTS FOR ALL PROGRAMS.....	21
Appendix C: RECORD KEEPING REQUIREMENTS FOR ALL PROGRAMS	22
Appendix D: OCCUPANCY STANDARDS FOR ALL PROGRAMS.....	23
Appendix E: Order of Priority in CoC Program-funded Permanent Supportive Housing.....	24
Appendix F: Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness.....	24
Appendix G: Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness.....	26
Appendix H: Coordinated Assessment Priority Status Guidelines for CoC Housing Resources.....	28
Appendix I: 2015 Ending Homelessness Prioritization Chart.....	29

Introduction

The Continuum of Care (CoC) Leadership Team has developed the following Coordinated Entry Written Standards for providing assistance using McKinney-Vento Homeless Assistance funds. The CoC Leadership team is comprised of representatives from Maine's two CoC's including the Maine CoC (MCO) and the Portland Continuum of Care (PCOC), the State of Maine Department of Health and Human Services, MaineHousing, CoC and Emergency Solutions Grant (ESG) sub-recipients, (Domestic Violence (DV)) agencies and other agencies that work with homeless individuals and families, as well as formerly homeless individual(s).

The Maine Continuums of Care (CoC's) are responsible for coordinating and implementing a system to meet the needs of individuals and families experiencing homelessness within the state of Maine. Both the ESG Rules and Regulations and the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) CoC Program Interim Rules state that the CoC, in consultation with recipients of Emergency Solutions Grants program funds within the geographic area

- (1) Establish and consistently follow written standards for providing Continuum of Care assistance;
- (2) Establish performance targets appropriate for population and program type; and
- (3) Monitor recipient and sub recipient performance.

These Written Standards are in accordance with the interim rule for the ESG Program released by the U.S. Department of Housing and Urban Development (HUD) on December 4, 2011, the final rule for the definition of homelessness also released by the HUD on December 4, 2011; and the CoC Program Interim Rule released by HUD on July 31, 2012. There are some additional standards outlined in this document that have been established by the CoC's that will assist programs in meeting and exceeding performance outcomes that will help the CoC's reach the goal of ending homelessness.

These written standards have been developed in conjunction with CoC and ESG sub-recipients and with service providers to allow for input on the procedure of Coordinated Entry/Assessment system, standards, performance measures and the process for full implementation of the standards throughout the CoC from the perspective of those organizations that are directly providing homeless housing and services, Emergency Shelter (ES), Transitional Housing (TH), Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH) and Supportive Services Only (SSO).

The Coordinated Entry Written Standards will:

- Assist with the coordination of service delivery across the geographic area and will be the foundation of the coordinated entry system;
- Assist in assessing individuals and families consistently to determine program eligibility;
- Assist in administering programs fairly and methodically;
- Establish common performance measurements for all CoC components; and
- Provide the basis for the monitoring of all CoC and ESG funded projects.

The written standards have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain permanent housing. All programs that receive ESG or CoC funding are required to abide by

these written standards. Agency program procedure should reflect the policy and procedures described in this document. The CoC strongly encourages programs that do not receive either of these sources of funds to accept and utilize these written standards.

The CoC Written Standards have been approved by both CoC's. In 2016, ESG sub-recipients will be required to have signed grant agreements stating that they agree to participate in the Coordinated Entry System for the state of Maine. The Written Standards will be reviewed and revised as needed at a minimum of once per year. Agreement to abide by the Written Standards will be a condition of being approved CoC or ESG funding.

This Document

These policies and procedures will govern the implementation, governance, and evaluation of the Coordinated Entry System (CES) in the state of Maine. It is expected that the standards will adjust as programs evolve, members gain more experience, and HMIS data from programs and services is analyzed. These Written Standards serve as the guiding principles for funding ESG and CoC programs. These policies may only be changed by the approval of the CoC Board based on recommendations from the Coordinated Assessment Committee of the CoC. These policies will be reviewed annually in accordance with the CoC Board Governance Charter (by-laws).

Purpose:

Maine's Coordinated Entry System (CES) process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.

Overview of Coordinated Entry/ Assessment

Coordinated Entry/Assessment is considered one of the many interventions in a community's united effort to end and prevent homelessness. The process works best and provides the greatest value if it is driven by "What does the client need" rather than by provider eligibility. Coordinated entry/assessment refers to the process used to assess and assist in meeting the housing needs of people at-risk of homelessness and people experiencing homelessness. Key elements of coordinated assessment include:

- A designated set of coordinated assessment locations and staff members;
- The use of standardized assessment tools to assess consumer needs;
- Referrals, based on the results of the assessment tools, to homelessness assistance programs (and other related programs when appropriate);
- Capturing and managing data related to assessment and referrals in a Homeless Management Information System (HMIS); and
- Prioritization of consumers with the most barriers to returning to housing for the most cost- and service-intensive interventions.

The implementation of coordinated assessment is considered national best practice. When implemented effectively, coordinated assessment can:

- Reduce the amount of research and the number of phone calls people experiencing homelessness must make before finding crisis housing or services;
- Reduce new entries into homelessness through coordinated system wide diversion and prevention efforts;
- Prevent people experiencing homelessness from entering and exiting multiple programs before getting their needs met;
- Reduce or erase entirely the need for individual provider wait lists for services;
- Foster increased collaboration between homelessness assistance providers; and
- Improve a community's ability to perform well on Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act outcomes and make progress on ending homelessness.

