Office of Homeless Care and Coordination

Alameda County Coordinated Entry Policies

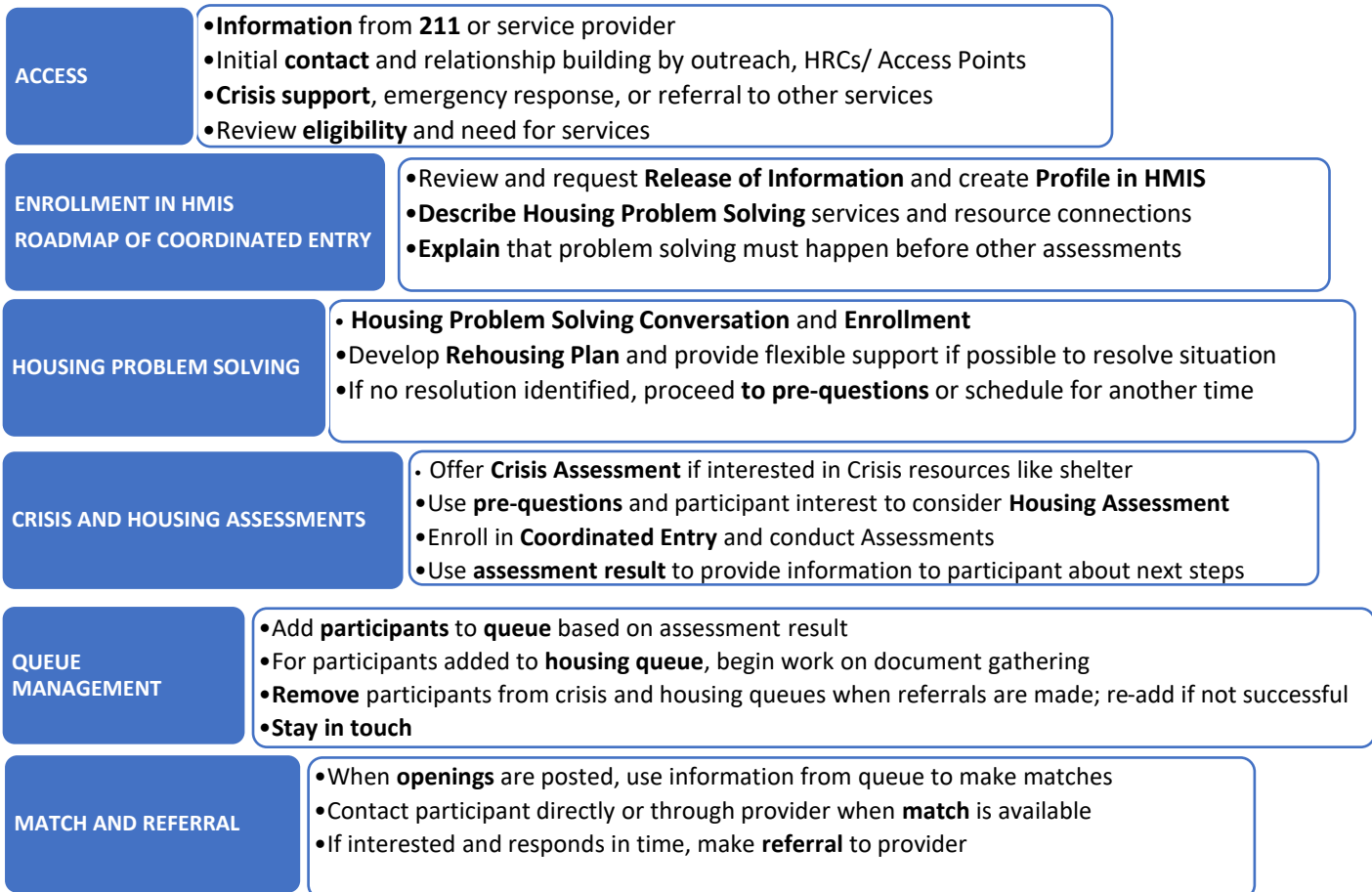|	
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1. **INTRODUCTION AND OVERVIEW**

Why Coordinated Entry?

At its best, coordinated entry allows our community to match people who are homeless quickly to the best pathway to housing that will meet their needs. It allows us to ensure that decisions and referrals will uphold our commitment to racial equity and to serving our most vulnerable county residents. We aspire to making coordinated entry all about access that is open, clear, and useful.

Alameda County's Coordinated Entry has the following key elements:

Coordinated Entry Process Overview

ACCESS	• **Information** from **211** or service provider • Initial **contact** and relationship building by outreach, HRCs/ Access Points • **Crisis support**, emergency response, or referral to other services • Review **eligibility** and need for services
ENROLLMENT IN HMIS **ROADMAP OF COORDINATED ENTRY**	• Review and request **Release of Information** and create **Profile in HMIS** • **Describe Housing Problem Solving** services and resource connections • **Explain** that problem solving must happen before other assessments
HOUSING PROBLEM SOLVING	• **Housing Problem Solving Conversation** and **Enrollment** • Develop **Rehousing Plan** and provide flexible support if possible to resolve situation • If no resolution identified, proceed **to pre-questions** or schedule for another time
CRISIS AND HOUSING ASSESSMENTS	• Offer **Crisis Assessment** if interested in Crisis resources like shelter • Use **pre-questions** and participant interest to consider **Housing Assessment** • Enroll in **Coordinated Entry** and conduct Assessments • Use **assessment result** to provide information to participant about next steps
QUEUE MANAGEMENT	• Add **participants** to **queue** based on assessment result • For participants added to **housing queue**, begin work on document gathering • **Remove** participants from crisis and housing queues when referrals are made; re-add if not successful • **Stay in touch**
MATCH AND REFERRAL	• When **openings** are posted, use information from queue to make matches • Contact participant directly or through provider when **match** is available • If interested and responds in time, make **referral** to provider

1.1 Purpose of Coordinated Entry

Alameda County defines Coordinated Entry as the approach to coordinate and manage the Housing Crisis Response System's resources to enable providers to make equity-consistent decisions to best connect people experiencing homelessness to interventions to end their homelessness based on available information and resources.

The Coordinated Entry *process* serves to ensure that all persons experiencing homelessness have fair and equal access to the same set of resources and services regardless of where they present for assistance, and that resources for households with greater service and housing needs are targeted to those who need them most.

The Coordinated Entry *system* refers to the whole of the public and non-profit agencies and programs that participate in Coordinated Entry in any of the ways defined in and governed by these policies.

1.2 Coordinated Entry Policy Requirements

The U.S. Department of Housing and Urban Development (HUD) requires Continuums of Care (CoCs) to develop and maintain policies and procedures covering a wide variety of Coordinated Entry (CE) practices including, but not limited to, geographic coverage and access including for specific populations; the assessment, prioritization and referral process and criteria/factors used to prioritize; privacy protections, appeals, marketing, outreach, prevention, and evaluation. This Coordinated Entry Policy document, along with procedures established for specific areas of Coordinated Entry and memorialized in other policy documents referenced herein (such as the HMIS Privacy and Security Policies, Housing Problem Solving Policy, Coordinated Entry Grievance Policy and others) constitute the required Policies and Procedures for Coordinated Entry.

