Westchester County Coordinated Entry System Policy Manual

2021

This document contains all of the written policies and procedures of the Westchester County Continuum of Care Partnership to End Homelessness created in compliance with the provisions set forth by the U.S. Department of Housing and Urban Development interim rule 24 CFR 578.7(a)(8) requiring all CoCs to establish a Coordinated Entry System.

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Inclusivity of subpopulations

All subpopulations including chronically homeless individuals and families, Veterans, youth, persons and households fleeing domestic violence, transgendered persons, and refugees and new immigrants must be provided equal access to CoC crisis response services regardless of the characteristics and attributes of their specific subpopulations.

A1. Develop plan for access to Coordinated Entry by all homeless and imminently homeless

Homeless households: Currently homeless households can access WCCEP through any of the access points listed below in Sections B6 and B8.

Imminently homeless households: Imminently homeless people, *i.e.* those facing imminent eviction from their home or at-risk of homelessness due to other factors, can access Coordinated Entry through any of Westchester's four district offices of the Westchester County Department of Social Services (DSS); at the offices of agencies providing homelessness prevention services; and other community touch points including libraries, school homeless liaisons, and soup kitchens.

All of these access points result in a Comprehensive At-Risk of homelessness assessment Tool (CART) being completed for the household and their enrollment in Coordinated Entry as described below in Section D5.

A2. Advertising Plan for Coordinated Entry

Information about accessing housing resources for people experiencing homelessness in the shelters and on the streets of our CoC's geographic area will be disseminated to the public. All advertisement will be in accordance with the Marketing and Non-discrimination Policies set forth in this document and HUD Coordinated Entry Notice Section II.B.5.

The advertising plan will include:

- An information sheet to be given to each person upon their initial contact with a access point which includes an announcement of the Coordinated Entry System to access housing, a brief description of the opportunity available through the system as well as what data is required for eligibility.
    - The information sheet will continue to be publicly available at all physical points of entry.
- An announcement notice will be posted at every physical access point indicating that an information sheet is available for further details.
- A link to an online version of the information sheet will be provided on the Westchester County website(s) which include information specific to homeless services, including but not limited to the Department of Social Services, Department of Community Mental Health, Office for People with Disabilties, Department of Health and the Office for Women. All CoC partnership organizations providing services to people experiencing homelessness will be asked to place a link to the information sheet on their websites as well.
- The 211 information number for Westchester County services which is administered by The United Way will have a script for all personnel to advise any member of the public who calls regarding homelessness of the opportunity. A link to the information sheet will be displayed on the United Way website.
- The Office of the County Executive will issue a press release which will include the information sheet to all local media outlets.
- Our CoC will apply for funding for an Out-of-Home media campaign to be run on all county owned media including but not limited to bus posters, transit shelters, the digital billboard outside of the Westchester County Center and other signage as available.

A4 - Coordinated Entry for Survivors of Domestic Violence and Human Trafficking

Victim services providers are prohibited from entering customers residing in DV emergency shelters or receiving other victim specific services into HMIS. In order for these individuals to access housing available through Coordinated Entry, the victim service provider agencies (including DV emergency shelter providers, the Westchester County Office for Women, and the DSS DV Liaisons) will assess customers using the Westchester Comprehensive Homeless Assessment Tool (CHAT).

Customers with appropriate CHAT scores will be referred to the Coordinated Entry Administrator for prioritization into Rapid Rehousing. Customers with a disabling condition (see Glossary for definition) will be referred to the Coordinated Entry Administrator for prioritization into Permanent Supportive Housing.

Customers referred in this manner will be managed through the standard Westchester County Coordinated Entry process for assessing need and prioritization for placement into housing.

In addition, during enrolment customers will be asked (e.g. HMIS Data element 4.11.2B or similar by agencies not using HMIS) whether they are fleeing or attempting to flee domestic violence or human trafficking. If the customer answers yes, the customer's level of danger from domestic violence will be assessed using a standardized danger assessment tool.

The tool used will be the evidence-based Danger Assessment tool developed by Jacquelyn Campbell, PhD of Johns Hopkins University. The WCCEP's choice of a standardized tool can be changed when needed to a different objective assessment tool recommended by the Director of the Westchester County Office for Women, with input from local domestic violence service providers, and approved by the Westchester CoC's board of directors.

