CCHA Coordinated Entry Policies and Procedures

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**Overview**

**Purpose**

To be determined

**Governing Documents** (This section is borrowed from VCEH Policies with modification noted in comments)

(**HUD Continuum of Care (CoC) Interim Rule***https://*[*www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf*](http://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf%29)

*578.7 (a) (8)* In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish and operate either a centralized or coordinated assessment system that 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.

The Chittenden County Homeless Alliance (also known as CCHA, “the Alliance,” Chittenden Continuum of Care, or Chittenden CoC) is the HUD Continuum of Care that serves Chittenden County, VT.

**HUD Emergency Solutions Grant (ESG) Interim Rule***https://*[*www.hudexchange.info/resources/documents/HEARTH\_ESGInterimRule&ConPlanCo*](http://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRule%26ConPlanCo) *nformingAmendments.pdf*

* 1. *(d)* Centralized or coordinated assessment. Once the Continuum of Care has developed a centralized assessment system or a coordinated assessment system in accordance with requirements to be established by HUD, each ESG-funded program or project within the Continuum of Care’s area must use that assessment system. The recipient and subrecipient must work with the Continuum of Care to ensure the screening, assessment and referral of program participants are consistent with the written standards required by paragraph (e) of this section. A victim service provider may choose not to use the Continuum of Care’s centralized or coordinated assessment system.

The Vermont Office of Economic Opportunity is the ESG recipient for the state of Vermont. ESG funds are administered as part of the Housing Opportunity Grant Program (HOP).

**HUD Coordinated Entry Policy Brief (2015)**

*https://*[*www.hudexchange.info/resources/documents/Coordinated-Entry-*](http://www.hudexchange.info/resources/documents/Coordinated-Entry-) *Policy-Brief.pdf*

**HUD Coordinated Entry Notice CPD-17-01 – Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System (2017)**

[*https://www.hudexchange.info/resource/5208/notice-establishing-additional-requirements-for-a-continuum-of-care-centralized-or-coordinated-assessment-system/*](https://www.hudexchange.info/resource/5208/notice-establishing-additional-requirements-for-a-continuum-of-care-centralized-or-coordinated-assessment-system/)

**HUD Prioritization Notice CPD-16-11 – Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing (2016)**

[*https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf*](https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf)

**HUD Equal Access rule: 24 CFR 5.105(a)(2) and 5.106(b)**

[*https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/*](https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/)

**Chittenden County Homeless Aliiance Standing Rules (CoC Governance Charter)** [*http://helpingtohousevt.org/wp-content/uploads/2017/08/CCHA-Quarterly-Meeting-Minutes-2017September27-AppendixA-CCHA-Governance-Charter-2017-September-Signed.pdf*](http://helpingtohousevt.org/wp-content/uploads/2017/08/CCHA-Quarterly-Meeting-Minutes-2017September27-AppendixA-CCHA-Governance-Charter-2017-September-Signed.pdf)

**Geographic Area and Population**

CCHA covers the entirety of Chittenden County, VT. (The CoC that serves the other 13 counties in Vermont is called the VT Balance of State CoC. The VT Balance of State has established a separate coordinated entry process that serves the state of VT outside Chittenden County). The coordinated entry system outlined in this document is intended to serve persons within the geographic territory of Chittenden County.

Coordinated entry is intended to serve all individuals and households experiencing a housing crisis, defined as: ***Homeless*** or ***At-risk of Homelessness***, using the definitions adopted by HUD and the Vermont Agency of Human Services:

[*https://www.hudexchange.info/resources/documents/HomelessDefinition\_RecordkeepingRequirementsandCriteria.pdf*](https://www.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf)

[*https://www.hudexchange.info/resources/documents/AtRiskofHomelessnessDefinition\_Criteria.pdf*](https://www.hudexchange.info/resources/documents/AtRiskofHomelessnessDefinition_Criteria.pdf)

**Non-discrimination**

The coordinated entry system is intended to serve all individuals, regardless of race, color, national origin, religion, sexual orientation, gender identity, disability, age, sex, familial status, or marital status. All programs receiving Federal and State funds will comply with applicable civil rights and fair housing laws and requirements, and recipients and sub-recipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights law.

