Minutes of the
Homeless Continuum of Care of Stark County's
July 12, 2017 Central Intake and Assessment Committee Meeting

Attendance.   The following members of the Central Intake and Assessment Committee attended the meeting: Frank Aquino; Renee Biggums; Amy Dornack; Amanda Fletcher; Jennifer Keaton; Teresa Ponchak; Shirene Starn Tapyrik; Lisa Waikem; and Jean Van Ness. HCCSC Board Chair and Stark Housing Network Executive Director Kurt Williams also attended the meeting along with the Network's Executive Assistant, Melissa Terrell.

Approval of Minutes. Jean opened the meeting shortly after 10 a.m. and requested a motion to approve the minutes of the Committee's June 14, 2017, meeting. Jennifer Keaton moved that the minutes be approved, and Renee seconded the motion. The motion pass by a unanimous vote of those present.

Review of Changes to the Standardized Assessment Guide.   The Committee reviewed changes to the Central Intake and Standardized Assessment Guide that Jean made in response to feedback received at the June meeting. These changes were highlighted in yellow on a copy of the guide distributed before the meeting and attached to these minutes as Attachment A. There was consensus that the changes were acceptable with the following exceptions:

1. In Section II (p.3) and thereafter, the Homeless Hotline should be referred to as "Homeless Navigation (Hotline)."

2. The Committee discussed the additional changes made to Section II.B., which deals with marketing the Hotline. In response to a suggestion from Shirene, the Committee agreed that there a short-term committee should be formed to develop a marketing plan by the end of January. Shirene and Kurt agreed to serve on this committee and recruit others to serve.

3. In the third sentence of Section II. E., the reference to "homeless outreach services" will be changed to read "homeless outreach contacts."

4. With respect to Section VI governing transfers between PSH projects, the committee agreed on the following:

    - The freestanding policy that repeats the procedures included in this section should be eliminated
    - The process for effecting transfers should be transparent
    - In the current letters requesting transfers, the reasons stated for the requested transfer are often vague and that a form should be developed for requesting and approving transfers that clearly states the "real reasons." (Jennifer is working on this.)
    - There ought to be a committee that would convene within a day or two of a request for a transfer to review and rule on the request.
    - We should not be erecting any barriers to transfers in cases where a client is merely requesting reasonable accommodation for a disability

Discussion of Policies Ensuring Access for Homeless Encountered by Street Outreach Staff. Next, Jean solicited feedback from the Committee on a new Section II.D. for inclusion in the Central Intake and

Assessment Guide. This section, which is attached to these minutes as Attachment B, deals with procedures for providing access to coordinated entry for people encountered by street outreach projects. The following comments were made about this section:

1. The Committee agreed that it would be a good idea for street outreach staff to be recording information about their contacts with people on the streets to help document episodes of homelessness.

2. In the first sentence of Section D.2.b., we should require Hotline staff to upload within 2 days information received from outreach staff or volunteers that will help document episodes of homelessness.

Amanda indicated that, before the next meeting, she would ask Michele Caldwell to review this new section and confirm that PATH staff are willing and able to do what this section requires.

Discussion of Flowchart Prepared for Case Management Workers. Teresa Ponchak reviewed a flowchart that she had been developing for behavioral health case managers to help them identify steps they can take to address the needs of clients for permanent housing. The Committee thanked Teresa for her efforts and complimented the results. They discussed how the flowchart could be adapted for use by persons other than case managers to market coordinated entry services and suggested some changes (such as eliminating acronyms) that would help make the flowchart more user-friendly for other groups. Teresa indicated that she would be continuing to refine the chart.

Discussion of Issues Raised by New Coordinated Entry Guidebook. Jean distributed to the Committee a document she had prepared entitled "Issues to be Resolved in Revising Coordinated Entry Policies". This document, which is attached to these minutes as Attachment C, consisted of excerpts from the new guidebook entitled Coordinated Entry Core Elements that HUD issued on June 15. In addition, the document included questions these excerpts raised in Jean's mind about HUD's standards and expectations. In reviewing this document together, Committee members made the following suggestions/comments:

1. Amanda suggested looking at HUD's Affirmative Action Marketing Form for clues about how HUD expects CoCs to market coordinated entry.

2. There was general agreement that, if at all possible, we should use some of the 16 hours of technical assistance we have available from HUD to obtain clarification of some of the questions raised by this and other HUD guidance and, if at all possible, arrange for a TA provider to attend the Committee's next meet to discuss various topics, including:

   - The extent to which persons can withhold information during assessment without suffering any adverse consequences
   - The extent to which clients can reject housing and services offered without suffering any adverse consequences
   - How assessor judgment can be used in prioritizing persons for housing/services without undermining the objectivity/standardization that seemed to be HUD's purpose in requiring use of a standardized assessment tool.
   - Whether HUD expects communities to use RRH to house people who qualify for PSH when there is no PSH available immediately.

2

Other Business. During the course of these various discussions, the Committee also appeared to reach consensus about the following matters:

1. The need for guidelines on what the CoC should do with "circlers," i.e., people who circulate from one project to another; and

2. That transfers between shelters should not be allowed.

Adjournment. There being no further business, the meeting was adjourned around noon.

The Homeless Continuum of Care of Stark County's
Central Intake and Standardized Assessment Guide

I. **Overview of the HCCSC Central Intake and Standardized Assessment, and Service Prioritization System**

    A. <u>Purpose</u>. The policies and procedures below govern the operation of the system that the Homeless Continuum of Care of Stark County (HCCSC) has established for central intake, standardized assessment, and prioritization of requests for shelter, housing, and services made by individuals and families who are homeless or at risk of losing their housing. The purpose of this system is to ensure that Stark County:

- Accurately tracks the number and characteristics of individuals and families that are homeless or at risk of homelessness; the assistance they receive; and the efficacy of that assistance in securing stable housing for those individuals and families;

- Assesses in a fair and consistent manner all requests for help in securing or stabilizing housing and follows uniform rules in prioritizing those requests; and

- Publicizes available homeless services, making them as understandable and accessible as possible for individuals and families that need those services.