Rapid Rehousing: In cases where customers are being prioritized for Rapid Rehousing and were assessed as being in Extreme Danger or Severe Danger using the danger assessment tool, the Westchester Coordinated Entry will use the Danger Assessment Scoring result *in place of* the VI-SDPAT in order to assess severity of need.

Permanent Supportive Housing: In cases where customers are being prioritized for Permanent Supportive Housing and were assessed as being in Extreme Danger or Severe Danger using the danger assessment tool, the Westchester Coordinated Entry will use the Danger Assessment Scoring result *in place of* the VI-SDPAT in order to assess severity of need.

A6. ESG Coordination

The WC CoC requires that ESG-program funded projects located within the Geographic Boundaries of Westchester County CoC use the Coordinated Entry process for referrals and enrollments; ESG Homelessness Prevention and Rapid Re-housing projects accepting referrals from other sources is prohibited.

ESG-funded Homelessness Prevention and Rapid Re-housing

Persons requiring services provided by ESG projects within the WC CoC will be able to seek assistance through the set of Coordinated Entry access points available throughout Westchester. Persons seeking assistance will be screened, assessed with a CART or CHAT as appropriate, and then prioritized and referred to appropriate housing projects through the WC Coordinated Entry Process.

Available ESG Homelessness Prevention and Rapid Re-housing resources will be tracked by Westchester Coordinated Entry. The precise criteria for prioritization and selection of potential participants to specific ESG projects by WC Coordinated Entry will depend on the ESG Component of the project. ESG projects will use the same prioritization order as that used for other projects of the same type, and will draw from the same by-name list of prioritized potential participants. Referrals by WC Coordinated Entry to ESG projects will be made consistent with the goals of, and any identified target populations served by the project.

The WC CoC Written Standards created for the prioritization order for Homelessness Prevention and Rapid Re-housing are consistent with HUD regulations for administering ESG grants.

ESG-funded Street Outreach and Emergency Shelter

Street Outreach and Emergency Shelter projects funded with ESG will not use Coordinated Entry to locate, enroll, and serve clients. Consistent with HUD guidelines, access to all emergency services located within the CoC (including Street Outreach and Emergency Shelter) will not be prioritized based on severity of need or vulnerability allowing for immediate response.

However, all Street Outreach and Emergency Shelter projects funded with ESG will be required to act as access points, and refer participants to Coordinated Entry for screening, assessment, prioritization, and referral to appropriate housing.

B1 & B2. Marketing Policy & Access

Information about accessing housing resources for people experiencing homelessness in the shelters and on the streets of our CoC's geographic area will be disseminated to the public. All people experiencing homelessness will have fair and equal access to the coordinated entry process, regardless of the location or method by which they access the system. Information will be made available through the Advertising Plan set forth in this document.

All people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated entry process, regardless of the location or method by which they access the system.

Information will be made available to individuals with disabilities through partnership with the Westchester County Office for People with Disabilities, the Office for the Aging and Disabled on the Move; as well as other advocacy groups for each protected class. Auxiliary aids and services will be provided where necessary to ensure effective communication. This includes ensuring that information is provided in appropriate accessible format as needed, including Braille, audio, large type, assistive listening devices, and sign language interpreters. Access points which are physical locations will be accessible to those who use wheelchairs, as well as people in the CoC geographic area who are least likely to access homeless assistance.

All written materials will be available in both English and Spanish. Persons with Limited English Proficiency (LEP) will be provided with language interpretation services through our CoC member organization, the Westchester County Department of Social Services.

B3 - Non-Discrimination Policy

Westchester County Coordinated Entry Program (WCCEP) must comply with the nondiscrimination provisions of Federal civil rights laws, including, but not limited to, the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, The HUD Equal Access to Housing Final Rule, and Titles II or III of the Americans with Disabilities Act, as applicable. For example, while it is acceptable to prioritize based on level of need for the type of assistance being offered, prioritizing based on specific disabilities would not be consistent with fair housing requirements or program regulations.