The CCHA operates the coordinated entry system in accordance with all federal statutes including, but not limited to: the Fair Housing Act, Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, and Title II and Title III of the Americans with Disabilities Act. All service providers, where assistance is provided through Community Planning and Development (CPD) programs, including assistance under the: HOME Investment Partnerships program (24 CFR part 92), Housing Trust Fund program (24 CFR part 93), Community Development Block Grant program (24 CFR part 570), Housing Opportunities for Persons With AIDS program (24 CFR part 574), Emergency Solutions Grants program (24 CFR part 576), Continuum of Care program (24 CFR part 578), or Rural Housing Stability Assistance Program (24 CFR part 579)., must ensure equal access to the HUD-assisted program in accordance with all General HUD Program requirement as specified in 24 CFR Part 5.

CCHA requires service providers to practice a person-centered model that incorporates participant choice and inclusion of all homeless subpopulations present in Chittenden County, including homeless veterans, youth, and families with children, individual adults, seniors, victims of domestic violence, sexual violence, dating violence or stalking, and Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex (LGBTQI) individuals and families. All CoC and ESG funded service providers must ensure that all people have fair and equal access to the coordinated entry process and all forms of assistance regardless of race, ethnicity, national origin, age, sex, familial status, religious preference, disability, type or amount of disability, gender identity, perceived gender identity, marital status, sexual orientation, or perceived sexual orientation.

**Grievance Policies**

Participant Grievances

This policy refers to participant grievances regarding the Coordinated Entry System only. If a participant has a grievance regarding a particular agency or representative of that agency, they should follow that agency’s grievance procedure.

The provider completing the Pre-Screen, assessment, and referral should address any complaints by participants as best as they can in the moment. Ideally, the person and the provider will to try to work out the problem directly as a first step in the process. If this does not resolve the issue, the person may begin the grievance procedure.

The person has the right to be assisted by an advocate of his/her choice (e.g., agency staff person, co-worker, friend, family member, etc.) at each step of the grievance process. The person has the right to withdraw his/her grievance at any time. Any grievance paperwork filed by a participant should note his/her name and contact information so the CoC Director can contact him/her to discuss the issues.

There are two levels of review available for each grievance:

Level 1 The first person to review the grievance is the CoC Director. The person with the grievance should contact the WI Balance of State CoC Director with a written statement describing the alleged violation of the Coordinated Entry System policies and procedures, and any actions taken on behalf of the person or agency to resolve the issue. The CoC Director will contact the agency in question to request a response to the grievance. Once the CoC Director has gathered relevant information about the situation, s/he will decide if the grievance is valid and determine what, if any, action needs to be taken.

If both the person and the provider agree, the process ends and the resolution is implemented.

If the person or the provider disagrees, the grievance moves to the next level.

Level 2 The WI BOSCOC Board of Directors President reviews the grievance if there is dissatisfaction with the Director’s resolution. The Board President may designate one or more Board members or other entity to review the situation. After gathering relevant information, the Board President or designated Board member(s) or other entity will inform the person and provider what will happen to resolve the grievance. This is the final step in the process and the decision of the Board of Directors is final.

Provider Grievances

It is the responsibility of all boards, staff, and volunteers of CoC-funded and ETH-funded projects to comply with the rules and regulations of the WI BOSCOC Coordinated Entry System. Anyone filing a complaint concerning a violation or suspected violation of the policies and procedures must be acting in good faith and have reasonable grounds for believing an agency is violating the Coordinated Entry System policies and procedures.