1.3 Scope of Coordinated Entry

Coordinated Entry is a required process for all communities that receive funding from the U.S. Department of Housing and Urban Development.

1.3.1 Programs Required to Participate

Programs and projects that receive funding from the HUD CoC and ESG programs, from the State Homekey programs, and from County of Alameda homelessness-specific funding (including but not limited to general fund, HHAP, MHSA, CDBG and EHV and some programs funded by HOPWA targeted for people experiencing homelessness and living with HIV) including shelters and dedicated homeless housing units or resources, must use the HMIS system and participate in Coordinated Entry.

Programs funded by other sources *may* be required to participate as part of an agreed to funding structure, such as having received additional points or priority in a competitive bidding process such as a Request for Proposals (RFP) based on a commitment to participate in CE.

Required participation may look differently depending on the design of the program and whether access to it depends on prior enrollment in another CE program. For example, a

CoC-funded Rapid Rehousing program serving specific target populations and people staying in specific shelters does not have to be filled using the CE Housing Queue, *if* the initial match to shelter was a result of use of the Crisis Queue, and if the program maintains clear, standard, and objective criteria for subsequent enrollment.

1.3.2 Programs Encouraged to Participate

In order to make available the widest possible array or resources to people experiencing homelessness, other programs such as shelters and housing that do not receive any of the above funding are strongly encouraged to participate. Efforts to engage such programs will be made regularly, and non-participating programs are invited to share their rationale or concerns for not participating to allow them to be addressed, if possible.

1.3.3 Participation by Domestic Violence programs

The Federal government prohibits programs that specifically serve survivors of domestic and/or gender-based violence from entering client data into HMIS. Such programs in Alameda County will use a comparable database and will participate in Coordinated Entry through one or more dedicated Access Points, utilizing separate and non-shared data collection and the use of unique identifiers that protect participant privacy while allowing survivors enrolled in domestic violence (DV) programs access to the resources managed by Coordinated Entry.

1.4 Guiding Principles

The following guiding principles reflect key values and features of the current CE design and a commitment to implement and evaluate the system in alignment with these principles.

1. Coordinated Entry will embody in all steps of the process a commitment and practice of direct communication and transparency with participants about the process, limitations on resources and the likelihood of and timing of any assistance.

2. The Coordinated Entry system will operate similarly in each place the services are offered so that participants have equal access to support and resources regardless of where they seek assistance or their circumstances.

3. Historic and current racial inequalities will be considered in the design, implementation and evaluation of the CE process and system, and accountability for reducing disparities and increasing equity within the housing crisis response system will be part of the required results.

4. The CE process will be trauma-informed and personal information will be collected from participants only as needed and when relevant to a determination or decision needed to help meet the participant's self-reported needs. Efforts will be made to ensure that participants do not need to repeat information.

5. The Coordinated Entry system and the programs to which it refers will be low barrier and operate consistent with the core practices of harm reduction and Housing First.

6. Participants are experts in their own lives and will make choices about what is right for them. Such choices may be constrained by the availability of resources but will not prevent the participant from being served.

7. The reality of limited resources means that participants may not receive the most desirable or appropriate resources for their needs. All participants will retain the ability to engage continuously with the system and seek and receive support for a self-directed resolution.

8. Training, monitoring, and evaluation will be consistent with the above principles.

1.5 Governance

1.5.1   Required Roles

The Coordinated Entry system and process require ongoing day-to-day management as well as community participation in design, implementation, evaluation, and improvement of the process.   HUD requires that the entity charged with management of operations and the entity charged with oversight be distinct and that both be appointed by the HUD recognized Continuum of Care (CoC).

1.5.1.1 Policy Oversight Entity

The CoC serves as the Policy Oversight Entity which reviews policy and establishes participation expectations, and data collection, quality and sharing protocols. The CoC has designated primary responsibility for this function to the System Coordination Committee.

1.5.1.2 Management Entity

The Alameda County Office of Homeless Care and Coordination (OHCC) is the Management Entity designated by the CoC to implement day-to-day workflow of the Coordinated Entry process. Management Entity responsibilities include establishing day-to-day management structures, promoting standardized screening and assessment processes, developing and delivering training, and conducting monitoring.

Further information about the Governance and roles and responsibilities of the Policy Oversight and Management Entity can be found in HUD's Coordinated Entry Management and Data Guide and in the Memorandum of Understanding between the CoC and the Office of Homeless Care and Coordination.

1.6 Use of HMIS

The County-wide Homeless Management Information System (HMIS) is the data system that is used for all Coordinated Entry activities including Housing Problem Solving, enrollment, assessment, prioritization, queue management, posting openings in shelter programs, and matching. The Management Entity maintains a separate database for tracking and matching to housing openings.

1.6.1   HMIS Training and licensing

All Access Point staff and all receiving entities for referrals must be trained and licensed to use the HMIS system and follow all requirements in the HMIS policies.

1.6.2   Privacy and Security

All Access Points will follow HMIS protocols for obtaining participant consent to share and store participant information for purposes of assessing and referring participants through the Coordinated Entry process. This includes all rules regarding the capture, transmission, and storage of Personally Identifying Information.

1.6.3   Comparable Database

Victim Service Providers are prohibited from entering data into HMIS and may be required to use a comparable database to participate in CE. A comparable database is a relational database that meets all HMIS Data Standards and does so in a method that protects the safety and privacy of survivors.

1.6.4   Right to Abstain from Disclosing or Sharing Information

Coordinated Entry participants may freely abstain from disclosing and sharing information without fear of denial of services resulting from the refusal. However, participants may be unable to qualify for consideration for specific programs or services that require disclosure of specific information for purposes of establishing or documenting program eligibility.

1.7 Non-discrimination and Affirmative Marketing

1.7.1   Applicable Civil Rights and Fair Housing Law

All programs that receive referrals from CE are permitted and expected to comply with all applicable State and Federal civil rights and fair housing laws and requirements, including, but not limited to:

- Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status;

- Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance;

- Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color or national origin under any program or activity receiving Federal financial assistance; and

- Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and

referral assistance. Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

- HUD's Equal Access Rule at 24 CFR 5.105(a)(2) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program. The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603.

1.7.2 Affirmative Marketing

Housing providers participating in CE must affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach and maintain records of those marketing activities. Housing assisted with CoC funds must also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105 (a)(2).

2. ACCESS

2.1 Full Coverage

Alameda County's Coordinated Entry approach provides full coverage of the entire geography of the County, which is the same as the Continuum of Care boundaries, through a variety of methods which include physical Open Access Points known as Housing Resource Centers (HRCs) distributed across the county, as well as street outreach which covers all regions of the County, and phone line access.

2.2 Access Points

Access Points are the virtual or physical places or programs where an individual or family experiencing homelessness or at imminent risk of homelessness seeks and receives assistance to connect to resources from the Housing Crisis Response System that are available through Coordinated Entry. An Access Point may be Open or Limited.

2.2.1 Open Access Points

An Open Access Point provides all of the services associated with CE to any eligible person in its target population group(s) regardless of whether they receive any other services from the Access Point provider.

2.2.2 Housing Resource Centers (HRC)

Housing Resource Centers are Open Access Points at physical sites located across the County offering in-person and virtual services. Housing Resource Centers must offer the full range of Coordinated Entry activities including outreach, triage, Housing Problem Solving,

assessment and matching to regional resources. HRCs may be targeted to specific populations and geography but must be open to all eligible persons.