Westchester County Coordinated Entry Program (WCCEP) takes all necessary steps to ensure that the Coordinated Entry Program is administered in accordance with the Fair Housing Act by promoting housing that is accessible to and usable by persons with disabilities. The Coordinated Entry System complies with the nondiscrimination requirements of the Fair Housing Act, which prohibits discrimination in all housing transactions on the basis of race, national origin, sex, color, religion, disability status and familial status. This also includes protection from housing discrimination based on source of income. Additional protected classes under state law include sexual orientation (including gender identity), marital status, military discharge status, age (40+). Agencies cannot preference any protected class unless allowed by statute/regulation, or written waiver from their funding or regulatory body (i.e. U.S. Department of Housing and Urban Development). All Participating Partner Agencies who are participating in the Coordinated Entry System agree to take full accountability for complying with Fair Housing and all other funding and program requirements. The Partner Agencies are required to use the Coordinated Entry System in a consistent manner with the statutes and regulations that govern their housing programs. WCCEP will request from each participating Partner Agency their tenant selection plan and any funding contract that requires or allows a specific subpopulation of persons to be served. For instance, Housing Opportunities for Persons with AIDS (HOPWA) programs will show funding contract, a single-gender program must produce its HUD waiver. It is further recognized that the Fair Housing Act recognizes that a housing provider may seek to fulfill its “business necessity” by narrowing focus on a subpopulation within the homeless population. The Coordinated Entry System may allow filtered searches for subpopulations while preventing discrimination against protected classes.

No customer may be turned away from coordinated entry vacancies due to lack of income, lack of employment, disability status, domestic violence status, or substance abuse unless local government jurisdiction requires the exclusion. (e.g., if customer is a registered sex offender and under parole or probation supervision, other state, city, town or village laws may limit the offender from living within 1,000 feet of a school, facility caring for children or public playground meant for children.) This does not exclude a customer from participation in

coordinated entry; however customer may need to wait until appropriate permanent housing becomes available without violating parole or probation.

WCCEP will promote a low barrier and housing first approach in filling and monitoring vacancies within and outside the CoC. Housing first is a strategy that provides immediate housing to individuals and families experiencing homelessness without requiring participation in psychiatric treatment, treatment for sobriety or other service participation requirements.

B8- Accessing Coordinated Entry:

I) Persons Experiencing Homelessness:
Westchester County Coordinated Entry Program (WCCEP) provides universal services to all people who are experiencing homelessness throughout Westchester County.
Being homeless means you are:

- Living and sleeping outside or in places not meant for human habitation,
- Fleeing or attempting to flee domestic violence
- Staying in an emergency shelter or transitional housing, or
- Exiting an institution where you stayed for up to 90 days and were homeless before entering that institution.

Because of the diversity and size of Westchester County, access to the WCCEP follows a "No Wrong Door" approach. The principles of this approach are:

- A customer can seek housing assistance through any of the participating homeless services providers and will receive integrated services;

- Customer should have equal access to information and advice about the housing assistance for which they are eligible in order to assist them in making informed choices about available services that best meet their needs;

- Participating providers have a responsibility to respond to the range of customer needs and act as the primary contact for a customer who is applying for housing while residing in their shelter beds unless or until another provider assumes that role;

- Participating providers will provide a proactive service that facilitates the customer applying for assistance or accessing services from another provider regardless of whether the original provider delivers the specific housing services required by a presenting customer; and

- Participating housing providers will work collaboratively to achieve responsive and streamlined access to services and cooperate to use available resources to achieve the best possible housing outcomes for a customer, particularly for those with high, complex or urgent needs.

The coordinated entry system will include multiple sites where a customer can walk in and be liked to a coordinated entry assessor. Each access point in the coordinated entry program will perform a standardized assessment to determine the best resources for their specific needs.