To file a grievance regarding the actions of an agency, contact the WI BOSCOC Director with a written statement describing the alleged violation of the Coordinated Entry System policies and procedures, and the steps taken to resolve the issue locally. The CoC Director will contact the agency in question to request a response to the grievance. Once the CoC Director has received all documentation s/he will decide if the grievance is valid and determine if further action needs to be taken. If the individual or agency filing the grievance, or the agency against whom the grievance is filed, is not satisfied with the determination they may file an appeal with the Balance of State Board of Directors President. This must be done by providing a written statement regarding the reasons for the appeal. The Board President will bring the matter to the Board of Directors for discussion and a final decision.

**Marketing and Outreach**

**Marketing**

TBD

**Outreach**

TBD

**Accessibility**

TBD

**Accessing the Coordinated Entry System**

**Access points**

The CES will attempt to model a no-wrong-door approach to the greatest extent possible with respect to accessing the CES. This means that service-users and partners will be engaged throughout the community in order to link quickly link them to the CES in the most efficient and direct manner possible. However, assessments will only be available through trained assessment partners.

**Street Outreach**

There are currently no CoC, ESG or HOP funded street outreach projects. If there future street outreach projects are funded through these funding streams, they will be required to participate in CE. Existing street outreach projects will be engaged and encouraged to participate in the CES.

**Safety Planning**

All providers, including non-victim service providers, must provide safe and confidential access to the Coordinated Entry System for all people, including those who are fleeing, or attempting to flee, domestic violence (including dating violence, sexual assault, trafficking, and/or stalking). This includes providing a private space for data collection and referral to the Non-HMIS Prioritization List if requested. All persons accessing the Coordinated Entry System are asked, via the Pre-Screen Form, if they are fleeing or attempting to flee domestic violence. If a person or persons are identified as fleeing or attempting to flee domestic violence, the provider, including non-victim service providers, must provide immediate referral to, and assistance accessing, emergency services, such as domestic violence hotlines and shelters. The person or persons has the right to decline any and all referrals to, or assistance with access to, emergency services. Declining referrals or assistance with access will not negatively impact the person’s access to the Coordinated Entry System. The CCHA will maintain a resource list of domestic violence resources in the community, including, but not limited to, contact information for hotlines, advocates, and shelters. This resource list will be made available to all persons accessing the Coordinated Entry System, regardless of whether they identify as a survivor of domestic violence. The resource list must be updated, at minimum, annually.

**Access to Emergency Services (taken from WISCBOS)**

Access to emergency services, such as domestic violence and emergency services hotlines, drop-in service programs, emergency shelters and motel voucher programs, or other short-term crisis residential programs, is not prioritized through the Coordinated Entry System. All persons in need of emergency services should be connected to those services as requested

**After-hours plan**

TBD

**Prevention Services (taken from WISCBOS)**

Agencies that receive ESG funds for a Homeless Prevention project are required to participate in Coordinated Entry (HUD Notice CPD-17-01). Agencies that have Homeless Prevention projects that are not ESG-funded are encouraged to use the Coordinated Entry System to prioritize their Prevention funding. There is a separate process for assessment and determining eligibility for homelessness prevention services, which is outlined in Section 4.

**Connection to Mainstream Resources (taken from WISCBOS)**

Providers are encouraged to provide referrals and assist with access to mainstream resources, health insurance, and community-based emergency assistance services, such as Food Share, Emergency Assistance, and applications for income assistance. Staff should be aware of all mainstream benefits available in the community in order to make appropriate referrals.

The CES should encourage providers of mainstream resources to become access points for the Coordinated Entry System.

**Privacy Protections (taken from WISCBOS)**

Maintaining the confidentiality of a person’s sensitive information is an important way of gaining the trust of those accessing the Coordinated Entry System, and ensuring vulnerable populations are protected from potential harm resulting from the collection and disclosure of sensitive information about their lives. All participating agencies and staff are expected to adhere to the following privacy protocols:

 Participant consent will be obtained in order to share and store information for the purposes of assessing and referring through the coordinated entry process. Verbal or written consent is obtained through the CCHA Service Point Release of Information, and prior to administering the housing assessment.

