### MIAMI-DADE CONTINUUM OF CARE (CoC)

### Supportive Services Only – Youth Specific Coordinated Entry

### Standards of Care

### February 2025

Description of Program

Miami-Dade County’s Continuum of Care (CoC) receives funding from the Department of Housing and Urban Development (HUD) to operate programs serving individuals and families in Miami-Dade County who are experiencing homelessness. Households are referred to housing assistance projects either leveraged from one of four local housing authorities, or as part of the Continuum of Care Program for Miami-Dade CoC administered by the Miami-Dade County Homeless Trust.

Coordinated Entry (CE), also known as coordinated intake or coordinated assessment, is a process that coordinates entry into, movement within, and ultimately exit from a homelessness system. Coordinated Entry processes increase the efficiency of a homeless assistance system by standardizing access to homeless services. In particular, a well-functioning CE system should help the Miami-Dade CoC advance goals of helping households quickly and equitably access appropriate services to address housing crises, increasing exits to housing, decreasing the length of time homeless, and reducing returns to homelessness.

According to HUD guidance, required elements of Coordinated Entry include:

* Access: ensures the entire Continuum of Care (CoC) area is covered and that service access points are easily accessible and well-advertised.
* Assessment: standardizes information gathering on service needs, housing barriers, and vulnerabilities.
* Prioritization: matches the output of the assessment tools to community priorities based on severity of need and establishes a priority rank for available housing and services.
* Referral: coordinates the connection of individuals to the appropriate and available housing and service intervention.

As it pertains to Coordinated Entry, the Miami-Dade CoC Standards state:

* All homeless projects in the Miami-Dade CoC must participate in the Coordinated Entry system and process. This includes using the CoC’s common assessment tools, following the CoC’s referral process, and adhering to all CoC CE system policies and operational practices.
* Homelessness assistance projects in the Miami-Dade CoC must review their Coordinated Entry (CE) plans in collaboration with youth and update them as necessary while maintaining established standards. Individualized program policies must be aligned with both local CE Plans and the CE System Standards, ensuring no contradictions. All updated CE plans must be submitted for approval by CoC YAB and staff.

**Coordinated Entry Helpline Guiding Principles**

* Person-centered: assessments into CE are based in part on participants’ strengths, goals, risks, and protective factors.
* Sensitive to lived experiences: systems consider participants’ lived experience in all aspects of CE including assessment and service delivery protocols that are trauma-informed, minimize risk and harm, and address potential psychological impacts.
* Prioritization of participant choice: systems prioritize participant choice as well as geographical, cultural, and social relevance in CE process decisions on location and type of housing, level and type of services, and other program characteristics, as well as assessment processes that provide options and recommendations that guide and inform participant choice.
* Accessible: people in housing crises are able to easily identify where to seek assistance and how to request assistance. This includes using accessible formats in CE Access Point marketing, outreach, and advertising.
* Sustainable: resources required to operate the CE system are identified and available now and for the foreseeable future.
* Flexible: limited customization of CE processes is allowed based on community needs, resources, and services available. These choices must follow CE standards as established by the Miami-Dade CoC.
* Transparent and accountable: consumers know what is being done and why, agencies’ program rules and success rates are clearly defined and readily shared with participants, and there are clear feedback processes for both consumers and agencies. Transparency should include pathways for youth leadership in an agencies’ governance structure and provide a grievance process for while YYA is under an agencies’ care. Materials that are youth friendly should be developed to ensure total understanding and consent of services provided.
* Housing First: participation in supportive services is voluntary and barriers to program entry and housing are minimized.
* Housing-Focused: households experiencing housing crises return to permanent housing within 40 days (as a goal).
* Committed to referral success: CE providers are committed to successfully navigating clients to stable housing. Their job is not done when the client is placed in shelter, enrolled in school or supportive employment. CE providers may stay connected with clients until they achieve housing stability or another provider formally assumes the housing navigation after a warm handoff.
* Easy to use: the system is not cumbersome to agencies and is accessible and well known to the community.
* Committed to fairness: CE system strives to ensure all persons are assessed using standardized assessments.