Access Points During Normal Business Hours:

Access Point	**Location**	**Hours of Operation**
Westchester County DSS Yonkers District Office	131 Warburton Ave., Yonkers, NY 10701 914-995-3333	8:30 am – 5:00 pm
Westchester County DSS Mount Vernon District Office	100 East First St., Mount Vernon, NY 10550 914-995-3333	8:30 am – 5:00 pm
Westchester County DSS White Plains District Office	85 Court St., White Plains, NY 10601 914-995-3333	8:30 am- 5:00 pm
Westchester County DSS Peekskill District Office	750 Washington St., Peekskill, NY 10566 914-995-3333	9:00 am – 5:00pm
Project CONNECT	100 North Broadway, Yonkers NY 10701 914-345-2800	8:00 am- 5:00 pm
Samaritan House	33 Church St., White Plains, NY 10601 914-948-3075	9:00 am- 5:00 pm
Open Arms Shelter	86 East Post Rd., White Plains, NY 10601 914-948-5044	9:00 am- 5:00 pm
Grasslands Homeless Shelter	25 Operations Dr., Valhalla, NY 10595 914-231-4213	9:00 am- 5:00 pm
Jan Peek House Shelter	200 North Water St., Peekskill, NY 10566 914-736-2636	9:00 am- 5:00 pm
Providence House	89 Sickles Ave., New Rochelle, NY 10801 914-632-4177	9:00 am- 5:00 pm
Mt. Vernon Westhelp	240 Franklin Ave., Mt. Vernon, NY 10553 914-665-3626	9:00 am- 5:00 pm
Coachman Family Center	123 E. Post Rd., White Plains, NY 10601 914-949-1000	9:00 am- 5:00 pm
Vernon Plaza	17S. Second Ave. Mt. Vernon, NY 10550	9:00 am- 5:00 pm
Children's Village (Youth)	1 Echo Hills , Dobbs Ferry, NY 10522, Dobbs Ferry, NY 10522 914-693-0600	24 hours 7 days a week

B6 - In addition to the access points run by the agencies detailed above, the coordinated entry system will also rely on the services provided by emergency drop in shelters and street outreach providers after normal business hours. Individuals and families who present at emergency shelters or who are found via street outreach will access the coordinated entry system through these access points.

Access Points after Normal Business Hours for Singles:

Access Point	Location	Hours of Operations
Samaritan House Drop In	33 Church St., White Plains, NY 10601 914-948-3075	24 hours 7 days a week
Oasis Drop In Men's	19 Washington Ave., New Rochelle, NY 10801 914-633-0101	24 hours 7 days a week
Oasis Drop In Women's	122 East 1st Street, Mount Vernon NY 10550 914-598-3754	9pm to 7am
YWCA of Yonkers Men's Drop In	68 Palisades Avenue, Yonkers NY 10701 963-0640 ext 115	24 hours 7 days a week
YWCA of Yonkers Women's Drop In	87 South Broadway, Yonkers NY 10701 963-0640 ext 115	24 hours 7 days a week
Jan Peek Drop In	200 North Water St., Peekskill, NY 10566 914-736-2636	24 hours 7 days a week
Open Arms Drop In	86 East Post Rd., White Plains, NY 10601 914-948-5044	24 hours 7 days a week
Broadway Manor Drop In	101 N. Broadway, Yonkers, NY 10701 914-476-4864	24 hours 7 days a week
Children's Village (Youth) Sanctuary	1 Echo Hills, Dobbs Ferry, NY 10522, Dobbs Ferry, NY 10522 Emergency Hotline 888-997-1583 or 914-593-0667	24 hours 7 days a week
Street Outreach	7 participating organizations	No dedicated Assessment Hours

Street Outreach workers will administer Coordinated Entry survey tools to assess those homeless living in places not meant for human habitation, and enter those participants into

HMIS for prioritization, using the same tools and processes utilized by DSS and Emergency Shelter personnel at other access points.

Families seeking shelter after hours or during weekends should contact DSS Emergency Services at (914)995-2099. Once formally placed, families will be assessed at the facility (Coachman Family Center).

II) Persons At-risk of Homelessness:

Households at-risk of homelessness can access Coordinated Entry through any of Westchester's four district offices of the Westchester County Department of Social Services (DSS); at the offices of agencies providing homelessness prevention services; and other community touch points including libraries, school homeless liaisons, and soup kitchens.

All of these access points result in a Comprehensive At-Risk of homelessness assessment Tool (CART) being completed for the household and their enrollment in Coordinated Entry as described below in Section D5.