 Participants are free to decide what information they provide during the coordinated entry process.

 Providers and projects are prohibited from denying assessment or services to a participant if s/he refuses to provide certain pieces of information, unless that information is necessary to establish or document program eligibility per the applicable program regulation.

Providers and projects are prohibited from denying services if the person refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of personally identifying information as a condition of program participation.

 A person may not be denied access to the coordinated entry process on the basis of the person’s status or history as a victim of domestic violence.

 Records containing personally identifying information must be kept secure and confidential. The address of any family violence project must not be made public.

 The CCHACoordinated Entry System does not require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility.

 Participants must be informed of the ability to file a nondiscrimination complaint.

**Data Security Protections (borrowed from WISCBOS)**

The CCHA coordinated entry system uses both HMIS and a non-HMIS database to operate its referral process.

**HMIS Data Security Protections (WISCBOS)**

The Wisconsin HMIS is a collaborative project of the four Wisconsin Continua of Care (CoC) – Balance of State (BOS), Dane, Milwaukee, and Racine – the Institute for Community Alliances (ICA), and participating Partner Agencies. HMIS is an internet-based database that is used by homeless service organizations across Wisconsin to record and store client-level information about the numbers, characteristics and needs of homeless persons and those at risk of homelessness. The decision to use WI HMIS as the primary tool for Coordinated Entry was approved by WI BOSCOC. The “By Name” or “Prioritization” List that is created for each LCES is generated and reported from HMIS, and in order to access that list, a license is required.

Along with this Coordinated Entry Policy and Procedure Manual, there are several other documents relating specifically to HMIS that also must be adhered to when using HMIS for Coordinated Entry. These include the Governance Charter, Agency Partnership Agreement, WISP User Agreement and the most recently updated version of the HMIS Policies and Procedures Manual, with particular attention paid to any sections relating to data privacy and security. The Data Security and Privacy extends to those who may not have an HMIS license as well. It is the responsibility of those with an HMIS license to protect the data coming out of the system and not share any personally identifying information (PII) with those who do not have an HMIS license. This includes information from the Prioritization Lists. See the Data Security Policy in the HMIS Policies and Procedures Manual for more detailed information regarding the protection of client data and PII.

To see the entire data security and privacy policies for HMIS, please refer to the Institute for Community Alliances HMIS Policies and Procedures Manual. This manual is updated annually and approved by the HMIS Advisory Board. Any individual who consents to have his or her information shared in HMIS must sign the most recently updated version of the HMIS Release of Information.

**Non-HMIS Data Security Protections (WISCBOS)**

To accommodate domestic violence survivors and other households that do not consent to sharing their information in HMIS, coordinated entry referrals can be made to the Non-HMIS Prioritization List.

The Non-HMIS Prioritization List is a Google Doc that has two parts, a link to refer a person, and the prioritization list for each LCES. Each LCES has its own referral link and its own prioritization list. Any agency staff person that has signed the staff agreement and completed required coordinated entry trainings can receive the link to the referral survey. The questions on the survey mirror the questions asked in HMIS, and the staff person will choose a unique identifier for the individual or family, ensuring the Non-HMIS list contains no names. Once the survey is complete, the referral is generated in the Non-HMIS Prioritization List. The referral agency will not have access to the prioritization list to maintain the privacy of all persons on the list.

The Non-HMIS list is only accessible to the WI BOSCOC Director or other entity designated by the WI BOSCOC Board of Directors, and the Non-HMIS List Holder for the LCES. Each LCES is required to have a List Holder who will be the only person in the LCES able to access the non-HMIS list for the LCES. An LCES can designate a back-up List Holder who can also access the non-HMIS list when the List Holder is unavailable for long periods of time. The List Holder and back-up List Holder must attend all required trainings and complete any homework that is assigned by the trainer. The List Holder is responsible for giving the link to the non-HMIS survey to participating agency staff after training requirements have been successfully completed. The List Holder is not allowed to give the link to the non-HMIS list to anyone else. The back-up List Holder can only access the non-HMIS list when the List Holder is unavailable.