**Youth Specific Homeless Helpline Overview**

The Miami-Dade Youth Homeless Helpline provides emergency shelter diversion, triage and intake services for single adults and families experiencing homelessness in Miami-Dade County, Florida. Any unaccompanied, pregnant or parenting youth that calls Homeless Helpline **1(877)994-4357** option 4 will be assessed by Educate Tomorrow and provided with care coordination inclusive of, but not limited to, diversion; permanent connections; referral to crisis housing, health services, education and employment; and navigation to permanent housing.

Persons experiencing domestic or intimate partner violence (IPV), dating violence, stalking, human trafficking, or attempting to flee violence are instructed to call the Domestic Violence Helpline at 1-800-500-1119.

**Definitions**

**Chronic Homelessness**

The CoC Permanent Supportive Housing (PSH) program prioritizes ***chronically homeless*** individuals or families. The definition of chronically homeless is:

* A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Assistance Act (42 U.S.C. 11360(9)), who:
  + Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, **and**
  + Has been homeless and living as described for at least 12 months\* or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described.
* An individual who has been residing in an institutional care facility including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria of this definition before entering that facility; or
* A family with a head of household who meets all of the criteria of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

[CoC and ESG Homeless Eligibility - Definition of Chronic Homelessness - HUD Exchange](https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/definition-of-chronic-homelessness/)

**Definitions**

**Emergency Shelter**

Emergency Shelter (ES) is a facility that provides temporary accommodations for individuals or families experiencing homelessness, without requiring occupants to sign leases or occupancy agreements.  Emergency Shelter’s provide services associated with re-housing persons as quickly as possible.

**Harm Reduction**

Harm reduction (HR), or harm minimization, refers to a range of intentional and non-punitive practices, strategies, and policies designed to lessen adverse impacts (social, emotional, physical, and/or legal) associated with 'high-risk' human behaviors - both legal and illegal - such as substance use, needle-sharing, and underground economy work. Harm reduction recognizes that those unable or unwilling to abstain from the behavior(s) can still make positive changes to protect themselves and others, and to move toward increased stability or rehabilitation should they desire. HR prompts providers to refrain from judgement regarding these behaviors, utilizing rapport-building to gradually introduce safer practices and new coping strategies that reduce exposure to potentially harmful situations. Finally, the framework acknowledges posits that engaging in high-risk behaviors should not be viewed as a 'moral failing,' but instead a product of systemic, environmental, and deep-rooted conditions (i.e., poverty, violence, trauma, family disruption, racialized/gendered inequities, etc.).

**Homeless**

1. **Category 1: Literally Homeless**. Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
   1. Person has a primary nighttime residence that is a public or private place not meant for human habitation;
   2. Person is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
   3. Person is existing an institution where s/he has resided for 90 days or less **and** who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
   4. Person left home because of physical, emotional, or financial abuse or threats of abuse and have not secured safe, alternative housing.
2. **Category 2: Imminent Risk of Literal Homelessness**
   1. Person will imminently lose their primary nighttime residence. Residence will be lost within 14 days of the date of the application for homeless assistance; and
   2. No subsequent residence has been identified; and
   3. Person lacks resources or support networks needed to obtain other permanent housing.
3. **Category 4: Domestic Violence**. Fleeing/Attempting to flee domestic violence, dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that related to violence against the individual or family member that either takes place in, or him or her afraid to return to, their primary nighttime residence (including human trafficking). And,
   1. person has no other residence; and
   2. person Lacks the resources or support networks to obtain other permanent housing.

**Housing First**

Housing First is an evidence-based, consumer-driven approach for people experiencing a housing crisis that seeks to provide immediate access to permanent housing with flexible, individualized service supports and few to no preconditions, behavioral contingencies, or barriers.