    B. <u>Participation in the System and Use of this Guide</u>. All homeless service providers in Stark County that are receiving Continuum of Care (CoC) or Emergency Solutions Grant (ESG) funds or funds from Ohio Development Services Agency programs, including the Homeless Crisis Response Program, are required to (1) participate in the central intake, standardized assessment, and service prioritization system and (2) follow this guide and the HCCSC's *Policies Governing Eligibility and Prioritization to Receive Assistance and Standards for Administering Assistance* in prioritizing eligible individuals and families for service. In addition, the Collaborative Applicant~~Continuum of Care Planner~~ will make every effort to encourage other Stark County providers of housing and services for the homeless to participate in this system and follow the policies and procedures established for its operation~~in this guide~~.

C. <u>Management of Central Intake and Standardized Assessment</u>. The Homeless Hotline and HMIS staff is responsible for operating the central intake and standardized assessment system; prioritizing clients for assistance based on their assessments and on the HCCSC's *Policies Governing Eligibility and Prioritization to Receive Assistance and Standards for Administering Assistance*; maintaining <u>one or more</u> ~~a~~ list<u>s</u> of clients prioritized for emergency shelter <u>and</u>~~or~~ housing; and referring clients to prevention services and emergency shelter.   Quality Assurance Workgroups help Hotline and HMIS staff ensure that the system is working properly, and the HCCSC Board's Central Intake, ~~Standardized~~ Assessment, and ~~Service~~ Prioritization Committee oversees the operations of the system as a whole. The HCCSC Board is ultimately responsible for approving any changes to the system.

D. <u>Quality Assurance Workgroups.</u>

   1. <u>Various Groups and Their Composition.</u>   Every provider participating in HCCSC's central intake, standardized assessment, and service prioritization system is expected to participate in each "Quality Assurance Workgroup" relevant to its projects. The workgroups are:

      a. Supportive Housing (Transitional Housing, Safe <u> </u>Haven, and Permanent Supportive Housing projects)

      b. Prevention and Rapid Re-housing

      <mark><u>c.</u></mark>   <mark><u>Emergency Shelters</u><u>; and</u></mark>

      ~~c.~~<u>d.</u> ~~and~~ Outreach Programs<mark>.</mark>

   2. <u>Workgroup Chairs.</u> <u>A representative of the Collaborative Applicant</u> ~~The CoC Planner~~ and the HMIS Program Manager will co-chair all of the workgroups.

   3. <u>Frequency of Meetings.</u> Each Quality Assurance Workgroup will meet as often as necessary to ensure the prompt resolution of any problems regarding referrals and admissions to the projects within their purview.

   4. <u>Scope of Work.</u> It is the responsibility of the Quality Assurance Workgroups to determine whether central intake and standardized assessment, prioritization, and project admissions policies and procedures are working fairly and effectively for the

Formatted: Font: 11 pt, Underline, Highlight

Formatted: Font: 12 pt, Highlight

Formatted: Left, Indent: Left: 0.5", Space After: 10 pt, No bullets or numbering, Tab stops: Not at 0.25" + 1"

projects within their purview and to recommend improvements where needed. Among other things, the workgroups are expected:

a. To provide feedback on the accuracy of the Hotline's client assessments, prioritizations, and referrals for shelter and housing and to recommend changes to improve the quality of the Hotline's decisions in these areas;

b. To provide feedback on procedures governing intake, assessment, referral, and project admission and recommend changes where appropriate;

c. To provide feedback on policies governing the eligibility of clients for projects within their purview as well as on policies governing client exclusion and termination and recommend changes where appropriate;

d. To consider cases in which clients or prospective clients make complaints to the Collaborative Applicant about exclusions, terminations, or discriminatory treatment by projects within their purview;

e. To review projects within their purview that have established a pattern of bypassing higher priority clients on the central prioritization list to serve lower ranked ones when there are no approved or required eligibility restrictions that account for these deviations; analyze the reasons for these deviations; and make recommendations to ensure that projects are appropriately prioritizing individuals and families; and

f. To work together to review individual cases and develop housing solutions for chronically homeless or otherwise hard-to-serve clients.

II. ~~Central Intake and Standardized Assessment by the Homeless Hotline~~ **Access to Central Intake and Assessment Through the Homeless Hotline**

A. Role of Homeless Hotline –Overview. All persons seeking help in responding to a housing crisis (clients) must be referred initially to the Homeless Navigation Hotline (the Hotline). Hotline staff will be responsible for:

1. Pre-screening clients to determine whether they are victims of domestic violence and whether they have the resources to obtain shelter and housing without formal entry into the homeless system;

Formatted: Highlight

2. Diverting from the homeless system clients who have other resources and support networks; and

3. Conducting a formal intake and standardized assessment of those who are not diverted.

B. Marketing the Hotline. The HCCSC will take the following steps to market the Hotline to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status:

1. Prominently publicize the role of the Hotline in linking persons experiencing housing crises with housing and supportive services on its website along with contact information for the Hotline, including a phone number, e-mail address, and FAX number.

2. Ensure that, at least once a year, information about the role of the Hotline and contact information for the Hotline is delivered to all police and emergency services departments in Stark County as well as to all schools, hospitals, city councils, county commissioners, and township trustees;

3. Attempt to identify organizations that serve individuals with language barriers that may prevent them from accessing information about the Hotline and ensure that, at least once a year, they receive information about the role of the Hotline and contact information for the Hotline;

4. Attempt to identify organizations that target services to populations protected by fair housing and equal access laws and ensure that, at least once a year, they receive information about the role of the Hotline and contact information for the Hotline; and

5. Ensure that, when people in Stark County who are seeking help in solving a housing crisis call 2-1-1, they are referred to the Hotline.

C. Access for Non-English Speakers and Others With Communication Challenges.

1. Initial Access by Phone, E-mail, or FAX. Anyone seeking help through the Hotline to solve a housing crisis must make initial contact with the Hotline by phone, e-mail, or FAX.

2. Identifying Need for Communication Assistance. Hotline staff must respond promptly to each phone call, e-mail, or FAX requesting help and determine in each case whether the person requesting help requires special assistance in communicating his or her needs and completing the Hotline's standardized assessment process.

3. Addressing Need for Communication Assistance. It is the responsibility of the Hotline staff to do the following to address the needs of individuals who cannot communicate effectively with Hotline staff without special assistance:

   a. Maintain a list of resources available to provide translation services or other communication services or devices to individuals who need help in communicating with Hotline staff;

   b. Use those resources as appropriate to eliminate any barriers to communication with people contacting the Hotline; and

   c. As much as possible, honor the preferences of the caller in selecting the services or devices that will be used to eliminate communication barriers.