Access Point	Location	Hours of Operation
Westchester County DSS Yonkers District Office	131 Warburton Ave., Yonkers, NY 10701 914-995-3333	8:30 am – 5:00 pm
Westchester County DSS Mount Vernon District Office	100 East First St., Mount Vernon, NY 10550 914-995-3333	8:30 am – 5:00 pm
Westchester County DSS White Plains District Office	85 Court St., White Plains, NY 10601 914-995-3333	8:30 am- 5:00 pm
Westchester County DSS Peekskill District Office	750 Washington St., Peekskill, NY 10566 914-995-3333	9:00 am – 5:00pm
CLUSTER Housing Resource Center	28 Wells Avenue, Yonkers NY 10701 914.963.6440	9:00 am- 5:00 pm
Westchester Residential Opportunities	470 Mamaroneck Avenue, Suite 410, White Plains, NY 10605 914-428-4507	9:00 am- 5:00 pm
CHOICE of New York	71 North Avenue New Rochelle NY 10801 200 East Post Rd. White Plains NY 10601 1 Park Street, 2nd Floor, Peekskill NY 10566 914-576-0173	9:00 am- 5:00 pm
Bridge Fund	171 E Post Rd # 200, White Plains NY 10601	9:00 am- 5:00 pm

	914-949-8146	
Legal Services of the Hudson Valley	90 Maple Ave, White Plains, NY 10601 914-949-1305	9:00 am- 5:00 pm
The Guidance Center of Westchester	256 Washington Street, Mount Vernon NY 10553 914-613-0700 x7064	9:00 am- 5:00 pm

C1 and C6 - Standardized Assessment Process for Persons Experiencing Homelessness:

To ensure accessibility to households in need, the Westchester County Coordinated Entry Process provides access to services from multiple, convenient physical locations. Customers in need may initiate a request for services in person through any of these designated access points, including contact with street outreach workers for persons living in places not meant for human habitation.

Westchester County Coordinated Entry Process will offer the same assessment approach at all access points and all access points will be usable by all people who may be experiencing homelessness or at risk of homelessness.

The assessment process does not require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information is obtained only for purposes of determining program eligibility to make appropriate referrals.

Participant assessment for, and enrollment in, Coordinated Entry must take place within 24 hours of arrival at Emergency Shelter access points listed above. Homeless outreach workers encountering unsheltered homeless persons must also enroll clients in coordinated entry within 24 hours of their first contact.

At Drop-In Shelter access points listed above, participant assessment for, and enrollment in, Coordinated Entry must take place within 24 hours of the 14th night stay in shelter within the previous 12 months. Drop-In Shelter participants may request to be enrolled in Coordinated Entry before their 14th night stay. In those cases, assessment for, and enrollment in, Coordinated Entry must take place within 24 hours of the participant's enrollment request.

The Assessment Process will consist of the following steps:

1) Access Point staff will obtain a Release of Information (ROI) from customers
2) Access Point staff will complete an Entry assessment of the customers in HMIS, collecting all related data elements for every member of the household including HMIS Universal Data elements; disability information; domestic violence history; financial assessments, including cash income and non-cash benefits; and veteran details. The

customers will be enrolled in both the access point's HMIS project (emergency shelter, street outreach) and the Coordinated Entry HMIS project.

3) Access Point staff will complete the appropriate Westchester Comprehensive Homeless Assessment Tool (CHAT) in HMIS for the customers.
4) Where possible, Access Point staff will assess the customers for Chronic Homelessness. Access Point staff will upload documentation of Chronic Homelessness for individuals who are judged to meet the current HUD definition of Chronic Homelessness.
5) Access point staff will provide the customers will a Coordinated Entry *Receipt*, which indicates the enrollment date of the customers into Coordinated Entry, the HMIS Client ID of the head of household, and indicates what the customers can expect from Coordinated Entry as they are assessed, prioritized, and referred for housing.

Coordinated Entry staff will then use the data from all of the assessment steps in order to prioritize customers for housing and pull "housing matches" from HMIS that meet the needs of the person and, in order of priority, refer persons to appropriate housing.

Access Point agencies are required to designate specific staff as *Coordinated Entry Assessors* with the responsibility to carry out all of the steps in the assessment process.