When a housing provider has an opening, the appropriate staff person will identify the highest-prioritized individual or family for the program on the HMIS Prioritization List. The provider will then contact the Non-HMIS List Holder to determine if there is an individual or family that is prioritized higher than the individual or family in HMIS. If the individual or family on the Non-HMIS List is highest prioritized, the List Holder will contact the referring agency to inform them of a program opening. The referring agency will have the individual or family sign a Release of Information to share information with the housing provider in order to facilitate the move to permanent housing.

**The Coordinated Entry Process**

The Coordinated Entry Process has four distinct elements: Access, Assessment, Prioritization and Referral. HUD explains how these elements interact accordingly:

“Established (1) access points use a standardized (2) assessment process to gather information on people’s needs, preferences, and the barriers they face to regaining housing. Once the assessment has identified the most vulnerable people with the highest needs, the CoC follows established policies and procedures to (3) prioritize households for (4) referral to appropriate and available housing and supportive services resources (“projects”).”

The CCHA Coordinated Entry Process will be facilitated through Service Point (excluding DV households). With respect to Service Point, there are two main stages to the process: placing persons on the Master List and removing persons from the Master List.

The following section will describe all of these elements and stages.

 **Access Points**

Persons seeking assistance can connect with the CES in multiple ways through various access points. The main goal of access points in CES will be to safely connect persons in the quickest and most direct manner possible with an assessment partner who can begin the assessment process.

Some access points will be assessment partners who can begin the assessment process, and some will not. Assessment providers must be trained in how to administer and provide CES assessments. Access points that are not assessment providers will be trained in how to make a direct referral to an assessment provider.

**Participant Consent and Pre-Screen**

When an individual or family contacts a service provider for housing assistance, several documents are completed. First, a Pre-Screen Form is completed to gather sufficient information to determine if referral to the Prioritization List is appropriate (e.g. person or persons are homeless and unable to secure housing on their own). The Pre-Screen Form gathers the minimum information needed to make a referral to the Prioritization List. At the bottom of the second page is a short statement to obtain the person’s consent to share information for the purposes of referral. This form can be completed in person or over the phone (Appendix H).

If the individual or family is appropriate to refer to the Prioritization List, the provider reviews the Coordinated Entry Client Rights and Responsibilities with the person(s), and obtains written or verbal confirmation of his/her understanding of these rights and responsibilities (Appendix C).

The provider asks the person(s) if they would like to be referred to the HMIS or Non-HMIS Prioritization List. If the person chooses to be referred to the HMIS Prioritization List, the provider will review the WI Service Point Release of Information and obtain written or verbal consent to share data in HMIS. The most recent version of the WI Service Point Release of Information can be downloaded from the ICA website at www.icalliances.org. If the person chooses to be referred to the Non-HMIS Prioritization List, no additional Release of Information is necessary.

If the person(s) declines a referral to either Prioritization List, this must be noted on the Pre-Screen Form and kept on file with the agency. The agency must inform the person(s) of their right to ask to be referred to the Prioritization List in the future.

It is recommended that the Pre-Screen Form, Client Rights and Responsibilities, and WI Service Point Release of Information be uploaded into HMIS.

**Assessment**

HUD allows a CoC to customize its assessment processes and tools for only five designated subpopulations – single adults, adults with children, unaccompanied youth, households fleeing or attempting to flee domestic violence, and persons at imminent risk of literal homelessness. The CCHA uses different assessment tools for single adults, adults with children, unaccompanied youth, and households fleeing or attempting to flee domestic violence (see below). The CCHA uses a different referral process for households fleeing or attempting to flee domestic violence (Non-HMIS Prioritization List).