D. Access for People Encountered by Street Outreach Projects.

   1. Responsibilities of Street Outreach Program Staff to Facilitate Access.

      a. Responsibilities in General. Street outreach projects funded by the CoC or ESG programs and other outreach programs cooperating with the HCCSC will encourage homeless people they on the streets or in other places not meant for human habitation to register with the Hotline. In addition, outreach staff will facilitate registration by providing the homeless people they encounter with the means to contact the Hotline by phone, e-mail, or FAX and working with them to complete the Hotline's intake and assessment process.

      b. Responsibilities When Homeless Person Declines to Contact the Hotline. When outreach staff cannot persuade a person living on the street or in other places not meant for human habitation to register with or undergo assessment by the Hotline, they will make every effort to collect basic information about the person (at least their name and date of birth) and share that information with Hotline staff so that staff can create a record of the person's current episode of homelessness.   In addition, as long as the person remains on the street or in place

not meant for human habitation, outreach staff will attempt to maintain contact with the person and report those contacts to the Hotline.

2. Responsibilities of Hotline Staff. In dealing with homeless persons encountered by street outreach, Hotline staff will follow the same policies and procedures it follows in deaing with other persons who make contact with the Hotline, using outreach staff as needed to facilitate completion of the central intake and assessment process. In the case of homeless persons who decline to comple central intake and assessment even with the help of outreach staff, as long as Hotline staff have sufficient information to clearly identify those persons, they will preserve for at least three years records of their homeless episodes as reported by outreach staff.

E. Hotline Hours and Access to Emergency Services After Hours. The Hotline staff is on duty from 8:30 a.m. to 4:00 p.m., Monday through Friday. During hours when the staff is not on duty, calls to the Hotline will be answered by the staff of Crisis Intervention and Recovery Service (Crisis Intervention). Crisis Intervention staff will maintain current information about, homeless outreach services, shelters, and other emergency services and share that information with callers experiencing an urgent housing crisis. For all clients attempting to contact the Hotline after hours, Crisis Intervention staff will collect names and contact information and share them with Hotline staff on the next day Hotline staff is on duty. It will be the responsibility of the Hotline staff to follow up with these callers as soon as possible after they receive their names and contact information from Crisis Intervention.

1.

III. The Central Intake and Assessment Process

2. A. Pre-screening for Presence of Domestic Violence and Human Trafficking. When clients initially contact the Hotline for help, Hotline staff will ask whether they are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and whether they are victims of human trafficking.

1. Cases of Positive Screening for Domestic Violence. In cases where callers report that they are (1) fleeing or attempting to flee violence or stalking and are in imminent danger or (2) are experiencing homelessness to which domestic violence or stalking has been a contributing factor, Hotline staff will ask the clients their preference and refer them either to Domestic Violence Project, Inc. (with shelters in Canton and Massillon) or the Alliance Area Domestic Violence Shelter, informing them that these organizations specialize in serving people with current safety concerns. If eligible

clients are unwilling to contact a domestic violence project, the Hotline staff will proceed to conduct intake and assessment following the policies outlined below in Section II.D.3.

2. <u>Cases of Positive Screening for Human Trafficking</u>. In cases where callers report that they are victims of human trafficking, Hotline staff will ask whether the clients wish to be referred to Domestic Violence Project, Inc. (with shelters in Canton and Massillon), informing them that this organization specializes in serving survivors of human trafficking. If eligible clients are unwilling to contact Domestic Violence Project, Inc., the Hotline staff will proceed to conduct intake and assessment following the policies outlined below in Section II.D.3.

~~B.~~F.   B. <u>Pre-Screening for Diversion</u>. Before conducting a formal intake, Hotline staff will collect, at a minimum, a client's name, date of birth, <u>and </u>the last four digits of their social security number, a<u>long with</u>~~nd~~ information gathered through a<u>n</u> HCCSC-approved diversion questionnaire to determine whether the client has the resources and support networks necessary to maintain or obtain housing. If clients have such resources, Hotline staff will advise them that they do not qualify for homeless services and refer them to appropriate mainstream resources.   In all cases in which clients are safely housed, the Hotline staff will urge them to stay where they are as long as possible and work independently (with appropriate referrals from the Hotline) to pursue other options available to them.

~~3.~~ C. <u>Formal Intake and Standardized Assessment of C~~l~~ients Not Diverted</u>

1. <u>Formal Intake – In General.</u> If a client lacks alternatives to entering the homeless system, the Hotline staff will conduct a formal intake, collecting all the HUD-required universal data elements, program-specific elements, and other data required by federal regulations or HCCSC policies, and entering that data directly into the HCCSC's Homeless Management Information System (HMIS).

2. <u>Standardized Assessment – In General.</u> For all clients admitted to the homeless system through formal intake, the Hotline staff will conduct an assessment using the Service Prioritization and Assistance Decision Tool (SPDAT).

3. <u>Intake and Standardized Assessment for Clients Who Have First Contacted Domestic Violence Projects</u>.

a. <u>Clients Not Admitted to Domestic Violence Projects.</u>   In cases where domestic violence projects cannot serve clients that have contacted them for help, the projects will refer the clients to or, in the case of clients referred to the project by the Hotline, refer them back to the Hotline and work with the Hotline as necessary to facilitate formal intake and standardized assessment.

b. <u>Clients Admitted to Domestic Violence Projects</u>. For clients referred by the Hotline and admitted to a domestic violence project who need additional homeless services, the domestic violence project will help them contact the Hotline and work with the Hotline as necessary to facilitate their formal intake and standardized assessment as soon as possible after their admission.

c. <u>Special Intake Protocols for Domestic Violence Victims</u>.

In all cases where intake is conducted for individuals reporting that they are victims of domestic violence or human trafficking, the following rules will apply:

   i.   The Hotline staff will collect no more information about the clients than they are comfortable sharing and will make the accommodations necessary to preserve the safety of clients and safeguard from disclosure their identity and location;

   ii.   The Hotline staff will contact staff from domestic violence projects for advice in any instances in which they are unsure about the best course of action to take to keep clients safe; and

   iii. The effective date and time of the intake will be the date and time that the clients first contacted the Hotline.