2.2.3   24/7 Call Center

Alameda County Coordinated Entry will also utilize a 24/7 Call Center to connect potential participants with HRCs and/or outreach teams and to refer to other resources including prevention and crisis resources. The Call Center will act as an Open Access Point conducting initial screening (Triage), provide referrals to other resources outside of the CE system and carry out warm transfers to HRCs during business hours. Outside of business hours the Call Center will refer to crisis resources and provide households seeking CE services with information about where to access these services and/or when to expect to hear from an HRC.

2.2.4   Limited Access Points

Limited Access Points provide CE services to eligible participants with whom they have an existing service relationship or who must meet additional criteria in order to receive services. Examples of Limited Access Points may include mental health clinics, schools, hospitals, or other settings and certain outreach teams. Limited Access Points must be trained, provide the entire range of CE services, and must use HMIS (unless provider is a Victim Service Provider). Limited Access Points that do not receive funding from a CE-dedicated source will sign an MOU with the Management Entity.

2.2.5   Access through Outreach Teams

Trained and designated outreach teams may serve as either Open or Limited Access Points. Such teams include the County's Street Health teams, which serves as a Limited Access Point serving designated encampments and outdoor locations by region and provides CE services to eligible and enrolled clients.

An outreach team that does not provide the full range of Coordinated Entry activities may refer a participant to an HRC or another outreach team that is able to provide full CE services but must ensure that such connections are easily made and do not delay or deny service to any eligible participant. Examples of such a link may be an outreach team that performs all functions of CE including Housing Problem Solving but refers to an HRC for flexible financial assistance to support an identified problem-solving resolution.

2.3 Access Points for Designated Subpopulations

In order to ensure that access is both convenient, comfortable and appropriate to the range of potential persons and households needing assistance in Alameda County, certain subpopulations of people experiencing homelessness may access the Coordinated Entry system through designated Access Point providers with specialty services designed for this population. One or more designated Access Points may be established for:

1.   Transition Age Youth

2.   People fleeing domestic or gender-based violence

3. Veterans of the U.S. Military *(proposed)*

Members of subpopulations are not required to use a designated Access Point and may seek and receive services at any Open Access Point.

2.4 Weekend and Evening Access

2.4.1 Access to Emergency Resources

To ensure that persons experiencing a housing crisis or homelessness can be served during times that HRCs are not open and/or street outreach teams are not operating, the CoC has designated the 2-1-1 line to serve as 24/7 Call Center. The call center will have information about resources such as shelter beds that may be open and accepting referrals over a weekend or in the evenings.

2.4.2 Access to Coordinated Entry process

The 2-1-1 call center provides a portion of the Coordinated Entry workflow and can conduct Triage, make referrals to crisis resources, and refer to HRCs for additional services and to conduct assessments. HRCs must make an effort to respond to such a referral within 24 hours if during the work week, or up to 72 hours over a weekend or holiday period. CE Assessments are not required for short-term referrals to crisis resources during times that HRCs and street outreach teams are not operating.

2.5 Non-discrimination and accessibility

2.5.1 Non-discrimination

The Coordinated Entry system including all Access Points and other participating programs may not discriminate against any populations or subpopulations in Alameda County in the Coordinated Entry process. This includes people experiencing chronic homelessness, veterans, adults with children, transitional aged youth, and survivors of domestic violence, regardless of the location or method by which they access the crisis response system.

2.5.2 Language Access

The Management Entity and Access Points must take steps to ensure equal Access for speakers of other languages. At a minimum this means that telephone interpretation in the County's threshold languages will be available via a County-sponsored interpretation line. The Management Entity will also arrange for translation of public facing documents that are key to the CE process. Access Points are encouraged to hire staff who speak languages other than English, and which are widely spoken within the population and/or geography of the Access Point.

2.5.3 Physical Accessibility

When selecting HRC's the County will contract with agencies proposing locations that are physically accessible or are able to make modifications such as adding ramps or elevators for

persons who require them. The County will also consider the availability of public transportation and the proximity of Access Points to other frequently used resources such as local emergency shelters, drop-in centers, free food resources, and other crisis response service locations.

3. ASSESSMENT AND PRIORITIZATION

3.1 Overview of Assessment and Prioritization

The Coordinated Entry process uses specific Assessments to obtain information about both the immediate and long-term needs of persons and households seeking services. Portions of these assessments are weighted and assigned points leading to a score which is used, along with eligibility information, for placing participants on to prioritized queues for referral to crisis and housing resources.
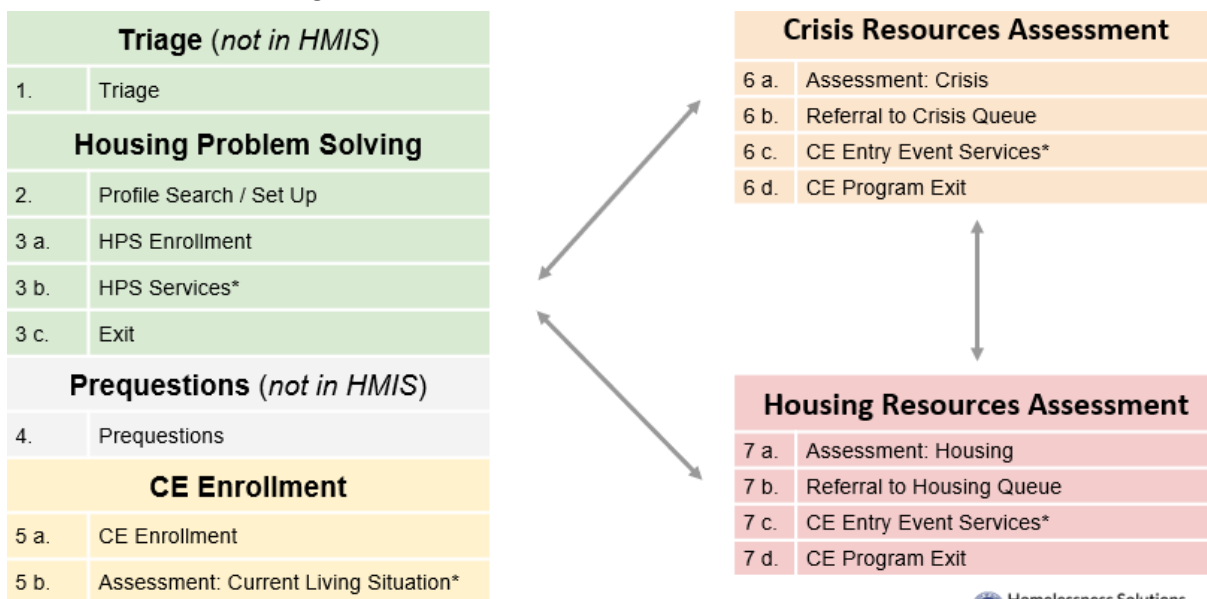
3.2 Overview of Assessment and Prioritization Workflow

The workflow for the phased assessment approach is intended to only collect the information that is needed at each step and to avoid misleading expectations of certain types of assistance.