Responsibilities of the Continuum of Care

The CoC program includes transitional housing, permanent supportive housing for disabled persons, rapid re-housing, permanent housing, supportive services, and the Homeless Management Information System. A CoC is a geographically based group of representatives that carries out the planning responsibilities of the CoC program, as set for the in 24 CFR part 578. These representatives come from organizations that provide services to the homeless, or represent the interests of the homeless or formerly homeless. The three major duties of a CoC are to (1) operate the CoC; (2) designate a HMIS for the CoC; and (3) develop a plan for the CoC. The Coordinated Entry/Assessment System must incorporate and defer to any funding requirements established under the CoC Program interim rule, ESG Program interim rule, or a Notice of Funding Availability (NOFA) under which a project is awarded.

The CoC Interim Rule defines several responsibilities of the Continuum of Care (578.7 (a) (8)). One of these responsibilities is to establish and operate either a centralized or coordinated assessment system, in consultation with recipients of ESG program funds within the geographic area. This coordinated entry/assessment system provides an initial, comprehensive assessment of the needs of individuals and families for housing and services.

The Continuum must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. This system must comply with any requirements established by HUD by Notice.

A coordinated entry/assessment system is defined to mean a coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A coordinated entry/assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. This definition establishes basic minimum requirements for the Continuum's coordinated assessment system.

Another responsibility of the CoC's, in consultation with recipients of ESG program funds within the geographic area, is to establish and consistently follow written standards for providing Continuum of Care assistance. At a minimum, these written standards must include:

- Policies and procedures for evaluating individuals' and families' eligibility for assistance under

this part;

- Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance;
- Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance;

CES systems are important in ensuring the success of homeless assistance and homeless prevention programs in communities. In particular, such assessment systems help communities systematically assess the needs of program participants and effectively match each individual or family with the most appropriate resources available to address that individual or family's particular needs.

Geographic Area:

Maine is a state in the New England region the northeastern United States, bordered by the Atlantic Ocean to the east and south; New Hampshire to the west; and the Canadian provinces of Quebec to the northwest and New Brunswick to the northeast. Maine is both the northernmost and easternmost portion of New England. The United States Census Bureau estimates that the population of Maine was 1,330,089 on July 1, 2014, a 0.13% increase since the 2010 United States Census and it covers an area of 35,385 square miles. This geographic area includes urban, suburban, and rural areas. The Maine Balance of State Continuum of Care covers all 16 of Maine counties except for the City of Portland, and extends from the Aroostook County in the northern part of the state all the way down to York County. The City of Portland Continuum of Care is the other continuum in Maine and it covers only the City itself.

Target Population

This process is intended to serve people experiencing homelessness and those who believe they are at imminent risk of homelessness who reside in the state of Maine. Homelessness will be defined in accordance with the



official HUD definition of homelessness. People at imminent risk of homelessness are people who believe they will become homeless, according to the HUD definition within the next 72 hours. People who think they have a longer period of time before they will become homeless should be referred to other prevention-oriented resources available in the community.

Goals of Coordinated Entry/Assessment

Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of well-developed coordinated entry processes has resulted in severe hardships for people experiencing homelessness. They often face long waiting times to receive assistance or are screened out of needed assistance.

The CES System is intended to increase and streamline access to housing and services for households experiencing homelessness, match appropriate levels of housing and services based on their needs, and prioritize persons with severe service needs for the most intensive interventions. It helps communities prioritize assistance based upon vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. The CES also provides information about service needs and gaps to help communities plan their assistance and identify needed resources.

HUD's primary goals for coordinated entry processes are:

- Assistance will be allocated as effectively as possible
- Assistance is easily accessible no matter where or how people present

The CoC Leadership Team members identified the following common goals for the Coordinated entry/Assessment System:

- The process will be easy on the client, and provide quick and seamless entry into homelessness services
- Individuals and families will be referred to the most appropriate resource(s) for their individual situation
- The process will prevent duplication of services
- The process will reduce length of homelessness
- The process will improve communication among agencies

Guiding Principles

The goal of the coordinated assessment process is to provide each consumer with adequate services and supports to meet their housing needs, with a focus on returning them to housing as quickly as possible. Below are the guiding principles that will help Maine meet these goals.

- **Adopt statewide standards:** but allow flexibility for local customization beyond baseline standard.