4. <u>Special Intake Protocols for Veterans</u>:

   a. <u>Hotline Duties</u>. As part of its initial screening of callers, the Hotline will determine whether callers are veterans. If they are, the Hotline will:

   i.   Give them contact information for the Veterans Services Commission of Stark County and the Veterans Administration's Community Resources and Referral Center in Akron and advise them to contact those agencies to find out what housing and services are available to them as veterans; and

ii. After conducting a full intake and assessment, alert the HCCSC's Veterans' Coordinator to that intake.

b. Duties of Veterans' Coordinator. The HCCSC's Veterans' Coordinator will maintain a master list of all homeless veterans in Stark County and will coordinate efforts with the Veterans Services Commission and the Veterans Administration to:

i. Determine the eligibility of those on the list for special benefits and resources that are available to help veterans secure stable, affordable housing;

ii. Provide them with necessary assistance in accessing those special benefits and resources; and

iii. Maximize use of the special benefits and resources and, where they are not available, other resources to house the veterans as quickly as possible.

~~Access to Hotline Services for Non-English Speakers and Others. The Hotline will have appropriate services and/or technology in place to enable staff members to communicate with non-English speakers and people with communication impairment~~

~~4. Hotline Hours. The Hotline is available to receive calls from 8:30 a.m. to 4:00 p.m., Monday through Friday. During hours when the Hotline is not open, individuals and families needing emergency housing assistance may call Crisis Intervention and Recovery Services. Hotline and Crisis staff will work together to ensure that the Hotline (1) promptly receives notice of any clients who have called Crisis with emergency housing needs and (2) has the information it needs to contact those clients and process them as soon as possible for intake.~~

III.**IV. Service Referral and Prioritization by the Hotline**

A. Referral to Shelters. If, based on information collected during intake, the Hotline staff determines that clients are eligible for emergency shelter, they will discuss available options with the clients; determine which, if any, available options the clients prefer and notify the shelter of the referral. If no shelter beds are available, Hotline staff will place the clients on the central prioritization list described in Section IV below, following the rules outlined in HCCSC's *Policies Governing Eligibility and Prioritization to Receive CoC Assistance and Standards for Administering Assistance*.

B. Prevention Services for Those at Risk of Homelessness. If, based on information collected during intake, the Hotline staff determines that clients are at risk of losing

their homes within the next 21 days and are otherwise eligible for available prevention services, the Hotline staff will place them on a prioritization list for prevention services.

C. Pilot: Shelter Diversion services for Those Requesting Shelter. If, based on information collected during intake, the Hotline staff determines that clients on the Hotline's prioritization list of those precariously housed are eligible for shelter diversion pilot project services, the staff will inform the clients of the shelter diversion pilot project using a uniform description provided by the project and instruct them to send income verification to the project to indicate their commitment to enrolling.

D. Prioritization for Housing. If, based on information collected during intake, Hotline staff determines that clients are likely to be eligible for housing services, they will place the clients on the Central Prioritization List described in Section IV below, following the rules outlined in HCCSC's *Policies Governing Eligibility and Prioritization to Receive CoC Assistance and Standards for Administering Assistance*.

III. ~~IV~~The Central Prioritization List

A. Hotline's Role in Maintaining a Central Prioritization List. The Hotline will maintain a central prioritization list of clients awaiting emergency shelter or housing and assign places on that waiting list to registered clients in the order prescribed by HCCSC's *Policies Governing Eligibility and Prioritization to Receive CoC Assistance and Standards for Administering Assistance*.

B. Referrals to Emergency Shelters.

1. Referrals from the Hotline. All shelters receiving Emergency Solutions Grant, Homeless Crisis Response Program, or Ohio Development Services Agency funds as well as all other cooperating shelters will update their inventory of available beds as changes occur. Based on these inventories, the Hotline will refer the clients to available shelter beds in the order in which they are ranked on the central prioritization list. Participating shelters will not accept referrals from any other source except during hours when the Hotline is closed.

2. Referrals from Other Sources When the Hotline is Closed. The following rules apply when shelters accept referrals from sources other than the Hotline when the Hotline is closed:

    a. Within 24 hours after the Hotline has reopened, a shelter must notify the Hotline of any clients accepted during the time it was closed and facilitate central intake for those clients.

    b. No shelter may guarantee ongoing shelter to any client accepted from other sources during hours when the Hotline is closed.

3. <u>Documentation by Shelter of Refusal to Admit or Retain Referred Client</u>. In the event that a shelter refuses to admit a client referred to it or expels a client after admission, it must note the reasons for its action in HMIS.

C. <u>Creation and Required Use of the Prioritization Lists by Housing Projects.</u>

1. <u>Creation of Prioritization Lists</u>. For all categories of housing, the Hotline will create a list of clients awaiting service that will be accessible online to housing projects. On that list, clients will be prioritized for service as follows:

    a. Clients who have been verified as chronically homeless will be placed at the top of the list in descending order based on their SPDAT scores so that clients with higher SPDAT scores receive a higher placement on the list; and

    b. All other clients will be placed on the list in descending order based on their SPDAT scores.

2. <u>Provider Use of Prioritization Lists.</u> To the extent they can do so without violating applicable legal or funding restrictions, rapid re-housing, transitional housing, safe haven, and permanent supportive housing projects receiving Continuum of Care, Emergency Solutions Grant, or Ohio Development Services Agency funds as well as other cooperating projects should offer available units only to clients on the central prioritization list and only in the order in which they are ranked on that list. (Certain exceptions to this general rule are explained in HCCSC's *Policies Governing Eligibility and Prioritization for CoC Assistance and Standards for Administering Assistance.)*

D. <u>Duty of Projects to Update the Hotline and the Prioritization List</u>.

1. <u>Informing the Hotline of Vacancies</u>. When vacancies occur, housing projects must report them immediately to HMIS staff by secure means and inform the Hotline when the vacated bed or unit will be available for a new client.

2. Using the Prioritization List and Documenting Interaction with Clients.

    a. Direct Access to the List for Providers. All providers will have direct access to the central prioritization list and to relevant information regarding clients on that list so they can identify those clients with highest priority who appear to be eligible for their projects and be ready to contact those clients when a unit becomes available.

    b. Documenting Activities with Clients. Projects will document their activities with any client in the central prioritization list database so the history of that client's interactions with participating projects is available to all other participating projects and to Hotline and HMIS staff. Activities to be documented include, but are not limited to, ongoing efforts by rapid re-housing projects to find housing for a client; evaluating a client for a current project vacancy, as further described in Section V.D. of this guide; and offering or denying a vacancy to a client.

    c. Case Conferencing to Determine Best Options for Clients. In cases where one provider has documented interactions with a client in preparation for admitting that client to a project and another provider believes that he has a better option available for that client, the providers will confer together with the client and with other appropriate advisers to help the client determine what his best option is.