3.2.1   Steps in Workflow

The Assessment and Prioritization workflow has seven steps. These steps include:

1. Triage
2. Client Profile
3. Conduct Housing Problem Solving
4. Assessment pre-questions
5. Enrollment in Coordinated Entry
6. Crisis Assessment
7. Housing Assessment

3.2.2 Timeframes

While the seven steps of the Assessment and Prioritization process must occur in the order listed above, not all steps must occur at the same time. Access Point staff will determine with a participant whether there is time and interest in proceeding through the steps in one interaction or whether to schedule additional time to complete a step or move on to another step in the process.

3.2.3 Requirement to Follow Workflow

All Access Points must follow the order of the Workflow for the smooth and fair functioning of the Coordinated Entry process. Skipping steps in the workflow may result in some households getting access to resources ahead of others who are eligible and prioritized. It may also result in Housing Problem Solving resolutions that could meet a participant's needs being overlooked or lost.

Access Points or specific Access Point staff which repeatedly fail to follow the workflow may lose their ability to conduct assessments or their access to the Coordinated Entry agency in HMIS.

3.3 Triage

Triage is the first step in the Coordinated Entry process. This step consists of a set of initial questions and steps to determine that the person presenting qualifies for and needs the services of Coordinated Entry. This step also screens for any emergency response needs. It includes three topics areas: urgent needs, safety planning, and eligibility.

3.3.1 Urgent needs
Prior to any other services, an Access Point will assess whether the participant is expressing or displaying any urgent needs such as a health or mental health emergency. In such situations Access Point staff will call crisis services or 911.

3.3.2 Safety Needs and Safety Planning

Questions designed to determine if someone may be a fleeing or attempting to flee domestic violence or human trafficking or is a survivor of the same. Anyone who at this point is identified as a survivor should be offered DV resources. If the person who is a survivor declines these resources, and continues to the next step in the workflow, a Housing Problem Solving conversation, safety considerations and any safety planning should be addressed in the resolution plan.

3.3.3 Housing Status Determination

Participants will be eligible for the services and potential resources of Coordinated Entry if they are currently experiencing homelessness. Questions to determine whether the participant meets the definition of "literal homelessness" will be asked prior to proceeding with the rest of the workflow

3.3.3.1 If the above steps result in a participant being eligible for and in need of Coordinated Entry services, the Access Point will proceed to create or update a Client Profile in HMIS

3.3.3.2 If the household is not eligible for Coordinated Entry services and could benefit from homelessness prevention, the Access Point will refer to the 2-1-1 line to determine where prevention resources are currently available.

3.3.3.3 When prevention resources are available in HRCs and Access Points they are prioritized for people who are at imminent risk of homelessness and/or have previous homelessness, especially those who are completing a rapid re-housing program and remain at high risk for returning to homelessness.

3.4 Housing Problem Solving

3.4.1 Definition of Housing Problem Solving

Housing Problem Solving (HSP) is an engagement approach that is versatile and utilizes empowering engagement to identify and explore options through creative, strengths and resources-focused interaction. The goal is to determine options and participant action toward safe housing solutions outside of the formal housing crisis response system as soon as possible and without need for ongoing support.

3.4.2 Key components of Housing Problem Solving

Housing Problem Solving consists of three key components: an effective HPS conversation, a Housing Resolution Plan if a resolution is identified, and connections to other services and supports which may include:

1. Referrals to other programs and resources
2. Conflict resolution and mediation support
3. Housing search and housing location assistance
4. Flexible funds to help secure a temporary or permanent housing resolution

3.4.3 Continuous Availability of Housing Problem Solving

All Coordinated Entry participants will be offered Housing Problem Solving prior to any Assessment. Housing Problem Solving is also continuously available to anyone who qualifies for services from the Coordinated Entry System. Based on available inventory and whether a household is added to one or more queues, Housing Problem Solving may be the primary service that a person or household is offered.

3.4.4 Housing Problem Solving Policies

Access Points and other programs that offer Housing Problem Solving services as part of the Coordinated Entry process must follow the Housing Problem Solving Policies adopted by the CoC.

3.5 Assessment Pre-Questions

Consistent with the principle that participants should not be asked unnecessary questions or misled as to the likelihood of receiving assistance, pre-questions are used to know if the next steps (enrollment and assessment) are necessary due to the participant's desired services and their likelihood to be prioritized for a resource. These questions will be different depending on the subpopulation to which the participant belongs and the assistance they are seeking, given that anticipated available resources vary by subpopulation.

Pre-questions may change from time to time based on eligibility and prioritization criteria for resources and changes in resource inventory

Pre-questions are not in or recorded in the HMIS system. Access Points will be furnished with the pre-questions and notified if the questions change.

3.6 Coordinated Entry Enrollment

All Coordinated Entry participants that proceed from Housing Problem Solving to an Assessment must first be enrolled in the Coordinated Entry program in HMIS. An enrollment in the CE program allows the CoC to report as required on the operations and outcomes of Coordinated Entry.

3.6.1   Current Living Situation

Current Living Situation is a single-question assessment required by HUD that is part of the HMIS system. Upon enrollment in the Coordinated Entry program, regardless of the agency completing the enrollment, this assessment must be conducted.

In general, this assessment should be updated at every encounter as current living situation may change frequently. However, for programs that may see participants daily, such as street outreach and drop-in programs, a current living situation assessment must be done not less frequently than once per calendar month and at any time that a staff person becomes aware that a participant's living situation has changed.

3.6.2   Disenrollment

A participant is disenrolled from Coordinated Entry if:

1. They are referred to and enroll in another resource, or
2. They have no Coordinated Entry "events" (an HMIS term for any contact with Coordinated Entry) over a six-month period.

Participants who are disenrolled from Coordinated Entry may be reenrolled at any time but must go through the prior steps on the workflow to determine that they remain in need of and eligible for Coordinated Entry services. Disenrollment from Coordinated Entry is a separate step from removal from a queue which is covered below.

3.7 Crisis Assessment

3.7.1   Purpose of Crisis Assessment

The purpose of the Crisis Assessment is to ascertain the household's interest in emergency shelter, transitional housing, or safe parking and to determine the household's relative priority for crisis resources which are currently or anticipated to become available.

3.7.2 Brevity

The Crisis Assessment will be brief and rely primarily on information that can be quickly determined and is of a minimally personal nature.

3.7.3 Crisis Assessment Prioritization Factors

The Crisis Assessment incorporates factors from the participant profile and the Coordinated Entry enrollment, as well as additional questions for determining relative priority. Questions associated with the following factors are used to establish a Crisis Assessment score.

- Prior Living Situation
- Household Information – number and ages of members of the household
- Income – combined household income
- Health – whether one or more members of the household has a condition, disability (including HIV+) or health need that increases their priority for crisis resources

3.7.4 Conducting the Assessment

Access Points will ensure that the time and privacy needed to conduct a Crisis Assessment are available and that the participant is comfortable proceeding before beginning a Crisis Assessment. Access Point staff should explain the process and purpose and the potential outcomes before beginning, though the questions in the assessment should be asked as written.

3.7.5 Active Timeframe for a Crisis Assessment

A Crisis Assessment is considered valid and active for 90 days, *if* nothing in the participant's situation changes. After such time, or if the participant has had a change in circumstances or housing status, the Assessment should be updated.

