I. CES ACCESS POINT SERVICES OVERVIEW

A Navigation Center is an Access Point within the Coordinated Entry System (CES). Access Points are one site or multiple sites in a SPA where persons experiencing, or at risk of, homelessness gain initial access to CES. Access Point staff complete initial screening make referrals to emergency services and/or community resources, complete initial Problem-Solving conversations, and administer population-appropriate CES Triage Tools.

Access Points manage and receive participants through walk-ins and phone contacts and may operate at one site for all days and hours during which it operates, or at multiple sites with consistent and repeating hours of operation.

All programs operating in the LA CoC must operate with a Housing First, Harm Reduction, Low Barrier, and Trauma Informed Care approach. Please see the 2019-2020 LAHSA Program Standards for more detailed definitions of these terms.

II. DEFINITION

1. **Problem-Solving** is a strategy that prevents homelessness or reduces the length of time a participant experiences homelessness by helping them to preserve their current housing situation or make immediate alternative arrangements without having to enter shelter and/or CES. Alternative housing arrangements may include staying with friends, returning to a community of origin, or reuniting with family. Problem-Solving occurs through trauma-informed conversations utilizing active listening skills, services aimed at removing barriers to maintaining current housing or quickly accessing alternative housing through interventions such as mediation, and/or limited or one-time financial assistance as appropriate through the Problem-Solving Assistance Fund (PSAF).

III. ELIGIBILITY FOR SERVICES

2. **Homeless Status**: Participants must be certified, via self-reporting or other approved methods, as literally homeless per the U.S. Department of Housing and Urban Development’s (HUD) Final Rule on “Defining Homeless”.

   2.1 Contractors will be responsible for documenting the determination of the participant’s homeless status in HMIS and the participant master file using the appropriate LAHSA-approved LA CoC Homeless Certification Forms. More specifically, documentation of homelessness should be performed using one of the following methods:

      2.1.1 HMIS Client Summary Report
      2.1.2 Form 1444: Third Party Verification of Homelessness
      2.1.3 Form 2199: Observation of Homelessness Status Form
      2.1.4 Form 1488: Self-Certification of Homelessness Status Form

   2.2 All documentation is required to be placed inside the participant’s master file or may be uploaded in HMIS.
2.3 Contractor will be responsible for entering the homeless status in the Homeless Management Information System (HMIS).

3. **Domestic Violence**: Participants fleeing domestic violence, sexual assault, intimate partner violence, or other life-threatening conditions (DV) seeking housing assistance through CES must be offered an immediate referral to a Victim Services Provider for emergency services (at the request of the participant) and subsequent CES access services. Participants fleeing DV may continue to be served by Access Centers and Access Points, and subsequently by CES, based on their preferences.

4. Veterans: Participants who are Veterans including households with a Veteran seeking housing assistance through CES must be offered a referral to a Veterans provider for subsequent CES access services. A Veteran that qualifies for both the Veterans subsystem and CES should be provided with information regarding resources within each system, in order to make an informed choice on the system in which they wish to be served.

IV. SERVICES AND ACTIVITIES – ACCESS POINTS

5. Contractor must comply with CES Referral and Access procedures pertaining to Access Centers as described in the CES Operations Guide.

6. Contractor must utilize Problem-Solving, administer the Initial Access Tool and/or appropriate CES Triage Tool, provide referrals to emergency services and/or community resources, and facilitate warm handoffs.

7. Contractor must serve all eligible participants with a Housing First approach. Participants will not be rejected or exited from participation in Access Points due to any unnecessary barriers such as sobriety, income, mental health needs, disabilities, or due to being generally considered “difficult to work with”.

8. Contractor is funded for and must provide the following services and activities:

   8.1 Problem-Solving Conversations
   8.2 Initial Access Tool
   8.3 Emergency Service Referrals
   8.4 Warm Handoff Referrals
   8.5 CES Triage Tool

9. **Problem-Solving**: Contractor must integrate Problem-Solving into its core activities prior to initial assessment and make referrals for full Problem-Solving services as appropriate.

10. **Initial Access Tool**: Contractor must complete the Initial Access Tool for all prospective participants including an eligibility screen, basic information gathering, and a Danger Assessment for persons fleeing domestic violence. Contractor must utilize the LAHSA-approved initial screening tool(s).

11. **Emergency Service Referrals**: Contractor must provide referrals to emergency services if requested or needed by participants. Emergency services include but are not limited to the following: crisis housing, drop-in centers, and emergency services available for survivors of domestic violence, human trafficking, and sexual assault.
12. **Warm Handoff Referrals:** If a participant accesses an Access Center that serves a population or population(s) other than that of the participant’s household composition (e.g. a family comes into contact with an Access Center that serves Adults), Contractor must provide a warm handoff referral to a population and SPA-appropriate Access Center or Access Point.

13. **CES Triage Tool:** Contractor must administer population-appropriate CES Triage Tool with eligible participants who are experiencing homelessness or at risk of experiencing homelessness and are not successfully diverted from CES by maintaining their current housing or quickly securing alternative housing arrangements outside the homeless service delivery system.

14. Contractor must document all services provided to participants, including CES Triage Tools, in HMIS.

**V. FACILITIES AND OPERATIONS**

15. Contractor must comply with the 2019 LAHSA Facility Standards. For a detailed description of the facility standard requirements please see the 2019 LAHSA Facility Standards.

**VI. GRIEVANCES, INCIDENTS, AND TERMINATIONS**

16. Please see 2019 LAHSA Program Standards for full description of Contractor requirements with regards to participant complaints and grievances, participant incidents, and termination of program participants.