Coordinated Entry Assessors' responsibilities include, but are not limited to the following:

• Operating as the initial contact for the Coordinated Entry Process

• Conducting HMIS Assessments, Westchester Comprehensive Homeless Assessment Tool (CHAT), and Chronic Homelessness assessments

• Collecting and uploading all documents available at assessment

• Notification to clients of Eligibility and Referral decisions made by Coordinated Entry Process staff

• Linking clients to the Permanent or Transitional Housing provider agency once a referral has been made by Coordinated Entry

• Participation in case conferences regarding agency clients currently on the Coordinated Entry prioritization lists

• Responding to requests by the Coordinated Entry staff

Coordinated Entry Assessors must attend training provided by the Westchester County CoC on the Westchester Coordinated Entry Process, HUD regulations, HMIS workflows, and the methods by which assessments are to be conducted with fidelity to the CoC's coordinated entry procedures. This training will be provided by the Westchester County CoC at least annually.

C2 - Coordinated Entry prohibits "screening people out":

Westchester County Coordinated Entry Program will promote a low barrier and housing first approach in filling coordinated entry vacancies. Housing first is a strategy that provides immediate housing to individuals and families experiencing homelessness without requiring participation in psychiatric treatment, treatment for sobriety or other service participation requirements. Once settled into permanent housing, customers will be offered a wide range of supportive services that will focus on helping them maintain their housing. Access to coordinated entry vacancies will be filled based on a prioritization list of eligible households (singles or families), rather than other methods such as "first come, first serve". Coordinated Entry supports this approach using a universal assessment tool (CHAT). It will work to connect households with the appropriate housing opportunity as well as necessary supportive services as quickly as possible. The goal is to link customers with the appropriate housing that will best serve their needs.

No customer may be turned away from coordinated entry monitored vacancies due to lack of income, lack of employment, disability status, domestic violence status, resistance to receiving services, type or extent of disability-related services needed, history of eviction, poor credit, criminal record, or substance abuse unless local government jurisdiction requires the exclusion. (e.g., if customer is a registered sex offender and under parole or probation supervision, other state, city, town or village laws may limit the offender from living within 1,000 feet of a school, facility caring for children or public playground meant for children.) This does not exclude a customer from participation in coordinated entry; however customer may need to wait until appropriate permanent housing becomes available without violating parole or probation.

(It must be noted, Coordinated Entry does not guarantee the customer will meet final eligibility requirements or receive a referral to a particular housing option, nor does it ensure availability of resources for all eligible households.)

C4 - Non-Discrimination Complaint:

Customers that believe that the Westchester County Coordinated Entry Program has failed to provide services or discriminated in another way on the basis of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability, you can file a grievance with:

Westchester County Civil Rights Coordinator, 148 Martine Avenue, 9th floor, White Plains, New York 10601, (914) 995-2127, Fax 914-813-4350, WC_CRC@westchestergov.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Westchester County Civil Rights Coordinator is available to help you. You can also file a civil

rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html. ATTENTION: Language assistance services, free of charge, are available to you. Call 914-995-2127. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 914-995-2127.

D1. Prioritization methodology for homeless housing

A. Prioritizing Permanent Supportive Housing

On 7/25/16 HUD published rules[1] in Notice CPD 16-11 detailing how local Continuums of Care (CoCs) must prioritize Chronically and non-Chronically homeless people into CoC-funded Permanent Supportive Housing (PSH)[2]. The Westchester CoC Board adopted the order of priority described in Notice CPD 16-11 on 08/02/17.

The following details implementation of the HUD order of priority for Westchester County CoC:

1) When Chronically Homeless individuals or families are located within the geographic area of the CoC, Westchester County CoC will place individuals in **PSH units dedicated or prioritized for persons experiencing chronic homelessness or meeting the definition of DedicatedPLUS** in the following order:

1. CH/DedicatedPLUS individuals and families who match the goals and any identified target populations served by the project with the most severe needs (PSH score of 5+ using Westchester Comprehensive Homeless Assessment Tool). and then sorted by length of time homeless.
2. CH/DedicatedPLUS individuals and families who match the goals and any identified target populations served by the project sorted by PSH score from the Westchester Comprehensive Homeless Assessment Tool and then by length of time homeless.