3.7.6 Messaging after Crisis Assessment

After completing a Crisis Assessment, an Access Point worker can immediately see the participant's score in HMIS. The Access Point worker will refer to the relevant Crisis Assessment Threshold Score for the population group of the participant, if any, in use at the time and will inform the household whether they are being added to the Crisis Queue and what they can anticipate as next steps. The Access Point worker should utilize guidance regarding scores most likely to get matched to a crisis resource to discuss the likelihood and likely wait time for the desired resource. Guidance will be included in trainings and made available to Access Points.

3.8 Housing Assessment

3.8.1 Purpose of Housing Assessment

The purpose of the Housing Assessment is to ascertain the participant household's interest in and eligibility for time-limited housing subsidies (such as Rapid Rehousing) or permanently subsidized housing and the participant's relative priority for permanent housing that is currently or anticipated to become available.

3.8.2 Scope of Housing Assessment

The Housing Assessment is a more in-depth assessment than the Crisis Assessment. It contains additional questions and questions that are considered to be more personal or sensitive in nature. For this reason, and to avoid creating expectations that are misleading regarding the likelihood of receiving a housing referral, Access Points will seek to minimize the number of persons assessed with the Housing Assessment who, based on the pre-questions, are unlikely to achieve the Threshold Score.

3.8.3 Housing Assessment Prioritization Factors

The Housing Assessment incorporates factors from the participant profile and the Coordinated Entry enrollment, the Crisis Assessment questions, if completed, as well as some additional questions. Questions associated with these factors are used to establish a score.

- Crisis Assessment questions including household size and ages, length of time homeless, disabilities (including HIV+) and health related questions
- Additional questions about health conditions and wellbeing
- Questions regarding housing history and housing barriers
- Questions regarding exposure to violence and risk of violence

3.8.4 Conducting the Housing Assessment

Access Points will ensure that the time and privacy needed to conduct a Housing Assessment are available and that the participant is comfortable proceeding before beginning a Housing Assessment. Access Point staff should explain the process and purpose and the potential outcomes before beginning, though the questions in the assessment should be asked as written.

If the participant has previously completed the Crisis Assessment the Access Point staff will review the recorded responses to these questions as part of the Housing Assessment.

3.8.5 Active Time Frame of Housing Assessment

A Housing Assessment is considered valid and active for 180 days as long as nothing has changed. After such time, or if the participant has had a change in circumstances or housing status, the Housing Assessment should be updated.

3.8.6   Messaging after Housing Assessment

After completing a Housing Assessment, an Access Point worker can immediately see the participant's score. The Access Point worker will refer to the Housing Assessment Threshold Score for all household types and subpopulations that the household is included in and will inform the household whether they are being added to the Housing Queue, what they can anticipate and what they should do as a next step, such as gathering identifying documents and staying in touch.

If the participant is not being added to the Housing Queue the Access Point worker should make clear that it is not likely there will be a long-term housing resource available for the participant and that they may continue to engage with Housing Problem Solving to seek a resolution. They should also share information about other resources that may be available to them, such as getting on affordable housing waitlists, funds for move in costs and potential flexible funding. The participant may remain on the Crisis Queue if they have completed the Crisis Assessment.

4. QUEUES AND QUEUE MANAGEMENT

4.1 Overview of Queues

Queues are ordered lists of eligible and prioritized households used to match and refer to a specific set of corresponding resources available through the Coordinated Entry process. Queues are established and maintained in the HMIS system.

4.2 Crisis Queue

The Crisis Queue is a list of households that have indicated an interest in crisis resources including shelter, transitional housing, and safe parking, and that have been assessed using the Crisis Assessment and prioritized for such resources. The Crisis Queue contains key information about the household that is used to match clients to available crisis resources.

4.3 Housing Queue

The Housing Queue is a list of households that have indicated an interest in one or more types of housing resources and been assessed and prioritized for such resources. The Housing Queue contains key information about the household that is used to establish an order and to match clients to available and anticipated housing resources.

4.4 Threshold Scores

A Threshold Score refers to the score on an assessment that qualifies a participant household to be added to the corresponding queue and to be considered *prioritized* for one or more of the resources available to persons on that queue.

4.4.1   Establishing threshold scores

A threshold score is established by the Management Entity reviewing the current and

anticipated inventory over a specified period of time, the anticipated number of qualifying households and estimates of how many referrals may be necessary to fill openings in a timely fashion while not adding participants to queues who are extremely unlikely to receive a referral.

4.4.2   Threshold variation by subpopulation

Because resources for certain subpopulations are more plentiful relative to the population group, such as families with children, Veterans and people living with HIV/AIDS, threshold scores may be different or there may be no threshold score required for certain household types. Information about how to apply thresholds scores will be made available to Access Points through frequent communication and training and will be updated as needed to reflect changes in inventory.

4.4.3   Adjusting threshold scores

Because thresholds scores are established based on available and anticipated inventory and on the number of referrals that are typically needed to fill an opening, the Management Entity can and should adjust thresholds when:

1. A significant increase in inventory occurs or is anticipated that could result in resources being unused or underused if more households are not prioritized for those resources.

2. A significant decrease in inventory occurs that could result in many more households being prioritized than can be anticipated to be served.

3. The ratio at which referrals result in enrollments changes such that more or fewer households should be prioritized in order to fill openings in a timely fashion.

4.4.4   Frequency of adjusting threshold scores

The Management Entity will review all threshold scores for confirmation or adjustment not less than annually, and more frequently if warranted by one or more of the three conditions described above. However, very frequent changes in thresholds are not desirable as this may cause confusion and could result in persons with similar needs getting unequal access to resources.

4.5 Responsibility for Queue Management

4.5.1   Authorized Access Point staff have the ability to add participants to queues. Access Points may only add someone to a queue who has expressed interest in that queue, completed the corresponding assessment fully and received a score which meets or exceeds the threshold required to be placed on that queue.

4.5.2   Access Points may view in HMIS whether a participant on the queue has been assessed and whether they received the Threshold Score. Access Points are

expected to review the queues frequently to ensure that they are not adding participants to queues prematurely or inappropriately.

4.5.3 Access Points or specific Access Point staff who repeatedly add participants to queues that do not qualify to be on that queue may lose their ability to conduct assessments.

4.6 Removal from a Queue

4.6.1 Removal from the Crisis Queue

A participant that has received and accepted a referral to a long-term stay shelter, transitional housing program or safe parking site should be removed from the Crisis Queue. Participants who indicate they are no longer interested in a crisis resource should be removed from the Crisis Queue. Participants in a night-to-night shelter or in a respite care shelter bed can be placed on the Crisis Queue if not already on it and may remain on the queue if on it already.

Participants who are removed from the Crisis Queue may and should remain on the Housing Queue unless referred to a program that includes a connected and guaranteed housing resources (such as a TH to RRH program).

4.6.2 Removal from the Housing Queue

A participant should be removed from the Housing Queue when they have been referred to a permanent housing resource within the crisis response system or if they are connected to and enrolled in a mainstream housing resource such as a Housing Choice Voucher, even if they are still engaged in housing search. Participants with a housing referral may remain on the Crisis Queue until they move into housing if they continue to want crisis housing.

4.6.3 Removal from All Queues

A participant should be exited from the Coordinated Entry program in HMIS and removed from all queues, if not already done, when they move into any type of permanent housing including on their own without assistance, if they leave the county without the intention to return within 90 days, are in institutional care for longer than 90 days, if they are deceased, or are no longer interested in being considered for any resource within Coordinated Entry.