- **Consumer Choice:** Consumers will be given information about the programs available to them and have some degree of choice about which programs they want to participate in. They will also be engaged as key and valued partners in the implementation and evaluation of coordinated assessment through forums, surveys, and other methods designed to obtain their thoughts on the effectiveness of the coordinated assessment process.
- **Promote client-centered practices** – Every homeless persons should be treated with dignity, offered at least minimal assistance, and participate in their own housing plan. Provide ongoing opportunities for consumers participation in the development, oversight, and evaluation of coordinated assessment. Consumers should be offered choice whenever possible.
- **Prioritize most vulnerable** as the primary factor among many considerations–Limited resources should be directed first to persons and families who are most vulnerable*. Less vulnerable persons and families will be assisted as resources allow. *Vulnerability will be defined locally.
- **Collaboration:** Because coordinated assessment is being implemented system wide, it requires a great deal of collaboration between the CoC's, providers, mainstream assistance agencies (e.g., Department of Health and Human Services, hospitals, and jails), funders, and other key partners. This spirit of collaboration will be fostered through open communication, transparent work by a strong governing council (the Coordinated Assessment Committee), consistently scheduled meetings between partners, and consistent reporting on the performance of the coordinated assessment/entry process.
- **Accurate Data:** Data collection on people experiencing homelessness is a key component of the coordinated assessment process. Data from the assessment process that reveals what resources consumers need the most will be used to assist with reallocation of funds and other funding decisions. To capture this data accurately, all assessment staff and providers must enter data into HMIS (with the exception of some special populations and other cases, outlined later in this document) in a timely fashion. Consumers' rights around data will always be made explicit to them, and no consumer will be denied services for refusing to share their data.
- **Performance-Driven Decision Making:** Decisions about and modifications to the CES process will be driven primarily by the need to improve the performance of the homelessness assistance system on key outcomes. These outcomes include reducing new entries into homelessness, reducing lengths of episodes of homelessness, and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of waiting time for an assessment.
- **Housing First:** The most successful model for housing people who experience chronic homelessness is permanent supportive housing using a "Housing First" approach, which is a client-driven strategy the provides immediate access to housing without requiring participation in psychiatric treatment, treatment for sobriety, or other service participation requirements. After settling into housing, consumers are offered a wide range of supportive services that focus primarily on helping them maintain their housing. Maine's CES strongly encourages recipients of PH/PSH and TH, whenever possible funding to implement a Housing First approach. Coordinated assessment will support a housing first approach, and will thus work to connect households with

the appropriate permanent housing opportunity, as well as any necessary supportive services, as quickly as possible.

- **Prioritizing the Hardest to House:** Coordinated assessment referrals will prioritize those households that appear to be the hardest to house or serve for program beds and services. This approach will ensure an appropriate match between the most intensive services and the people least likely to succeed with a less intensive intervention, while giving people with fewer housing barriers more time to work out a housing solution on their own. This approach is most likely to reduce the average length of episodes of homelessness and result in better housing outcomes for all.
- **Transparency :** Make thoughtful decisions and communicate directives openly and clearly.

Operating the Coordinated Entry System

In the past three years, there have been efforts by the MCOC and PCOC towards coordinated entry/assessment. This has set a path for establishing the system-wide coordinated entry/assessment system. In 2012 and 2013, the Collaborative Applicants for the MCOC and PCOC submitted a planning grant application which would allow both CoC's to identify and work toward a state-wide Coordinated Entry/Assessment System. Both CoC's received the FY2012 Planning Grant which was then implemented in 2014 and identified initial steps. Because the Collaborative Applicants did not receive the FY2013 planning grant, a private foundation grant was applied for and was approved to continue the work in FY2015. Finally, both CoC's were awarded the FY2014 Planning Grants which are expected to be implemented in 2016 to continue help the system become fully operational. When fully implemented, the CES System will include:

- Information about available services and programs for persons experiencing a housing or homeless crisis
- Uniform intake, assessment and screening tools and processes
- Real-time knowledge about program inventories and capacity
- Coordinated referrals to receive prevention, housing or related services
- Enrollment prioritization and waitlist management for housing programs.

Key Elements of Maine's CES:

Definitions:

A list of definitions of terms used in this document are described in Appendix A.

Requirements:

Both of Maine's CoC's, the MCoC and PCoC have adopted HUD's Notice CPD 14-012 on the Prioritizing Person's Experiencing Chronic Homelessness and other Vulnerable Homeless Persons in Permanent

Supported Housing and Record Keeping Requirements for Documenting Chronic Homeless Status, which are summarized in Appendices B, C, and D.

Pre-Screening

All potential consumers will be pre-screened and asked several questions to determine if they are homeless or at risk of imminent homelessness. If they are screened and it is determined that they meet this criteria, they will be offered a more thorough assessment to identify their specific needs. Guiding principles for this process include:

- The pre-screening tool will be the same regardless of access point;
- If the program that is triaging is also a service provider, the pre-screening tool can be combined with a deeper assessment;
- The pre-screen is meant to shelter or divert an individual or family experiencing or at risk of homelessness;
- The pre-screen may be different by service hub (i.e. centralized, phone, no wrong door); and
- The tool will ask about 4 questions but the person asking can ask additional clarifying questions.

Screening, Assessment and Referral

Consumers will be directed community wide to the established “front doors” for Screening, Assessment and referral. A Front Door is one of the agreed upon entry points into the CES, and is where formal Screening and/or Assessment for client’s entry into the housing programs funded by HUD’s ESG and CoC programs for the Homeless Assistance System. Screening and assessment collects information to guide housing referrals based on program eligibility and services offered for Homeless Prevention Programs, Rapid Re-Housing, Transitional Housing and Permanent Supportive Housing.