E. Consequences of Inability to Reach or Certify the Eligibility of a Client on the Prioritization List

    1. Clients Awaiting Emergency Shelter. If, after using all available contact information to notify a client of a shelter vacancy, the Hotline is unable to contact the highest ranking client on the prioritization list, it will immediately offer the bed to the next client on the list.

    2. Clients Awaiting Housing. To ensure that projects have the necessary flexibility to fill vacancies promptly, they may note on the central prioritization list that one or more of the highest priority clients are "pending placement" when a vacancy occurs and make simultaneous efforts to contact those clients and complete their certification of project eligibility. If, within 5 business days after a vacancy occurs, a project has been unsuccessful in contacting or certifying the eligibility of a more highly ranked client or persuading that client to accept the available unit despite diligent efforts, it may offer the unit to a lower ranked client whose eligibility has been confirmed. "Diligent efforts" must be documented and must include, at a minimum, two attempts to use

all available contact information and resources to notify any client that has been bypassed in favor of a lower ranked client and make reasonable accommodations to enable that client to complete the certification process.

3. Impact on Prioritization List Placement of Inability to Reach Clients.

    a. Inability to Reach Clients for Placement. If, after making the efforts described in paragraphs 1 or 2 of this section to contact the client who is next in line for placement, the Hotline or a provider is unable to make contact, the client will be classified as "inactive," and no further efforts will be made to notify the client when shelter beds or housing units become available.

    b. Inability to Reach Clients to Verify Ongoing Need. If clients have been on the central prioritization list for 6 months without being contacted for placement, the Hotline staff will use all available resources to contact the clients, verify their homeless status, and confirm their ongoing need for HCCSC assistance. If, after three documented efforts to use all available contact efforts to contact such clients over the course of at least a two-week period, contact cannot be made, the clients will be classified as inactive.

    c. Re-activation of Clients. If, within 6 months after being classified as inactive, clients contact the Hotline to confirm that they still need HCCSC assistance, they will be returned to the prioritization list and assigned a place on that list based on an updated SPDAT score and on the date and time of the intake that resulted in their original placement on the list.

F. Consequences of Client's Refusal of Referral or Placement.

During formal intake and standardized assessment, clients will be given the opportunity to restrict the geographic area where suitable shelter or housing is available in more than one location in the county. In offering clients shelter or housing, the Hotline and participating projects will honor these preferences. However, clients will lose their place on the prioritization list, be dropped to the bottom of that list, and be given a new intake date and time based on the date and time of their second refusal in the following cases:

1. Cases in which clients decline two project placements that meet their geographical restrictions and otherwise serve their needs as reflected by their standardized assessment; and

2. Cases where no suitable options are available or likely to become available soon in the area preferred by clients, and the clients decline two referrals to otherwise suitable shelter or housing in other locations.

G. Consequences of Failure to Appear or Remain at Shelter.

1. Clients referred to a shelter by the Hotline must present themselves at the shelter by the morning after the day on which they were referred or by any other deadline established by the shelter. If a client misses this deadline, the shelter will notify the Hotline, and the bed assigned to that client will be released unless he or she (a) is hospitalized, incarcerated, or at work or (b) has provided shelter staff with some other good reasons for his or her absence.

2. A client's failure to appear at a shelter by the deadline identified above will constitute a refusal of service.

V. Procedures for Admitting Applicants to Housing Projects

A. <u>Duty to Follow Applicable Eligibility Standards and Other HCCSC Rules.</u> In selecting clients from the central prioritization list and admitting clients to their projects, housing providers must follow the eligibility standards submitted to and approved by the HCCSC in accordance with HCCSC policies. In addition, to the extent allowed by their funding sources, they must adhere to the system-wide eligibility standards outlined in the HCCSC's *Policies Governing Eligibility and Prioritization to Receive CoC Assistance and Standards for Administering Assistance* and HCCSC policies mandating adherence to Housing First principles and equal and fair access laws.

B. <u>Duty of Providers to Interview Clients and Collect and Upload Documents to Prove Their Eligibility.</u> Before admitting any client to a project, project staff must meet the client to conduct a personal interview and review and, as necessary, collect the documentation required to certify their eligibility for the project. Every project must follow the recordkeeping requirements specified in HCCSC Policy No. F-10. If, when verifying a client's eligibility for a project, project staff finds that the documentation necessary to confirm eligibility is not already uploaded in HMIS, project staff must upload the documentation to ensure its availability to all HMIS users.

C. <u>Corrections to the Standardized Assessment and HMIS Data</u>.

   1. <u>Corrections to HMIS Data</u>. If, while certifying a client's eligibility for a project or at any other time, a housing, shelter, or service project learns that any information about the client that was entered in HMIS is incorrect, it will enter the correct information directly in HMIS and notify HMIS staff in writing within one working day.

   2. <u>Reassessment and Reprioritization</u>. If, while certifying a client's eligibility for a project or at any other time, a housing, shelter, or service project learns that material information obtained during the client's original assessment is incorrect, the project will complete a new assessment, upload it to HMIS, and notify HMIS staff in writing within one working day. In cases where the new information suggests that the client is ineligible for a particular type of project for which he is being considered or that his need for housing assistance is much less or greater than previously supposed, Hotline staff will reassess the client's eligibility for housing interventions as well as his/her placement on the waiting list.

D. Duty of Housing Projects to Report on Clients Considered for Vacancies. A housing provider must take the following steps when filling a vacancy:

1. Signify that a client is being considered for a vacancy by placing a "pending placement" notation on the central prioritization list;

2. Notify the Hotline in writing within two working days after a vacancy is filled if the provider has bypassed the most highly ranked eligible client on the central prioritization list in favor of a client with a lower ranking; and

3. Within two days after a vacancy is filled, update information in the central prioritization list database to reflect its interactions with clients considered for the vacancy, indicating, among other things, why those clients were or were not offered the available unit. All entries should include the initials of the staff member entering the information.

E. Actions Triggering Automatic Quality Assurance Reviews. If a housing project bypasses a client whom the Hotline has identified as eligible for that project and offers an available unit to a client to whom the Hotline has assigned a lower rank on the central prioritization list, it will be required to provide an explanation for that action to the Quality Assurance Workgroup that oversees that project unless notations on the prioritization list indicate that the project tried in the manner required by Section IV.E. of this guide, but was unsuccessful, in contacting the client. In such cases, Quality Assurance Groups must verify that the housing provider has acted consistently with its own and system-wide eligibility standards and has honored Housing First principles.