4.6.4 Re-referral to Queue

If a participant is automatically or manually removed from either queue they may be reinstated through an updating of the corresponding assessment. The queue entry, however, will be updated with any new information, any change in score and will include the date of the re-referral to the queue.

5. MATCHING

5.1 Overview of Matching

Matching and Referral are the steps used by Coordinated Entry to identify open and available resources for participant households on the Crisis or Housing Queues that fit their eligibility and expressed preferences.

5.1.1 Regional Matching

Regional matching is the process of matching participant households to available or anticipated resources based on the region in which they have sought services. Regional matching is used for Crisis resources and for most Rapid Rehousing and is conducted by Housing Resource Centers. Some Rapid Rehousing programs may be matched to by Alameda County Health Care Services Agency (HCSA) staff in conjunction with HRCs.

5.1.2 County-wide Matching

County-wide matching is the process of matching participant households to available or anticipated resources anywhere in the County based on their eligibility and preferences. County-wide matching is primarily used for non-time limited permanent housing resources such as Permanent Supportive Housing and Dedicated Affordable Housing and is conducted by the Management Entity.

5.2 Matching for Crisis Resources

Participants seeking crisis resources consisting of Emergency Shelter, Transitional Housing and Safe Parking are matched from the Crisis Queue by Housing Resource Centers. Housing Resource Centers generally will match participants on the Crisis Queue from their region to programs within their region. An HRC may match clients from other regions to a crisis resource if there is not an eligible and interested participant from the region, or if another HRC has communicated that a client in their region has a critical need for a placement in another region because that need cannot be met within the region (i.e. safety, proximity to critical care, unusual family size, or need for specific accessibility).

Households are matched and referred to Crisis resources using the following criteria (in this order):

1. Meets the eligibility criteria for the program or opening
2. Meets specific project preferences, such as geographic targeting, as stated in MOUs and/or contracts
3. Score on the Crisis Queue
4. Date of referral to queue

Programs such as TH to RRH programs which combine crisis and housing resources in a single program may, in consultation with the Management Entity, elect to use the Housing Queue to fill the TH slots in lieu of the Crisis Queue (see below).

5.2.1 Denial of Shelter Admission

Any household matched to year-round emergency shelter or transitional housing program through Coordinated Entry can only be denied admission for reasons outlined in the Emergency Shelter Standards for Year-Round Shelters. In addition, if shelter is denied, the

shelter operator must inform the referring HRC immediately, so that the household may remain eligible to be matched to another available resource.

5.3 Matching for Rapid Rehousing

Rapid rehousing is matched from the Housing Queue and considers prioritization, participant interest and the likelihood of a household being able to successfully resolve their homelessness with a rapid rehousing intervention (i.e., ability to pay rent independently after the temporary subsidy ends, which is covered by unscored questions in the pre-question phase). Most rapid rehousing resources are regional and are matched at a regional level by HCSA staff in coordination with Housing Resource Centers.

Some Rapid Rehousing is connected to other programs such as CoC-funded TH to RRH programs which begin with a transitional housing stay and then connect households in the TH program to RRH subsidy and services. In these cases, the RRH portion of the programs do not have to be filled using the CE Housing Queue, *if* the prior enrolling program was matched using either the Housing or Crisis Queue, and if the program maintains clear and objective criteria for enrollment in the RRH portion if such enrollment is not offered to all participants in the connected program.

5.4 Matching for Permanent Housing

Non-time limited permanent housing resources including Permanent Supportive Housing (PSH) and Dedicated Affordable Housing are matched county-wide by dedicated staff at the Management Entity. Countywide matching does not mean that a program or an individual may not have stated geographic preferences.

5.4.1   PSH Pool

The Housing Queue is used for matching to PSH, by focusing on a band of the highest scoring households on the Housing Queue. This group is considered to be in the PSH Pool.

The size of the PSH Pool is determined by:

1. Estimating the number of PSH vacancies in the upcoming year, including from turnover and from new projects leasing up, and
2. Determining a threshold score which targets a number of households that is roughly two times the anticipated PSH vacancies in the next 12 months.

Once a household is in the PSH pool their order or score on the queue is no longer primarily used for matching or for order of referral. Instead, any household in the pool may be matched to an available resource based on the Matching Factors.

5.4.2   Matching Factors for PSH

Households in the PSH Pool are matched to PSH based on the following factors, in this order:

1. Households meets eligibility criteria for the program or opening
2. Household meets PSH project preferences, such as geographic targeting, as stated in MOUs and/or contracts
3. Households has all of the documents that are required for enrollment in the housing program (document readiness status)
4. Date of Housing Assessment
5. Participant preferences such as location or housing type
6. Housing Assessment score (used as tiebreaker if needed)

If there is not a household in the PSH Pool that can be connected to the opportunity after all eligible PSH pool participants have been matched, then households below the threshold score will get screened for matching in order of their score.

Households with medical necessity for an ADA unit will be prioritized for these units when available. Matching will follow the above prioritization criteria with this filter added.

5.5 Document Readiness

In order to receive a referral to a housing resource, participants must be "document ready." This means that they have documentation needed to prove their identity, and their eligibility for the unit or resource available. Typically, this includes photo identification, homeless verification, proof of disability (if an eligibility requirement) and verification of a valid Social Security Number if an eligibility requirement.

5.5.1   Assistance with Document Readiness

Because document readiness is a factor in the order in which participants are offered access to housing resources, assistance with getting and storing necessary documents is a critical aspect of Coordinated Entry services. HRC's should determine whether a participant desires and needs such assistance, and whether they have an existing service relationship (for example with a shelter or street health case manager) that can assist with this task. High priority participants without such assistance will be prioritized for Navigation (see below). However, if a participant is not assigned to a Navigator and does not have another source of this assistance the Housing Resource Center or the Limited Access Point provider should provide this service.

5.6 Matching to Other Permanent Housing

Other Permanent Housing such as Dedicated Affordable Housing will be matched from the Housing Queue based on a modified version of the PSH matching process, with consideration to the following factors:

1. Households meets eligibility criteria for the program or opening
2. Household meets project preferences, such as geographic targeting, as stated in MOUs and/or contracts
3. Housing Assessment information
4. Participant preferences such as location or housing type

5.7 Matching for Navigation services

Navigation services provide persons who are either matched to a housing resource or likely to be matched to a housing resource by virtue of their placement on the queue with assistance gathering documents, applying, searching for housing, and moving in. They also provide support with referrals and service connections for other needs of the participant. When ample resources are available, Navigation will be offered to any prioritized participant when placed on the Housing Queue that wants these services and does not have a relationship with a service provider able to perform the navigation function.

As Navigation resources are not currently adequate to meet the need, Navigation is matched to and provided in two ways

1) Based on availability it is offered to participants in the PSH Pool based on time on the queue
2) If not previously matched to a Navigator, Navigation services may be offered when referred to a specific housing resource (such as EHV) that has dedicated Navigation attached to that pathway.

6. **REFERRAL**

6.1 Referral

A referral is the formal connection by Coordinated Entry of a participant who has been matched to a resource to an entity managing the resource, such as a shelter or housing program.