Prioritization standards

Maine’s CoC’s have adopted the provisions and requirements set out in the HUD Notice CPD-14-012 for the Prioritizing Person’s Experiencing Chronic Homeless and Other Vulnerable Homeless Persons in Permanent Supportive Housing (PSH) and Recordkeeping requirements for Documenting Chronic Homeless Status as the baseline written standards for operations of Maine’s CES. Maine’s CoC Board will adopt additional written standards for establishing eligibility and prioritization of clients for assistance. These standards will be specific and detailed, address any unique eligibility requirements for assistance (e.g. disability or subpopulation), reflect the homeless population and subpopulations within the CoC as reported on the Housing Inventory Chart, and reflect the housing and services within the CoC, and reflect the national and targeting priorities. Prioritization Standards for PSH are described in Appendices E, F and G and Appendix H is a table summary of the basic priority order per HUD Notice CPD 14-102.

The matching process and eventual referral linkage process will take into account a set of prioritization criteria for each project type. The order of client priority on the prioritization list will under no circumstances be based on disability type or diagnosis. CoC’s will establish priority for each project type based on the severity of the needs, length of time homeless, or subpopulation characteristics, depending on the specific CoC component type.

Low Barrier Policy

CoC providers will make enrollment determinations on the basis of limiting barriers to enrollment in services and housing. No consumer may be turned away from crisis response services or homeless designated housing due to lack of income, lack of employment, disability status, or substance use unless the project's primary funder requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to clients with a specific set of attributes or characteristics. Funders restricting access to projects based on specific client attributes or characteristics will need to provide documentation to the CoC providing a justification for their enrollment policy.

No Wrong Door Approach

Because of the diversity and size of the state of Maine, access to the CES follows a "No Wrong Door" approach. The principles of this approach are:

- A consumer can seek housing assistance through any of the participating homeless services providers and will receive integrated services;
- Consumers should have equal access to information and advice about the housing assistance for which they are eligible in order to assist them in making informed choices about available services that best meet their needs;
- Participating providers have a responsibility to respond to the range of consumer needs and act as the primary contact for consumer who apply for assistance through their service unless or until another provider assumes that role;
- Participating providers will provide a proactive service that facilitates the consumer applying for assistance or accessing services from another provider regardless of whether the original provider delivers the specific housing services required by a presenting consumer; and
- Participating housing providers will work collaboratively to achieve responsive and streamlined access services and cooperate to use available resources to achieve the best possible housing outcomes for consumer, particularly for those with high, complex or urgent needs.

CES Components:

Assessment Tool

The CoC's will develop a universal assessment tool for use in managing the client intake, assessment, and referral process. The standard tool may be customized by each individual CoC project with additional program-specific assessment questions and response categories necessary to address the unique aspects and needs of individual programs. All assessment tools will utilize a scoring paradigm to assist with documenting clients' needs and prioritizing services

Assessment Process

CoC's will employ a progressive assessment approach. Progressive assessment stages the asking and sequencing of assessment questions such that prospective program participants are asked only those questions directly related to service enrollment and prioritization decisions necessary to progress the participant to the next stage of assessment or determine a referral to a service strategy

Data Sharing

All CoC's will follow the Data Sharing policies developed by the HMIS Advisory Task Force in conjunction with MaineHousing.

Emergency services

Defined access points must provide directly or make arrangements through other means to ensure universal access to crisis response services for clients seeking emergency assistance at all hours of the day and all days of the year. The CoC's must document their planned after-hours emergency services approach. After hours crisis response access may include telephone crisis hotline access, coordination with police, emergency medical care.

Fair and Equal Access

All CoC's will ensure fair and equal access to the CES programs and services for all clients regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, Veteran status, or sexual orientation. If an individual's self-identified gender or household composition creates challenging dynamics among residents within a facility, the host program should make every effort to accommodate the individual or assist in locating alternative accommodation that is appropriate and responsive to the individual's needs.

Full coverage

The full geography of the CoC must be covered by CES services including access to crisis response services, assessment of clients, and referral options.

Joining the CES

All programs that receive CoC or ESG funding are required by their funders to participate in the CES. Other programs are encouraged and welcome to join the CES. Those programs that are not required by their funder to participate in the CES will sign a Memorandum of Understanding agreeing to participate in the system for a minimum of six months.

Mainstream services

The CoC's must implement a screening protocol to assess each client's potential eligibility for the following mainstream resources or services:

- Housing
- Medical benefits
- Nutrition assistance
- Income supports

Monitoring and Reporting of CES

All CoC's must adhere to a state-defined monitoring and reporting plan for CES. The State-defined monitoring process will report on performance objectives related to CES utilization, efficiency and effectiveness.

Privacy protections

CES operations and staff must abide by all State of Maine-defined privacy protections as defined by the HMIS Advisory Committee. Consumer consent protocols, data use agreements, data disclosure policies, and any other privacy protections offered to program participants as a result of each consumer's participation in HMIS will be the same as CES.

Resource List

A list of all available CoC resources will be maintained, including each project's eligibility criteria and prioritization protocols. The list of resources must be updated annually and be publicly available.

Referral criteria

Both CoC's must define referral criteria for all projects within the CoC's geographic area. Referral criteria must identify all the eligibility and exclusionary criteria used by program staff to make enrollment determinations for referred persons or households. Established guidelines must describe acceptable time frames for reviewing and communicating referral decisions (i.e. whether the potential program participant is either accepted or denied enrollment). If a potential client is not offered enrollment, the reason for rejection must be clearly communicated and documented in HMIS. The referral criteria must be published at least annually and support the identification of and connection to appropriate housing and services for all assessed clients.