F. Consequences of Violating Applicable Eligibility Standards or Housing First Principles. If, based on the review that has taken place in a Quality Assurance Workgroup, the co-chairs of that workgroup conclude that a provider has violated applicable eligibility standards or Housing First principles, the following steps will be taken:

1. The CoC Planner will ensure that a record of that violation is maintained and that this record, along with any records of similar violations, is made available to the Evaluation and Review Committee when it reviews, scores, and ranks the provider's applications for CoC or ESG funding; and

2. The co-chairs will work together to develop a corrective action plan that will make appropriate housing available as soon as possible to the client who has been bypassed in violation of applicability eligibility rules or Housing First principles.

V. ~~VI~~ **Procedures for Transferring from One Permanent Supportive Housing Project to Another**

A. <u>Circumstances Justifying Transfers</u>. A permanent supportive housing project may request that a client be transferred to another permanent supportive housing project when the client no longer meets the project's eligibility criteria or when that project can no longer satisfy the client's needs. Appropriate reasons for requesting a transfer include the following:

1. Changes in the size or composition of a client's household;

2. The emergence of verified disabilities that cannot be reasonably accommodated by the project currently serving the client;

3. Circumstances that justify the client's or the housing project's reasonable belief that the client's continued residence in the project poses an imminent danger to himself or others; and

4. The client's need for easier access to a particular place of employment or schooling or to essential services, including health care and child care.

B. <u>Procedures for Effecting Transfers</u>. The following procedures will be observed in effecting transfers requested under the circumstances described above, ==whether they be transfers between housing units operated by the same agency or units operated by different agencies==:

1. Any permanent supportive housing project seeking to transfer a client to another permanent supportive housing project must submit a written request which includes the specific reason for the request to the client's HMIS, complete a new SPDAT or FSPDAT in HMIS, and notify the Homeless Hotline promptly;

2. The Hotline will review the request with the transferring project, determine whether there are available housing options that would better serve the client's needs, review these options with the project, and notify potential new projects of the transfer request;

3. After the project has determined appropriate available units and discussed those options with the client, the Hotline will work with the project to negotiate the client's

transfer to a new unit acceptable to the client and ensure that relevant information about the transfer is documented in HMIS.

C. Transfers in Cases of Domestic Violence. The HCCSC has adopted a separate policy governing transfers in cases involving domestic violence. (See Policy D.8/F.8.) That policy conforms to the requirements of HUD's proposed rule to fully implement the Violence Against Women Act. (See 80 Fed. Reg. No. 66, April 6, 2015.)

D. Transfers to Accommodate Disabilities. Transfers to accommodate disabilities should be expedited to the greatest extent possible in all cases where a disability and the need for a different housing to accommodate that disability has been documented.

E. Effect of New SPDAT Score on Eligibility for Housing. Under no circumstances will a SPDAT score resulting from the re-administration of the SPDAT pursuant to the procedures for transferring a client from one PSH unit to another constitute cause for treating the client as no longer eligible for PSH.

The Homeless Continuum of Care of Stark County's
Central Intake and Standardized Assessment Guide

II. **Access to Central Intake and Assessment Through the Homeless Hotline**

A. **Role of Homeless Hotline - Overview**

. . . .

B. **Marketing the Hotline.**

. . . .

C. **Access for Non-English Speakers and Others with Communication Challenges**

. . . .

D. **Access for People Encountered by Street Outreach Projects**

1. Responsibilities of Street Outreach Staff to Facilitate Access.

   a. Responsibilities in General. The staff of street outreach projects funded by the CoC or ESG grant programs (and, as willing other outreach programs and volunteers cooperating with the HCCSC) will encourage homeless people they encounter on the streets or in places not meant for human habitation to register with the Hotline. In addition, they will help those homeless people complete the intake and assessment process by providing them with access to a phone, helping them connect with the Hotline, and, as needed, encouraging them while they complete the intake and assessment process.

   b. Responsibilities When Homeless Person Declines to Register with the Hotline. Although they may assist and encourage a homeless person they encounter on the street or in a place not meant for human habitation to register with the Homeless Hotline, outreach staff may not register for them. In cases where a homeless person refuses to speak with Hotline staff or declines to complete the central intake and assessment process, outreach project staff will do the following:

      i. At a minimum, obtain the person's name and date of birth along with any other identifying information the person is willing to share;

      ii. Document that person's current episode of homelessness in the manner described in section II.D.1.c. below;

      iii. Attempt to make contact with the person at least monthly thereafter as long as the person remains on the street or living in places not meant for human habitation;

    iv.   Document each subsequent contact with the person in the manner described in section II.D.1.c. below; and

    v.   During every subsequent contact, continue to encourage the person to register with the Hotline and pursue any steps that may help him or her solve the problems that are contributing to his or her homelessness.

    c.   <u>Responsibilities for Documenting Homelessness</u>.   To expedite housing placement for persons living on the streets or in places not meant for human habitation when they register with the Hotline, the HCCSC will develop a form for use by outreach project staff and cooperating volunteers in documenting the homeless episodes of those persons. Staff of all outreach projects must complete this form on the first occasion and on each subsequent occasion they encounter a person living on the street or in a place not meant for human habitation. In addition, they will take the following steps to ensure that the information on this form and related records are available as soon as possible to all HMIS users:

    i.   Within one week of their encounter with a homeless person living on the street or in a place not meant for human habitation, outreach staff members who have direct access to the HMIS will upload to HMIS a completed form describing that encounter along with any related photos and records.

    ii.   Within one week of their encounter with a homeless person living on the street or in a place not meant for human habitation, outreach staff members who lack direct access to HMIS will FAX a completed form along with photos and other relevant records to the Hotline to be uploaded to HMIS. (Community volunteers cooperating in HCCSC's outreach efforts will be encouraged to do likewise.)

2.   <u>Responsibilities of Hotline Staff</u>.

    a.   <u>Equal Treatment for Those Living on the Streets</u>. In dealing with homeless persons living on the streets or in places not meant for human habitation, Hotline staff will cooperate closely with outreach staff to track such persons and encourage them to register for homeless services, using the same intake, assessment, and prioritization procedures and policies applicable to all persons entering the homeless system.

    b.   <u>Uploading Records Received from Outreach Staff and Volunteers</u>.   Within ___ business days of receiving from outreach staff or cooperating volunteers information or documentation of episodes of homelessness, the Hotline staff will upload that information to HMIS or contact the person submitting the information to let them know that the information is incomplete or cannot be uploaded for some other reason.