6.2 Match

Prior to a formal referral being made for any resource, one or more matches may be identified. A match is based on the information in HMIS, if a participant meets the criteria for an opening and they have been prioritized highly enough that they are either going to be referred to an opening directly upon confirmation of interest (such as for shelter) or they are being asked to submit documents for that program.

A match is the first step toward a referral but does not guarantee that a participant will be referred, or if referred that they will be accepted to the program. Typically, with housing programs multiple participants are matched for each opening.

6.3 Matching and Referral for Crisis Resources

When a participant is matched to an open crisis resource, the HRC will attempt to notify the participant, if reachable, and any service provider that is associated with their Coordinated Entry

enrollment and/or any other service provider contact such as a Navigator, identified case manager or someone else designated by that participant. Once the participant is reached and confirms interest a referral may be made.

6.3.1   Number and timing of eligible referrals

Crisis resources are referred to one at a time, with one eligible participant referred to each opening.

6.3.2   Confirmation of a Referral

Because it is imperative to fill crisis resources quickly and not leave available beds open, a participant or their representative must respond to the offer of a referral as quickly as possible and within 1 business day.

6.3.3   Acceptance of the Referral and Arrangements for Move in

If a referral is accepted by the participant, the crisis bed operator will notify the HRC. The crisis resource provider will support the participant to prepare for occupying the unit or bed as quickly as possible.

6.3.4   Denial of Referral

If an applicant is denied by the program to which they have been referred, they are eligible to be re-referred to the queue.

6.3.5   Refusal by Participant

In order to allow for participants to exercise choice, a participant may refuse a referral to a crisis resource up to three times before being removed from the Crisis Queue.

6.4 Matching and Referral to Permanent Housing Resources

When a participant is matched to a potential housing resource the Management Entity notifies the provider associated with their Coordinated Entry enrollment, and/or any other service provider contact such as a Navigator, identified case manager or someone else designated by that participant. The service provider has five (5) business days to respond.

6.4.1   Number of eligible referrals

Depending on the program type and the number of openings, the Management Entity may provide more than one eligible referral.

When an entire building or portion of a building is first leasing up, Coordinated Entry will send 1.5 referrals for each opening.

When there is a single opening within an operating site, Coordinated Entry will make one to two referrals. For a scattered site program in which the applicant will receive a voucher or certificate for subsidy, Coordinated Entry will typically send only one referral at a time.

Housing operators are expected to process referrals in the order referred by Coordinated Entry.

6.4.2   Confirmation of a Housing Referral

The housing operator must confirm receipt of a referral to OHCC. If the applicant appears eligible, the housing operator must contact the applicant and/or their service provider within 10 business days to arrange for any further steps such as an application review or interview. Initial acceptance of the referral may be one step in the process and does not mean that the person has been confirmed as eligible by the housing provider or will be approved for the housing opportunity.

6.4.3   Acceptance of the Referral and Arrangements for Move in

If a referral is accepted the housing operator will notify the service provider, the participant and OHCC. The service provider will support the participant to prepare for move in, including applying for funds for move in costs when applicable. The existing service provider may begin to coordinate a warm hand off to services associated with the housing program or may continue to provide services temporarily or long term if there are not identified services associated with the housing program.

6.4.4   Denial of Referral

If the housing operator reviews the initial referral and the applicant appears ineligible, they will notify OHCC.

Denials after an accepted referral will be communicated to OHCC, the applicant, and their service provider. If an applicant is denied the housing operator will provide documentation of the denial, along with information about how to appeal, to the participant, the service provider and OHCC. If the participant choses to appeal and their appeal is denied the service provider will support the individual to be re-referred to the Housing Queue if still eligible. The participant may choose not to appeal, in which case the service provider will support the participant to be re-referred to the Housing Queue if still eligible.

6.4.5   Refusal by Participant

A participant may refuse a referral or may, after accepting a referral, determine not to accept the housing unit or resource offered. To allow for participant choice, a participant may refuse two referrals or offers of housing. Upon refusal of a third offer for which they qualify they may be removed from the Housing Queue. For some resources this policy may be changed to reduce the number of offers to two.

6.4.6   Expiration of a Match or a Referral
If a period to respond to a match (5 days) or a referral (10 days) has expired, a participant may still be considered if there are still available units or slots in the program. The participant's service provider should reach out to OHCC to determine whether they can still submit documents.

7.1 Access Point Trainings

All Access Point staff that conduct assessments and carry out Housing Problem Solving must be trained in the Coordinated Entry Workflow and the use of HMIS. This includes having had Privacy and Security training and a valid license for use of HMIS and participating in all introductory level trainings before performing Coordinated Entry work.

All Access Point staff including front line staff and managers must participant in the overview training. Staff conducing Housing Problem Solving and Assessments must participate in all modules related to the participant-facing and queue management work flow, while matchers are provided with training related specially to matches and referrals.

The following chart indicates the training modules and for whom they are suggested or required.

Who takes this course?

CE 2.0 Training by Roles Chart:

ROLE	1. Overview	2A-B. System Entry & HPS	3A-B. Prequestions & Enrollment	4. Crisis Assessment & Queue	5. Housing Assessment & Queue	6A-C. Matching & After	7. HMIS Reports	8. Q & A
HRC/Access Points: direct service staff including outreach	Req	Req	Req	Req	Req			Req
HRC/Access Points: Program Manager, Supervisor, HMIS Liaison, QA staff	Req	Req	Req	Req	Req		Req	Req
Shelter, Outreach, Housing Navigators, Other non-HRC/Access Points staff	Req	Req	Req (3A)			Req (6A, 6C)		Sug
HRC staff that does matching	Req			Sug	Sug	Req (6A, 6B, 6C)		Sug

Req = Required.   Sug = Suggested

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7.2 Annual Trainings and Refreshers

The Management Entity will make all required training available through recordings and self-guided modules so as not to delay the start of work for new hires. All Access Point staff are expected to participate in at least one training annually which will be made available by the Management Entity. Access Point staff and supervisors are also expected to use the recorded trainings and accompanying materials to refresh their knowledge as needed and may be directed by the Management Entity to review an existing training prior to proceeding with work.

7.3 Learning Collaborative

The Management Entity will convene one or more Learning Collaboratives of HRC's and other organizations engaged with Coordinated Entry. Learning Collaboratives will include training and reinforcement of training. Access Points must participate in the Learning Collaborative, and representatives should communicate to their staff information that is provided in the Collaborative meetings related to the appropriate delivery and recording of Coordinated Entry services.

8. DATA AND EVALUATION

8.1 Data Collection and Management Reports

The Management Entity uses information collected in the HMIS system to prepare periodic and regular CE Management reports that reflect on the operations and outcomes of the CE system and its components.

8.1.1   Report content

The set of management reports will be determined in conjunction with the CoC. Such reports will contain data available and considered to be reliable about

- number of calls received by the call center seeking housing assistance and number of callers referred by the call center to an HRC

- numbers and characteristics of participants in Housing Problem Solving, services delivered, financial assistance expended, and outcomes achieved

- type and number of assessments administered, and the numbers and characteristics of participants placed on queues

- matches and referrals made including numbers and characteristics of those matched and referred and the success rates of such referrals

- data about the time elapsed between various steps in the Coordinated Entry process such as HPS, Assessment, match, referral and successful program entry.