Referral Rejection Policy

Both CoC providers and program participants may deny or reject referrals, although service denials should be infrequent and must be documented in HMIS or other comparable system with specific justification as prescribed by the CoC. The specific allowable criteria for denying a referral must be established by the CoC, must be shared with each project and consumer, and be reviewed and updated annually. All participating projects and client must provide the reason for service denial, and may be subject to a limit on number of service denials. Aggregate counts of service denials, categorized by reason for denial, must be reported by the CoC annually.

At a minimum, project's referral rejection/denial reasons must include the following:

- Consumer /household refused further participation (or client moved out of CoC area)
- Consumer/household does not meet required criteria for program eligibility
- Consumer t/household unresponsive to multiple communication attempts
- Consumer resolved crisis without assistance
- Consumer /household safety concerns. The client's/household's health or well-being or the safety of current program participants would be negatively impacted due to staffing, location, or other programmatic issues.
- Consumer /household needs cannot be addressed by the program. The program does not offer the services and/or housing supports necessary to successfully serve the household.
- Program at bed/unit/service capacity at time of referral
- Property management denial (include specific reason cited by property manager)
- Conflict of interest.

Safety planning

The Coc's must provide necessary safety and security protections for persons fleeing or attempting to flee family violence, stalking, dating violence, or other domestic violence situations. These policies will be developed in conjunction with agencies that serve people experiencing these situations.

Standardized access and assessment

All defined access point providers must administer the Maine CES Assessment Process as defined by the CoC Leadership Group and/or Joint Maine CoC Board of Directors. The assessment process must be standardized across each participating CoC, with uniform decision-making across all assessment

locations and staff. If access points or assessment processes are conducted or managed by providers who do not receive HUD, MaineHousing, or local county funds, those providers must still abide by assessment standards and protocols defined by the CoC. CES will operate using a client-centered approach, allowing clients to freely refuse to answer assessment questions and/or refuse referrals

Stakeholder Inclusion

CoC's will support the implementation, expansion, and ongoing operation and evaluation of Coordinated Entry Systems by regularly convening stakeholder input and feedback opportunities. CoC must develop a plan to collect stakeholder feedback at least annually and will engage participants from all CoC component types, referral sources, residents and participants of homeless services and programs, funders of homeless response systems, and mainstream system providers.

System Advertisement and Outreach

Outreach

Local CES Systems are **required** to contact private and public agencies including those in the CoC, 211, VA, social service agencies and state and/or local government agencies to educate and provide information on available programs. Outreach activities are **required** to be done a minimum of once per year. These activities can be done in conjunction with the Point in Time Count or at another time as determined by the CoC. The CES is **required** to coordinate with existing street outreach programs as well as private and public agencies, social service organizations, etc. for referrals, so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the Coordinated Assessment System.

Maine's CoC's are **encouraged** to provide resources/information about the CES to 24 hour establishments as well restaurants, hospitals, hot meal programs, churches, schools, check cashing locations and other places known to be frequented by the target population. In addition, each CoC is **encouraged** to explore various outreach activities such as hosting a booth at local community events, resource fairs, festivals and county fairs to provide information and resources.

Advertisement

Advertisement is to include a **minimum of flyers** posted at those places stated above (as allowed). Other forms of advertisement can include newspaper ads, radio, websites, etc. to generate referrals and applications. Advertising is to focus on people experiencing literal homelessness and clearly state eligibility requirements in an effort to reach the target population as opposed to those who do not meet the criteria. Information about the Coordinated Assessment System will also be available on the Maine Homeless Planning website (www.mainehomelessplanning.org).

System Evaluation

The CES process will be evaluated on a regular basis to ensure that it is operating at maximum efficiency. Evaluation will be carried out primarily through the Coordinated Assessment Committee and any consultants or third parties they engage to help them. Evaluation mechanisms will include the following:

- **A monthly review of metrics from the coordinated assessment process.** The data to be reviewed, and the thresholds that should be met, will be developed.

- **An annual forum with people experiencing homelessness that have been through the coordinated assessment process.**
- **A report issued on the homeless assistance system to the community annually with a section devoted to coordinated assessment and homelessness assistance system outcomes.** This report will include trends from the month-to-month analysis of coordinated assessment data, as well as the total number of assessments and referrals made, successes to be shared, and a note from the Coordinated Assessment Committee on the process's progress. Major findings from this report should be presented at the CoC Board and full meetings the month it is released by a member of the Coordinated Assessment Committee.

Training

The CES will be responsible for training the remaining service providers in their region. Each region will have flexibility for how this training is conducted. The training can be either in-person or via webinar. Ideally this training will take place prior to the roll-out of the CES but at a minimum should occur within two months of the Coordinated Assessment start date.

DRAFT

DRAFT

Appendices

Appendix A: Definitions

At-risk of Homelessness – An individual or family who has income below 30% of area median family income for the area, as defined by HUD, and who does not have sufficient resources or support networks immediately available to prevent them from moving into an emergency shelter or other place described in the “homeless” definition (See Exhibit A and Exhibit B), and meets one if the following definitions defined under 24 CFR 578.3 (CoC program) or 24 CFR 576.2 (ESG program). This may also include a child or youth who qualifies as homeless under other Federal programs.