All staff should be trained in using a trauma-informed approach to conducting assessments to reduce the risk of re-traumatization. The assessment space and manner of conducting the assessment should provide privacy to allow people to safely reveal sensitive information or safety issues. This includes gathering information from each adult in the household separately or gathering specific information from adults without the presence of children, if appropriate.

The CCHA utilizes four tools for the purpose of prioritizing individuals and families for housing services. Each tool includes three components: HMIS Universal Data Elements, which may be updated for returning clients, a Sustainability Index (title??), which may be updated periodically as financial circumstances change for a household, and a vulnerability assessment, which is only required to be done once with a with the head of household.

**Placement on Master List**

Once an assessment partner has completed an assessment with a household, they will enter the data gathered from the assessment into Service Point. Assessment partners can either complete assessments directly in Service Point or first complete assessments on paper and then enter the data from the paper assessment into Service Point.

**Referral to Housing Specialist and/or Case Manager for Housing Navigation Services**

If a household is in interested in Housing Navigation and unconnected to a case worker already, the provider completing the assessment (at an assessment hub) will make a referral for Housing Navigation. Housing Specialists and Case Managers will meet weekly to collaboratively assign new households for Housing Case Management. Once the hand-off to a Housing Specialist occurs, the Housing Specialist will be responsible for providing all follow up services (including applications, documentation, etc.) and serve as the primary contact for the household.

**Follow-up**

Assigned Housing Specialists will be responsible for providing follow up services to households after they have been referred to the Master List. If a household is not assigned to a Housing Specialist or does not have a case worker that is a primary contact, the assessment provider that referred the household to the Master List will be responsible for follow up to update the household’s status on the Master List.

**Master List**

The CES will maintain a Master List that includes all households (individuals and families) experiencing homelessness that have participated in the assessment process.

The Master List is used to guide referrals to the following housing interventions:

* Rapid Re-housing (RRH)
* Permanent Supportive Housing (PSH)
* Other Mainstream Housing (non-homeless specific)

All RRH and PSH programs must take referrals exclusively from the Coordinated Entry Process. Mainstream Housing and Resources are encouraged but not required to take referrals from the Coordinated Entry Process.

Agencies making referrals to the Master List are responsible for following up with the households they refer to determine whether they are still in need of permanent or transitional housing, until another provider has assumed this responsibility. Follow-up contact will occur at a minimum every 30 days. If still in need of housing, the agency should update contact information if needed. If they no longer need housing, the agency can delete the referral to remove the individual or family from the Master List.

Providers that contact an individual or family to offer services and find out the household is no longer in need, can close the referral to the Master List in ServicePoint, even if that provider did not make the referral to the Master List.

If the referring agency or housing provider is unable to contact a person on the Prioritization List after three attempts, this should be documented in the follow-up assessment in HMIS or communicated to the Non-HMIS List Holder. After 90 days of no contact, the referral should be cancelled from the Prioritization List. If the person makes contact with a participating agency, s/he can request to be placed back on the Prioritization List. This should be done by the agency that receives the request from the person.

**Prioritization**

The CES will utilize a master list populated through Service Point (excluding DV households not entered into HMIS) to generate specific prioritization lists for various types of housing interventions including PSH, RRH, and Homelessness Prevention Assistance. The various prioritization lists will be generated according to consistent prioritization protocols for each respective type of housing intervention.

After assessments are completed and assessment data is entered into Service Point, households will be added to the CES master list and referred based on standardized prioritization protocol to the appropriate review team for referral to specific housing programs. The role of review teams will be outlined in the next section (Referral).

Specific prioritization protocols will be outlined for the following types of resources: Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), and Homelessness Prevention assistance.

Permanent Supportive Housing (PSH):

PSH will be prioritized according to Vulnerability and Length of homelessness. This specific prioritization for PSH is already established by the CCHA through the PSH Review process. It is recommended that the PSH Review process is revised and updated to more specifically reference and accurately reflect HUD guidelines and recommendations for prioritization of PSH beds. A specific order of priority for length of homelessness and vulnerability should be included.