All Coordinated Entry reports, to the extent feasible, will provide information about the functioning of system as a whole and about the process and results for participants based on race and ethnicity to fully be able to analyze and address racial and ethnic disparities and create racial equity.

8.1.2   Reporting Frequency

Management reports will be provided according to a calendar agreed to by the Management Entity and the CoC.

8.2 Evaluation

8.2.1   Annual Evaluation

HUD requires that CoCs solicit feedback at least annually from participating projects and from households that participated in Coordinated Entry during that time period. Solicitations must address the quality and effectiveness of the entire Coordinated Entry experience for both participating projects and households. This activity may be undertaken by the CoC Board, the Policy Oversight Entity or another entity designated by the CoC Board but may not be undertaken by the Management Entity.

The Management Entity will participate in the annual evaluation by providing information to the CoC, which may include data such as in the reports mentioned above, a self-evaluation using a tool such as the HUD Self-Evaluation format or such form as the CoC may prescribe, and other information as requested and feasible depending on time.

8.2.2 Third Party Evaluator

The CoC does not have to but may choose to engage a third-party evaluator. If such a determination is made, the CoC and the Management Entity will work together to develop a scope for outside evaluation work. The Management Entity will not have a vote in the selection process for an Evaluation Entity if one is to be selected through a competitive process but is able to participate in review and discussion. The Management Entity must provide access to a selected Third-Party Evaluation Entity as needed to conduct its work, including to Management Entity staff and materials.

9. Grievances and Complaint Tracking

9.1 Right to File a Grievance

Participants and potential participants in Coordinated Entry have the right to file a grievance, receive a response and, if they desire, appeal the determination regarding any aspect of their experience or treatment regardless of where or from what Access Point they receive services.

The Coordinated Entry Grievance Policy includes a requirement that all Access Points have a program or agency Grievance Policy that meets the requirements of the Policy and that they make a copy of the grievance policy and their procedure available to all participants.

9.2 Tracking and Reporting

The Management Entity requires all Access Points track and log complaints and grievances and share the log no less than annually with the Management Entity. The Management Entity shall review the logs and the dispositions of all grievances and present a summary of the findings to the CoC as part of any annual evaluation process.

Access: The method by which people experiencing a housing crisis learn that Coordinated Entry exists, access crisis response services, and are connected to the process to determine through *assessment* which intervention might be most appropriate to rapidly connect those people to housing.

Assessment: The use of one or more standardized assessment tool(s) to determine a household's current housing situation, housing and service needs, risk of harm, risk of future or continued homelessness, and other adverse outcomes.

Access Point: Access Points are the virtual or physical places or programs where an individual or family experiencing homelessness or at imminent risk of homelessness seeks and receives assistance to connect to resources from the Housing Crisis Response System that are available through Coordinated Entry. An Access Point may be Open or Limited.

Client: Client is a term used within the HMIS system for a participant or potential participant in Coordinated Entry that has a record in HMIS. This term may be used when specifically referring to HMIS but for Coordinated Entry the terms potential participant, participant and participant household are preferred.

Comparable Database: A comparable database is a relational database that meets all HMIS Data Standards and does so in a method that protects the safety and privacy of a survivor.

Continuum of Care (CoC): A geographically based group of representatives that carries out the planning responsibilities of the Continuum of Care program pursuant to HUD regulations. These representatives come from organizations that provide services to the homeless or represent the interests of the homeless or formerly homeless.

Countywide Matching: The process of matching eligible participants to available or anticipated openings across the entire County.

Crisis Assessment: The Crisis Assessment is a short set of questions recorded in HMIS which are used is to ascertain the participant's eligibility for and interest in emergency shelter, transitional housing or safe parking and the household's relative priority for crisis resources currently or anticipated to be available. It is used to determine whether a participant is placed on the Crisis Queue.

Crisis Queue: The Crisis Queue is a list of households that have indicated an interest in crisis resources including shelter, transitional housing and safe parking, and that have been assessed using the Crisis Assessment and prioritized for such resources. The Crisis Queue contains key information about the household that is used to match clients to available crisis resources.

Homeless Management Information System (HMIS): A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care (CoC) is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

Housing Assessment: The Housing Assessment is a set of questions recorded in HMIS which are used is to ascertain the participant's eligibility for and interest in emergency shelter, transitional housing or safe

parking and the household's relative priority for crisis resources currently or anticipated to be available. It is used to determine whether a participant is placed on the Crisis Queue.

Housing Crisis Response System: The set of programs, funding, activities, and coordination that is specifically intended to address the needs of people experiencing homelessness.

Housing Problem Solving: Housing Problem Solving is an engagement approach that is versatile and utilizes empowering engagement to identify and explore options through creative, strengths and resources-focused interaction. The goal is to determine options and participant action toward safe housing solutions outside of the formal housing crisis response system as soon as possible and without need for ongoing support.

Housing Queue: The Housing Queue is a list of households that have indicated an interest in one or more types of housing resources and been assessed and prioritized for such resources. The Housing Queue contains key information about the household that is used to establish an order and to match clients to available and anticipated housing resources.

Housing Resources: Housing resources that clients are matched to though Coordinated Entry including Permanent Supportive Housing, Dedicated Affordable Housing, and Rapid Re-Housing (RRH) resources.

Limited Access Point: Limited Access Points provide CE services to eligible participants with whom they have an existing service relationship or who must meet additional criteria to those for CE in order to receive services.

Match: Matching is the process of identifying one or more participants who are eligible for an available or anticipated resource and making a connection between them which begins the process which may lead to a referral.

Open Access Point: An Open Access Point provides all of the services associated with CE to any eligible person in its target population group(s) regardless of whether they receive any other services from the Access Point provider.

Participant: A person who for themselves, or on behalf of a household experiencing homelessness, receives services from the Coordinated Entry system.

Potential Participant: A person who for themselves, or on behalf of a household experiencing homelessness, seeks services from the Coordinated Entry system.

Prioritization: The Coordinated Entry-specific process by which all persons in need of assistance who use Coordinated Entry are assessed using standard and consistent information and given a priority rank, score or status relative to other eligible persons.

Queue: A list of clients that have been assessed and prioritized for a resource.

Referral: The process by which persons who are prioritized for available resources within the Coordinated Entry process are connected to the resource(s) for which they are prioritized and eligible. Referral process includes eligibility screening, monitoring project availability, enrollment coordination, managing referral rejections, and tracking the status of the referral throughout the referral process.

Regional Matching: The process of matching eligible participants to available or anticipated openings within a specific region.

Resource: Refers to any program opening that is filled used the Coordinated Entry process. A Housing resource is an opening in a housing-related program. A crisis resource is an opening in emergency shelter, transitional housing or safe parking.

Subpopulation: A subset of people experiencing homelessness or at risk of homelessness who share certain characteristics of household type, age or status and may be served based on their membership in the subpopulation. Subpopulation categories in Coordinated Entry include Adult Only households, Family Households with Minor Children, Transition Age Youth (TAY) ages 18-24, Seniors ages 62 and older, Veterans of the U.S. Military, People living with HIV or AIDS, and Survivors of Domestic Violence.

Threshold Score: The score on an assessment needed to qualify the participant to be placed on the corresponding queue.

Victim Service Provider (VSP): A Victim Service Provider is a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. Providers include rape crisis centers, domestic violence shelter and transitional housing programs, and other programs.