HMIS/HMIS – Community Management Information System (formerly the Homeless Management Information System) means the information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD.

HMIS/HMIS Lead Agency – The entity designated by the Continuum of Care to operate the HMIS/HMIS on its behalf.

Chronically Homeless - A person is chronically homeless if they have been homeless for at least one year continuously or has experienced four episodes over the last three years. For this definition, the persons must have been homeless in a place not meant for human habitation, in an emergency shelter, or in a safe haven. In addition, persons must be diagnosed with one or more of the following conditions: Substance abuse disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability.

CoC/Continuum of Care – A group composed of representatives of relevant organizations, which generally includes nonprofit homeless providers; victim service providers; faith-based organizations; governments; businesses; advocates; public housing agencies; school districts; social services providers; mental health agencies; hospitals; universities; affordable housing developers; law enforcement; organizations that serve homeless and formerly homeless veterans, and homeless or formerly homeless persons that are organized to plan for and provide a system of outreach, engagement, and assessment; emergency shelter; rapid re-housing; transitional housing; permanent housing; and prevention strategies to address the various needs of homeless persons and persons at risk of homelessness for a specific geographic area.

ESG – Emergency Solutions Grant Program (24 CFR part 576)

Developmental Disability – Defined in Section 102 of the Developmental Disability Assistance and Bill of Rights Act of 2000, and means a severe, chronic disability that is attributable to a mental or physical impairment or combination, **and** is manifested before age 22, **and** is likely to continue indefinitely. It must result in substantial limitations in 3 or more major life activities (self-care, receptive and expressive language, learning, mobility, self-direction, capacity for

independent living, or economic self-sufficiency) **AND** reflects need for special services or individualized support, or other form of assistance this is lifelong or extended duration.

Disabling Condition – A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury, which is expected to be of long-continued and indefinite duration, substantially impedes the person’s ability to live independently, and is of such a nature that such ability could be improved with more suitable housing conditions; a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000; or Acquired immunodeficiency Syndrome (AIDS) or any conditions arising from the etiologic agent for Acquired Immunodeficiency Syndrome, including infection with the Human Immunodeficiency Virus (HIV).

Emergency Shelter – Any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.

Fair Market Rent – Means the rents published in the Federal Register annually by HUD

Families – Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, the followings: (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) A group of persons residing together, and such group includes, but is not limited to (a) A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family); (b) An elderly family; (c) A near-elderly family; (d) A disabled family; (e) A displaced family; and (f) The remaining member of a tenant family.

Homeless – There are 4 categories within the definition of homelessness, as defined under the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act); the most common definition being an individual or family who lacks a fixed, regular, and adequate nighttime residence under Category 1. See Exhibit A

Homeless Prevention – A program targeted to individuals and families at risk of homelessness. Specifically, this includes those that meet the criteria under the “at risk of homelessness” definition at 576.2, as well as those who meet the criteria in Category 2, 3, and 4 of the “homeless definition and have an annual income **below 30%** of family median income for the area.

Housing First – An approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Permanent Housing – Community-based housing without a designated length of stay, and includes both Permanent Supportive Housing and Rapid Re-housing.

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

Physical, Mental or Emotional Impairment – Expected to be long-continuing or of indefinite duration; substantially impedes the person’s ability to live independently, and could be improved by more suitable housing.

Rapid Re-housing – Housing relocation and stabilization services and short- or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing. Assistance may be provided for up to 24 months during any 3-year period, and may include rental arrear for up to six months, to eligible persons who qualify as homeless under Category 1 and 4 of the “homeless” definition.

Recipient – An applicant that signs a grant agreement with HUD.

Rent Reasonableness – A process conducted by the recipient or sub-recipient to determine if the rent charge for the unit receiving rental assistance is reasonable in relation to rents being charged for comparable unassisted units, taking into account the location, size, type, quality, amenities, facilities, and management and maintenance of each unit. Reasonable rent must not exceed rents currently being charge by for comparable unassisted units.

Safe Haven – For the purpose of defining chronically homeless, supportive housing that means the following: (1) serves hard to reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services; (2) provides 24-hour residence for eligible persons for an unspecified period; (3) has an overnight capacity limited to 25 or fewer persons; and (4) provides low-demand services and referrals for the residents.

Street Outreach – The act of reaching out to unsheltered homeless people; connecting them with emergency shelter, housing or critical services; and provide urgent, **non-facility-based** care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.

Sub-recipient – A private nonprofit organization, State, local government, or instrumentality of State or local government that receives a sub-grant from the recipient to carry out a project.

Transitional Housing – Facilitates the movement of homeless individuals and families to permanent housing within 24 months

Unsheltered Homeless – Individuals and families who qualify as homeless under Category 1(i) of the “homeless” definition. See Exhibit A

Victim Service Provider – A private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women’s shelters, domestic violence transitional housing programs, and other programs.