3.   <u>Quarterly Quality Assurance Meetings</u>. Representatives of the Hotline will meet at least quarterly with representatives of street outreach projects and interested volunteers to do the following:

Commented [JVN2]: I'm guessing we may need to change this and the references to HMIS below to something more generic, perhaps "the central data system"?

a. Review the general progress of HCCSC's efforts to serve persons living on the streets and in places not meant for human habitation and discuss steps that could be taken to improve those efforts; and

b. Review particular cases and develop strategies to register hard-to-serve persons with the Homeless Hotline and link them to other services needed to address any underlying problems that are contributing to their homelessness.

Attachment C

ISSUES TO BE RESOLVED IN REVISING COORDINATED ENTRY POLICIES
7/12/2017 Central Intake and Assessment Meeting

TERMS USED in HUD's Coordinated Entry Guidebook (the Guidebook) Issued on 6/15/2017

- Do we change all the terminology in our policies? -- See pp. 2,3,6

ACCESS

- Defined as "how people experiencing housing crisis learn that coordinated entry (CE) exists and access crisis response system. Must ensure that all people in a community have equal access to all crisis response resources.

- *Communication Plan:*
  - ➤ CoCs must affirmatively market housing and supportive service projects to eligible persons who are least likely to apply for them in the absence of special outreach. ("Written policies and procedures must document steps taken to ensure that access points are accessible to people with disabilities as well as those people in the CoC who are least likely to access homeless system assistance." p. 13)
  - ➤ CoCs are required to ensure CE services are well-advertised; for example, through print media, signage in public spaces, public transportation, Internet, radio, television, etc.
  - ➤ The CoC must also create an affirmative marketing plan for CE that ensures that all persons experiencing a housing crisis, regardless of their protected class status as defined in Fair Housing or other applicable civil rights laws, receive information about the coordinated entry process (CEP). (p.18)
  - ➤ The coordinated entry planning group should inventory all possible referral sources by category and develop specific strategies for each that ensure communications and referral processes are well defined and understood by everyone involved. This communication plan could include potential referral sources such as public schools, hospitals, public libraries, first responders, and homeless assistance providers within the CoC. (p.18)

ASSESSMENT

- Defined as "gathering information about a person presenting to the crisis response system." It includes "documenting information about the barriers the person faces to being rapidly housed and any characteristics that might make him or her more vulnerable while homeless."

- *Participant Autonomy*
  - ➤ Written policies and procedures must ensure participants can freely abstain from disclosing and sharing information without fear of denial of services resulting from the refusal" although "certain funders might require disclosure of certain pieces of information for purposes of establish or documenting program eligibility." (p. 15)

Commented [JVN3]: Who are these people?

Commented [JVN4]: What are some of these public spaces? Can we get free signage on buses?

Commented [JVN5]: Is what we're doing in the context of the policies sufficient?

Commented [JVN6]: Is what we're doing in the context of the policies sufficient?

Commented [JVN7]: Are our policies and practices consistent with these requirements?
I don't believe that we address in the policies issues relating to failure to provide all information requested.

- ➤ "The CEP must allow people presenting to the crisis response system to refuse to answer assessment questions and to reject housing and service options offered without their suffering retribution or limiting their access to assistance." (p.24)
- ➤ "The lack of a response to some questions potentially can limit the variety of referral options. When this is the case, coordinated entry staff should communicated to those participants the impact of incomplete assessment responses. Assessment staff should still make every effort to assess and resolve the person's housing needs based on a participant's responses to assessment questions no matter how limited those responses. A participant's unresponsiveness may not affect future assessments or referral options." (p.24)
- ➤ *Required*. "**Written policies and procedures must outline a process whereby necessary information may be obtained when a person being assessed refuses to answer one or more assessment questions. (Similarly, during referral, there also must be a policy that allows the person to maintain his or her place in the priority list after rejecting service options that are offered.)**" p.24

- *Assessor Training*

  - ➤ *Required*. "**After staff receive initial training on the CoC's assessment protocols, further training is required once annually.**" (pp. 25, 31)

    > **Commented [JVN8]:** How are we going to handle this? Should we include a provision that no one is allowed to conduct SPDAT re-assessments who has not been trained in the last year?

  - ➤ "The CoC must provide training protocols and at least one annual training opportunity to organizations that serve as access points or otherwise conduct assessments. The training may be in person, a live or recorded online session, or self-administered. It must provide all assessors with materials that clearly describe how assessments are to be administered with fidelity to written policies and procedures of the CoC's CEP. The training protocols must include the requirements for prioritization and the criteria for uniform decision-making and referrals." (pp.24-25)
  - ➤ HUD "strongly encourages CoCs to incorporate cultural and linguistic competency training into the required annual assess training." (p.25)
  - ➤ Recommended (p. 33): Assessors should be trained in trauma-informed care; safety planning; skip-logic

- *Assessment Tools*

  - ➤ "HUD requires that a CoC use a standardized assessment tool(s) across all access points, but HUD does not endorse any specific tool or assessment approach . . . Though untested for their predictive value, several off-the-shelf tools are in use in the field, and a CoC could elect to employ one of them as is. Many CoCs are already using these assessment tools quite successfully and do not necessarily need to change approaches now. However, a CoC's probability of success with the assessment element of CE improves when locally specific assessment approaches and protocols are used."
  - ➤ *Should we adopt use of Youth SPDAT?*

    > **Commented [JVN9]:** Are we failing to give youth an equal shot at housing because we are using an assessment tool that is not well-suited to evaluating the severity of their needs?

    - ❖ "HUD allows a CoC to customize its assessment processes and tools for 5 designated subpopulations . . . The purpose is to remove population-specific barriers to accessing the CEP and to account for the different needs, vulnerabilities, and risk factors of these subpopulations in assessment processes and prioritization."

PRIORITIZATION

- *Prioritization Criteria:* "A CoC's prioritization criteria may include any of the following factors:

  - Significant health or behavioral health challenges or functional impairments that require a significant level of support for the person to maintain permanent housing.
  - High use of crisis or emergency services to meet basic needs, including, ERs, jails, and psychiatric facilities
  - Extent to which people, especially youth and children, are unsheltered
  - Vulnerability to illness or death
  - Risk of continued homelessness
  - Vulnerability to victimization, including physical assault, trafficking, or sex work."