PSH beds will be prioritized for persons experiencing chronic homelessness (per HUD definition) by vulnerability or severity of service need (determined and scored through the vulnerability portion of the CES assessment irrespective of barriers to sustainability) and length of homelessness. Client preferences and program specificities will be considered in matching households with the most appropriate housing; the goal in matching will be to determine the best fit in terms of client preference and need and program services.

Rapid Rehousing (RRH)

RRH will be prioritized according to two factors: vulnerability/severity of service need and likelihood to attain housing stability. RRH will be prioritized for households who have limited financial barriers to attaining housing stability (as determined through the CES assessment). Among these households, RRH will be prioritized according to vulnerability as determined by the vulnerability assessment.

Order of priority for RRH from highest to lowest:

1. Low financial barriers to sustainability + high vulnerability

2. Low financial barriers to sustainability + low vulnerability

3. High financial barriers to sustainability + high vulnerability

4. High financial barriers to sustainability + low vulnerability

**Referral to Program**

Review Teams will manage the referral process to match households on the Master List (and corresponding Priority Lists) to specific programs and housing interventions for which they may be eligible. There will be three review teams: the Permanent Supportive Housing Review Committee, the Housing Review Team, and the Community Housing Review Team (title?)

*Projects that receive the following funding for homelessness assistance may only enroll individuals and/or families experiencing homelessness or who are at imminent risk of homelessness if they are on the Master List and are referred through the appropriate review team:*

* Continuum of Care (CoC) Program-funded: Shelter+Care, Rapid Re-housing
* Housing Opportunity Grant Program (HOP)-funded: Rapid Re-housing
* Supportive Services for Veteran Families (SSVF): Rapid Re-housing

Other Rapid Re-housing, Transitional Housing and Permanent Supportive Housing Programs are encouraged to participate by signing the Local Partnership Agreement.

Permanent Supportive Housing Review Committee

This PSH Review Committee will be in charge of reviewing the priority list for PSH and coordinating referrals to the various PSH programs as vacancies come available. The committee will work to ensure the effective operationalization of the CES prioritization policy for PSH (set by the CCHA). The PSH Review Committee will be responsible for making direct referrals to particular PSH programs; all referrals to PSH programs must come from the committee. All CoC Program-funded PSH programs must take referrals exclusively from the PSH Review Committee.

The PSH Review Committee will make the final decisions on prioritization and referral to PSH programs according to the PSH prioritization protocol. The Committee will consider four aspects in making prioritization decisions and referrals to PSH programs: 1) length of time homeless; 2) vulnerability assessment score; 3) qualitative data provided through case conferencing; and 4) client preference and program fit. Regarding (4), “program fit” will not be used to screen people out of available housing resources, but will be considered solely with respect to client preference. Case conferencing will be used to ensure the prioritization decisions made are accurately aligning with the prioritization principle of vulnerability/severity of service need.

Housing Review Team

The HRT will be responsible for reviewing the RRH prioritization list to prioritize households for RRH and Prevention assistance according to RRH prioritization protocol. All referrals to CoC Program-funded and HOP-funded RRH programs must come exclusively from the HRT.

Community Housing Review Team

A group of service and housing providers participating in CE will meet regularly to review the Master List and explore housing referral options outside of PSH and RRH.

**Determining Eligibility**

The Coordinated Entry System is not responsible for determining project eligibility or maintaining eligibility documentation after a referral to the Prioritization List is made. Individual projects have the ultimate responsibility for determining the eligibility of prospective participants, and collecting and maintaining eligibility documentation.

**Project Enrollment**

It is prohibited for any CoC-funded or ESG-funded housing project to serve individuals and/or families experiencing homelessness or who are at imminent risk of homelessness, without the household first going through the Coordinated Entry System and receiving a referral to the Prioritization List.

Once the project has verified and documented a household’s eligibility, and the person(s) has accepted the offer of housing assistance and supportive services, the project can enroll the household.

**Training**

**Evaluation**

**Appendices**