Appendix B: PROGRAM REQUIREMENTS FOR ALL PROGRAMS

- Programs must coordinate with other homeless services within the CoC.
- Programs must coordinate with mainstream resources in the CoC including housing, social services, employment, education and youth programs for which participants may be eligible.
- Programs must have written policies and procedures and must consistently apply them to all participants.
- Programs that serve households with children:
 - A staff person must be designated as the educational liaison that will ensure that children are enrolled in school, connected to appropriate services in the community, including early childhood program such as Head Start, Part C of the Individuals with Disabilities Education Act, and the McKinney Vento education services.
 - The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that provides shelter for families with children
- Programs receiving ESG and CoC funding must participate in HMIS (Homeless Management Information System), unless otherwise stated by federal regulations. However all homeless programs are strongly encouraged to participate in HMIS.
- Programs must meet minimum HMIS data quality standards.
- Programs providing Domestic Violence or Legal Services may opt out of HMIS participation but must utilize a comparable database to collect HUD required data elements.
- Programs must participate in Coordinated Entry System and use the prioritization criteria established in this documents.
- Programs must conduct an initial evaluation to determine the amount and type of assistance needed to regain stability in permanent housing.
- Program rules and regulations should be designed in the spirit of inclusion rather than as grounds for denial or termination. Programs should exercise judgment and examine all extenuating circumstances in determining when violations are serious enough to warrant termination so that a program participant's assistance is terminated only in the most severe cases.
- Programs must have a formal procedure for terminating assistance to a participant that recognizes the rights of the participant(s) involved.
 - Programs must use judgment and examine all extenuating circumstances in determining that a violation should result in termination
 - Every effort should be made to allow the participant to remain in the program; termination should only be exercised in the most severe cases.
 - Termination does not necessarily preclude assistance at a future date
- Programs must make known that use of the facilities and services are available to all on a nondiscriminatory basis.
- Programs may not engage in inherently religious activities such as worship, religious instruction or proselytization as part of the programs or services funded under the CoC or ESG. These activities can be conducted but must be separate and voluntary for program participants.

Appendix C: RECORD KEEPING REQUIREMENTS FOR ALL PROGRAMS

Participant Recordkeeping Requirements include:

- All records containing personally identifying information must be kept secure and confidential
- Programs must have written confidentiality/privacy notice a copy of which should be made available to participants if requested
- Documentation of homelessness (following HUDs guidelines)
- A record of services and assistance provided to each participant
- Documentation of any applicable requirements for providing services/assistance
- Documentation of use of coordinated assessment system
- Documentation of use of HMIS
- Records must be retained for the appropriate amount of time as prescribed by HUD

Financial Recordkeeping Requirements include:

- Documentation for all costs charged to the grant
- Documentation that funds were spent on allowable costs
- Documentation of the receipt and use of program income
- Documentation of compliance with expenditure limits and deadlines
- Retain copies of all procurement contracts as applicable
- Documentation of amount, source and use of resources for each match contribution

Appendix D: OCCUPANCY STANDARDS FOR ALL PROGRAMS

All housing units, including scattered site programs owned and managed by private landlords, must meet applicable state or local government health and safety codes and have current certificate of occupancy for the current use and meet or exceed the following minimum standards: (For more detail refer to ESG regulations 576.403 (b) Minimum Standards):

- Buildings must be structurally sound to protect from the elements and not pose any threat to health and safety of the residents.
- Must be accessible in accordance with Section 504 of the Rehabilitation Act, the Fair Housing Act and the Americans with Disabilities Act where applicable.
- Must provide an acceptable place to sleep and adequate space and security for themselves and their belongings.
- Each room must have a natural or mechanical means of ventilation.
- Must provide access to sanitary facilities that are in operating condition, private and clean.
- Water supply must be free of contamination.
- Heating/cooling equipment must be in working condition.
- Must have adequate natural or artificial illumination and adequate electrical resources to permit safe use of electrical appliances.
- Food preparation areas must have suitable space and equipment to store, prepare and serve food in safe and sanitary manner.
- Building must be maintained in a sanitary condition.
- Must be at least one smoke detector in each occupied unit of the program; and where possible near sleeping areas. The fire alarm system must be designed for hearing-impaired participants. There must be a second means of exiting the building in case of fire or other emergency.

The Program, Record Keeping and Occupancy Standards as represented above apply to all programs regardless of the type of services/housing that they provide.

Appendix E: Order of Priority in CoC Program-funded Permanent Supportive Housing

Recipients of CoC Program-funded PSH are required to follow the order of priority when selecting participants for housing in accordance with the CoC's written standards while also considering the goals and any identified target populations served by the project, and in a manner consistent with their current grant agreement.

Due diligence should be exercised when conducting outreach and assessment to ensure that persons are served in the order of priority as adopted by the MCOC and PCOC. HUD and the CoC's recognize that some persons—particularly those living on the streets or in places not meant for human habitation— might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts with those persons using a Housing First approach to place as few conditions on a person's housing as possible.

Appendix F: Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1st Priority:

Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.

A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom **both** of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions **equals at least 12 months; and**
2. The CoC Program has identified the chronically homeless individual or head of household as having severe service needs.

2nd Priority:

Chronically Homeless Individuals and Families with the Longest History of Homelessness.

A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for whom **both** of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; **and**
2. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

3rd Priority:

Chronically Homeless Individuals and Families with the Most Severe Service Needs.

A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; **and**
2. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

4th Priority:

All Other Chronically Homeless Individuals and Families.

A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is less than 12 months; **and**
2. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

Where a CoC or a recipient of CoC Program-funded PSH beds that are dedicated or prioritized is not able to identify chronically homeless individuals and families as defined in 24 CFR 578.3 within the CoC, the order of priority in the next section may be followed.