**Permanent Supportive Housing**

Permanent Supportive Housing (PSH) is permanent housing in which housing assistance (e.g., long-term leasing or rental assistance) and [**supportive services**](https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-eligible-activities/supportive-services/)are provided to assist households with at least one member (adult or child) with a qualifying disability in achieving housing stability. To be eligible for PSH under the federal Continuum of Care (CoC) Program, project participants must meet Category 1 of the federal homeless definition (above) and any additional eligibility criteria set forth in the Fiscal Year CoC Program NOFA under which the project was funded (e.g., be experiencing chronic homelessness). PSH projects adhere to evidence-based Housing First practices[[1]](#footnote-1), including minimal preconditions such as sobriety or required participation in treatment. Supportive services are voluntary and offered to maximize housing stability and prevent returns to homelessness, as opposed to addressing predetermined treatment goals prior to permanent housing entry.

**Rapid Re-housing**

Rapid Re-housing (RRH) is a project for persons experiencing homelessness that includes time-limited rental assistance and services. The goal is to help people obtain safe, adequate housing as quickly as possible and support the long-term retention of housing by building participant self-sufficiency.

**Trauma-informed**

Trauma-informed care recognizes the presence of trauma symptoms and, when creating a person/family treatment plan, acknowledges the connection between trauma, behaviors, and family interactions.

**Trauma-responsive**

Trauma-responsivecare is the application of being trauma-informed. This “next step” of the treatment process is delivered according to the unique needs of the person who has experienced trauma, as well as the caregivers and family unit. Implementation is the difference between trauma-informed care and trauma-responsive care. A practitioner is being trauma-responsive with the application of trauma-informed knowledge.

**Transitional Housing**

Transitional Housing (TH) is a program for people who are experiencing homelessness to live temporarily when they cannot live in their previous residence and lack other safe housing options or resources to obtain housing. Transitional Housing programs provide time-limited accommodations and specialized wraparound/support services associated with addressing barriers to permanent, stable housing and re-housing persons as quickly as possible. Specialized services in TH programs connect clients to permanent connections, education, employment, and health and wellbeing services to support the youth’s personal development and sustainability on the path towards permanent housing.

**SSO-CE Youth Homeless Helpline Standards of Care**

**Intake**

Educate Tomorrow, the Miami-Dade CoC Coordinated Entry (CE) lead provider serving as the primary Youth Access Point (YAP), will enter in HMIS all eligible youth and young adults who contact the youth homeless helpline. They will attempt to divert youth and young adults through the use of their safe, natural support systems and record diversion efforts in the client profile in HMIS. For youth and young adults who cannot be diverted, they will complete the Entry/Exit assessment, and CoC standardized sub -assessments designed to prioritize referrals. Service providers that choose to serve as a YAP (offering a “no wrong door” approach to youth and young adults that walk in or otherwise contact them during a housing crisis) will complete the same workflow. During this process, the YAPs will be screening the youth for potential needs in education, employment, health and wellbeing, and permanent connections, in tandem with housing needs.

**First Diversion Effort**

After participants have completed intake through the Miami-Dade HMIS system, YAPs will engage in their first diversion effort. Diversion is a strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements. Assigning a client to emergency shelter is always the last resort and only after the client has exhausted all personal resources. The first diversion effort consists of mediation and problem solving, it may include connecting a youth and young adult to natural resources they had not explored.

A diversion script Exhibit A, page 6 is located within the [CoC Diversion Standards](https://www.homelesstrust.org/resources-homeless/library/providers/standards-of-care/miami-dade-coc-diversion-standards-and-practices-12-5-17.pdf).

If clients are diverted, the YAP will enter the diversion date in HMIS under the Client Profile.

If diversion fails, YAP’s will work with the participant to identify the best short term housing plan and refer to the Youth Homeless Helpline. In the case that an agency has capacity for immediate, temporary in house accommodations, they may use those resources.

**Making a Request for Emergency Shelter**

If YYA accepts crisis housing, the YAP in contact with the YYA will coordinate with the CE Lead to make the reservation to emergency shelter. Once shelter options are identified, the YAP, the CE Lead, and the YYA will collaborate to develop a short term housing plan.

Before entering a client into shelter, Helpline will check bed count by checking the shelter census, check the waitlist, and proceed accordingly:

1. Place the participant on a waitlist for shelter (no available shelter beds)
2. Make a reservation for a client not on the waiting list.