- *Components of a Prioritization Process:*

  - "Like the untested predictive value of existing assessment tools, no single scoring or other prioritization method has been proven to reliably predict what housing and supportive services project(s) will end homelessness for a specific person. Assessment tools that generate a prioritization score are a good place to start, but additional factors need to be considered such as individual participant circumstances and the manner in which individuals respond to challenges and circumstances of their lived experience. For example, a particular person might be eligibility for PSH but actually prefer, and, in fact, respond just as successfully to, a less intrusive intervention such as RRH." (**Use of judgment**.) (p.38)
  - "When reviewing exiting or new assessment tools that have a scoring component, a CoC must review the prioritization recommendations made by the tools against the CoC's prioritization and assistance standards. This review should continue during implementation to ensure the prioritization process is functioning as planned and not routinely leaving out any one category of people in crisis (e.g., women as a whole scoring "too low'' to be identified for PSH)." (**Leaving out anyone?)** (p. 38)
  - "The CoC should consider how other information, including **assessor judgment,** can be included in its prioritization process without jeopardizing the integrity of that process." (p. 38)

- **Notice CPD-16-11**

  - "HUD has strongly encouraged CoC's to adopted the prioritization approach for PSH in the 2016 Prioritization Notice. This approach ensures that PSH resources are made available to the highest need people in the CoC."

  - Jean posed the following questions to OrgCode:

    - How are you advising SPDAT users to use the instrument for PSH prioritization in the wake of CPD-16-11?
    - Do you think that, in light of that notice, it is appropriate for us to continue to prioritize based on who has the highest SPDAT score, looking only at the length of time homeless when there is a tie in scores?

> **Commented [JVN10]:** Initially, we thought that we had to reduce use of judgment/discretion to a minimum. Should we being allowing more discretion – especially through case conferencing?

> **Commented [JVN11]:** Again, use of assessor judgment seems to be encouraged.

❖ If a person or family scores within the PSH range on the SPDAT, is there a way of using the score or the information collected during administration of the SPDAT to further identify whether that person or family has "severe service needs." Would it be legitimate, for example, to identify a minimum score within the range OrgCode specifies as reflecting the need for PSH, and say that those who score above than minimum have "severe service needs" as that term is defined by HUD, and that those who score below it do not, or do not necessarily, have such needs?

Iain De Jong's response was:

Appreciating that your community does not necessarily have the capacity to do administrative data matching, let me offer to you some thoughts in a way that I hope is practical for your community, based upon what you shared.

CPD-16-11 still allows for the SPDAT to be used in PSH prioritization. In fact, HUD requires, as part of CE, that communities have a comprehensive assessment tool, and has made it clear in other materials that the SPDAT meets all of their requirements.

Choosing who your community prioritizes for PSH does not have to be based upon the SPDAT score alone, and does not necessarily require huge administrative muscle to consider a few variables at once. Consider a situation like this: a community decides that their top priority for PSH is people that meet the HUD definition of chronic homelessness, are unsheltered, and have a SPDAT score of 45 or above; the second priority for PSH is HUD chronic, sheltered, and SPDAT score of 45 or above; third priority is HUD chronic and SPDAT score of 35-44, etc.

In this sort of scenario (which is probably the most common type of scenario that communities use for prioritizing without requiring custom reports in HMIS), communities are capturing things like severe service needs, chronic homelessness, and SPDAT score.

A simple spreadsheet in Excel should allow for sorting of data in a rather easy way to organized this information on a regular basis.

REFERRAL

- **Managing the Priority List**

  ➢ "Coordinated entry should not result in prolonged stays on waiting lists for housing assistance. <u>When many more people are assessed as needing a particular intervention than there are opening for that intervention, the CoC should adjust prioritization standards to more precisely differentiate and identify resources for those persons with the greatest needs and highest vulnerability</u>." (p.6)
  ➢ "When a CoC faces a scarcity of needed housing and services resources, it is especially important that it use coordinated entry to prioritize people for assistance. A CoC's prioritization approach has to be balanced with HUD's recommendation to avoid creating long waiting lists of potential program participants for resources that do not exist or are not available."

- "Some CoCs will choose to maintain a single priority list with all known homeless persons throughout the CoC included on that centralized list. other CoCs will maintain separate priority lists by subpopulation or by CoC component type. HUD allows both approaches; however, CoC's can gain efficiencies by maintaining a single priority list … <u>If the CoC maintains separate priority lists for different subpopulations or different CoC component types, the CoC should enable persons to be cross-referenced among all prioritization processes to ensure maximum flexibility and consideration of referral options."</u>
- **Best strategy for managing priority list is: CASE CONFERENCING (p.39):** "As the priority list grows and persons wait longer for referrals, the case conferencing approach is best equipped to adjust prioritization so that persons are offered other, potentially less intensive interventions rather than waiting for inordinate periods of time for more intensive interventions that might not exist or be available."
- **Wait times:** "PSH is almost always the most effective resource for highly vulnerable people with high service needs, including those experiencing chronic homelessness. But the lack of available PSH, for example, should not result in people languishing in shelters or on the streets without other assistance. **If not PSH resources are available, the highest need or highest prioritized persons should be offered other appropriate resources the CoC has available." (p. 45)**
- **Lack of Appropriate Housing or Services:** "In some cases, resources in a CoC are insufficient to meet the level of need for a particular type of housing or supportive service; in other cases, no resources are available and such projects need to be developed. **Regardless, the coordinated entry process still should focus on prioritizing the highest need people for whatever resources are available and on developing alternative referral strategies until new resources are added**. Coordinated entry can play a critical role in helping to document these gaps in the crisis response system and justify increased funding to meet the need.

  People in a housing crisis who are not likely to be rapidly housed by a project should not be put on a waiting list and told that it is the resource they are waiting for that will end their homelessness. Instead, case managers at shelters and in the community should work with people on alternative housing plans, including applying for affordable housing in the community, increasing income from employment and benefits, and exploring other housing opportunities available through the persons' personal support network. Alternatively, if a person is prioritized for PSH but only RRH resources are available, coordinated entry should have that person access RRH as a bridge or temporary placement, without it negatively affecting their PSH eligibility."
(p. 53)

Commented [JVN12]: We are not doing this. Should we start?

Commented [JVN13]: Suggests giving PSH candidates on waiting list RRH and not putting so many others on RRH list.