Appendix G: Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness

CoC Program-funded *non-dedicated and non-prioritized* PSH should offer housing to chronically homeless individuals and families first, but minimally are required to place otherwise eligible households in an order that prioritizes, in a nondiscriminatory manner, those who would benefit the most from this type of housing, beginning with those most at risk of becoming chronically homeless.

1st Priority:

Homeless Individuals and Families with a Disability with the Most Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time, including persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and has been identified as having the most severe service needs.

2nd Priority:

Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness.

An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and had been living or residing in one of those locations for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months.

3rd Priority:

Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.

An individual or family that is eligible for CoC Program-funded PSH who has been living in a place not meant for human habitation, a safe haven, or an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not

meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.

4th Priority:

Homeless Individuals and Families with a Disability Coming from Transitional Housing.

An individual or family that is eligible for CoC Program-funded PSH who is coming from transitional housing, where prior to residing in the transitional housing lived on streets or in an emergency shelter, or safe haven. This priority also includes homeless individuals and homeless households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing – all are eligible for PSH even if they did not live on the streets, emergency shelters, or in a safe haven.

DRAFT

Appendix H: Coordinated Assessment Priority Status Guidelines for CoC Housing Resources

Basic priority order per HUD Notice CPD-14-012

	Priority	Homeless Category	Length of Stay in Homelessness	Where Experience Homelessness	Severity of Service Needs	Documented Disability
Dedicated CH PSH Beds	1	Chronic - Individual or HHLD with Children	> 12 Months Continuous OR Total of at least 4 Episodes Total > 12 months in 3 years	UN, ES, SH	High = VI-SPDAT Score of 10 or greater	Yes
	2	Chronic - Individual or HHLD with Children	> 12 Months Continuous OR Total of at least 4 Episodes Total > 12 months in 3 years	UN, ES, SH	Low=VI-SPDAT Score of 5 or greater	Yes
	3	Chronic - Individual or HHLD with Children	Total of at least 4 Episodes Total < 12 months in 3 years	UN, ES, SH	High = VI-SPDAT Score of 10 or greater	Yes
	4	Chronic - Individual or HHLD with Children	Total of at least 4 Episodes Total < 12 months in 3 years	UN, ES, SH	Low=VI-SPDAT Score of 5 or greater	Yes
Committed CH Beds Created by Turnover (85% program goal)	5	Category 1 - Individual or HHLD with Children	Any Length of Stay OR < 90 Days Institution	UN, ES, SH OR Institution if UN ES SH Prior to entry	High = VI-SPDAT Score of 10 or greater	Yes
	6	Category 1 - Individual or HHLD with Children	> or = 6 Months Continuous OR at least 3 episodes in 3 years > = 6 Months OR < 90 Days in Institution	UN, ES, SH OR Institution if UN ES SH Prior to entry	Low=VI-SPDAT Score of 5 or greater	Yes
	7	Category 1 - Individual or HHLD with Children	Any time > 30 days OR < 90 Days Institution	UN, ES, SH OR Institution if UN ES SH Prior to entry	Low=VI-SPDAT Score of 5 or greater	Yes
	8	Category 1 - Individual or HHLD with Children	Any Length of Stay > 14 days	TH IF previous UN, ES, or SH (dependent on funding source CoC or ESG)	Low=VI-SPDAT Score of 5 or greater	Yes

Appendix I: 2015 Ending Homelessness Prioritization Chart

	Priority	Homeless Category	Parameters	N	Resources	Process
5%	P1	Long Term Stayers (LTS)/Individuals	Greater or equal to 180 days in a 365 period	262	300 Dedicated SPC vouchers. For Vets: HUD/VASH with initial SSVF assistance.	1) 1 year of HMIS data, application; 2) CAA will centralize vouchers and award these to shelters/providers directly; 3) CAA will follow up to verify disability and criteria for chronic homelessness.
	P2	Long Term Stayers (LTS)/Families	Greater or equal to 180 days in a 365 period	50	Home to Stay	STEP or Section 8 from Home to Stay; shelters use Home to Stay resources to solve for this population
15%	P3	Domestic Violence Families & Individuals	Greater than 30 days	875	Dedicated transitional supportive housing, permanent supportive housing, Section 8, BRAP, S+C	Transitional DV Resources, CHOM, ETC.
	P3	Unaccompanied Youth unable to be reunited with their families	Greater than 30 days	50	Transitional supportive housing	Transitional youth service partners/BRAP -LAA's
	P3	Less than Long Term Stayers (LTS) Individuals & Families	Greater than 60 days but less than 180 days in a 365 day period	290	Permanent housing, permanent supportive housing, transitional supportive housing, Section 8, BRAP, S+C. For Vets: SSVF, or where appropriate HUD/VASH	Shelter case management, market apartments with outreach support
	P4	Institutions	Greater than 90 days	100	BRAP	BRAP-LAAs
80%	P5	Circumstantially Homeless, Unaccompanied Youth (working toward reunification/stability)	Less than 30 days & not flagged on VI-SPDAT	6138	General Assistance, STEP	Existing mainstream resources - general assistance, rapid re-housing, STEP. For Youth: Traditional youth service providers