If no shelter beds are available, the CE Lead will refer the YYA to a peer support navigator. The peer support will inform and guide the YYA through available wrap-around services, pathways towards permanent housing, and maintain contact with the YYA until placement.

As a general rule, clients should check-in the same day that the participant is accepted into shelter. In circumstances when this is not possible (work, appointments, etc.), Helpline staff will coordinate an agreed-upon check-in time between shelter staff and the participant.

**Referrals to Transitional and Permanent Housing**

The CoCs youth-specific coordinated entry lead will host regular case conferencing meetings known as By Name List (BNL) meetings. During these meetings, the list of all eligible YYA clients is produced via HMIS and reviewed with all parties present. Referrals to Transitional and Permanent Housing with wrap-around services will be made based on prioritization in these meetings through the HMIS system by the coordinated entry lead. These meetings are also a space for participating partners to discuss urgent gaps and needs to be considered in the prioritization of cases as well as share resources that could be relevant to cases.

**Clients Rights**

All Miami-Dade Homeless Trust homelessness assistance projects shall have a written document outlining **project participants’ rights** posted in a visible and accessible location, read and otherwise made known to project participants upon admission, with accommodation for literacy and language barriers. All project participants receive a copy of the project participants’ rights document during the intake process.

1. There is a written document outlining participants’ rights (including grievance and appeals) which is provided in writing and explained verbally to residents upon admission.
2. Staff is provided written and verbal information and explanation of participants’ rights upon hire.
3. A description of clients’ rights is posted in a location visible to participants. Reasonable efforts are made to ensure that all participants understand their responsibilities regardless of language or ability.

Participants rights include, but are not limited to:

* Participants have the right to be treated with dignity and respect;
* Participants have the right to privacy;
* Participants have the right to be treated with cultural sensitivity;
* Participants have the right to self-determination in identifying and setting goals;
* Services shall be provided to participants only in the context of a professional relationship based on valid, informed consent;
* Participants shall be clearly informed, in understandable language, about available services and the purpose of the services being delivered, including participants who are not literate and/or are limited-English proficient;
* Participants have the right to confidentiality and information about when confidential information will be disclosed, to whom and for what purpose, as well as the right to deny disclosure;
* Participants have the right to reasonable access to records concerning their involvement in the project;
* Participants have the right to have an advocate present during appeals and grievance processes;
* Participants have the right to choose their own housing or reject substandard housing.

**Appeal Procedure**

Any client may appeal against a decision to restrict service.

1. Client initiates appeal by calling Helpline and expressing desire to appeal shelter restriction.
2. Helpline staff members connect participants with project staff currently trained on appeals.
3. Appeals will be granted based on facts and reasons why the client was initially denied.
4. Helpline will include youth and young adults with lived expertise as part of the panel that reviews appeals.
5. The helpline may reverse their initial decision or provide written justification for their initial decision.
6. If the client does not agree with the outcome of the appeal they may escalate their appeal to the Homeless Trust consistent with the CoC Grievance Standards.

**Discrimination**

SSO-CES programs must comply with the CoC’s [Grievance Standards for SSO & PH](https://www.homelesstrust.org/resources-homeless/library/providers/standards-of-care/miami-dade-coc-grievance-standards-for-sso-and-ph-final.pdf).

***Right to File a Complaint***

An Applicant or participant who believes that they have been discriminated against on the basis of disability has the right to file a complaint under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act (Section 504) under the project’s Grievance Policy. The Coordinated Entry System program management will review and investigate (if necessary) all complaints and must submit an incident report to the Homeless Trust for any allegations of staff on tenant discrimination. Any person whose requests for accommodations are not fully granted by the CES project shall be informed of their right to file a complaint or grievance. Individuals who believe they have been discriminated against on the basis of disability (including failure to provide reasonable accommodations), race, national origin (including the failure to provide access to services to people with limited English proficiency) may also file a complaint with the Homeless Trust and/or the Miami HUD field office.

1. **Housing First in Permanent Supportive Housing Brief,** <https://www.hudexchange.info/resource/3892/housing-first-in-permanent-supportive-housing-brief/> [↑](#footnote-ref-1)