2) Westchester County CoC will place individuals in **PSH units not dedicated or not prioritized for persons experiencing chronic homelessness or meeting the definition of DedicatedPLUS** in the following order; in addition, Westchester County CoC will place individuals in **PSH units dedicated or prioritized for persons experiencing chronic homelessness or meeting the definition of DedicatedPLUS** when there are no CH/DedicatedPLUS individuals and families

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

[2] Note: only individuals and families with disabilities can be placed in CoC-funded PSH.

who match the goals and any identified target populations served by the project in the following order:

1. Homeless individuals and families with a disability who have been homeless for more than 365 days and with the most severe needs (PSH score of 5+ using Westchester Comprehensive Homeless Assessment Tool) and then sorted by length of time homeless.
2. Homeless individuals and families with a disability who have been homeless for less than 365 days and with the most severe needs (PSH score of 5+ using Westchester Comprehensive Homeless Assessment Tool) and then sorted by length of time homeless.
3. Homeless individuals and families with a disability coming from emergency shelters or places not meant for human habitation sorted by PSH score from the Westchester Comprehensive Homeless Assessment Tool and then by length of time homeless.
4. Homeless individuals and families with a disability coming from transitional housing sorted by PSH score from the Westchester Comprehensive Homeless Assessment Tool and then by amount of time homeless.

Severity of need must be determined using CoC-wide objective assessment tools, adjusted when necessary by well-documented and fairly applied professional judgment. Westchester CoC currently uses the Westchester Comprehensive Homeless Assessment Tool score to assess severity of need. Highest need is defined as PSH scores of 5 or higher using the Westchester Comprehensive Homeless Assessment Tool.

The CoC is dedicated to eradicating veteran homelessness and Chronic Homelessness. First priority within all categories above will be veterans. Essentially, this means that if two households present for assistance and both fall under the same order of priority (e.g. both chronically homeless with Westchester Comprehensive Homeless Assessment Tool score of 5+ and same length of time homeless), but one is a veteran household and the other is not, the veteran household should be prioritized first. In general, the CoC will prioritize any veteran households who are not eligible for VA housing or services by targeting those Veterans to the most appropriate CoC-funded projects.

Westchester County will prioritize otherwise eligible households in a nondiscriminatory manner. Program implementation, including any prioritization policies, will be implemented consistent with the nondiscrimination provisions of the Federal civil rights laws, including, but not limited to the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Title II or III of the Americans with Disabilities Act, as applicable. For example, while it is acceptable to prioritize based on level of need for the type of assistance being offered, prioritizing based on specific disabilities would not be consistent with fair housing requirements or program regulations.

HUD notice 14-012 sets “Recordkeeping Requirements for Documenting Chronic Homeless

Status." HUD stated that this notice "establishes recordkeeping requirements for all recipients of CoC Program-funded PSH that are required to document a program participant's status as chronically homeless as defined in 24 CFR 578.3 and in accordance with 24 CFR 578.103.

Per the **Emergency Transfer Plan** adopted by the Westchester County CoC, priority will be given to current PSH participants who are victims of domestic violence, dating violence, sexual assault, or stalking who request an emergency transfer from the tenant's current unit to another unit if the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit or if the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

Where it is impossible or unsafe to transfer these participants to a new unit in the current PSH project, emergency transfers will be prioritized over all other referrals, and will receive the next available bed placement for which they match the goals and any identified target populations served by the new PSH project.

CoC Project Closure: In the event of Project closure, where allowed by HUD *and* needed to prevent homelessness, the CoC will transfer enrolled participants of de-funded projects to other CoC projects as openings become available. These transfers will be prioritized over all other referrals, and will receive the next available bed placement for which they match the goals and any identified target populations served by the new CoC project.

In specific (and rare) instances, case conferencing groups may determine a homeless individual or family to have a higher need than indicated by their raw Comprehensive Homeless Assessment Tool (CHAT) score. By consensus of the Coordinated Entry/ Data Systems committee, these households may be prioritized at a higher level of need and referred to housing vacancies before other households with higher CHAT scores or longer length of time homeless.

The household must still meet all eligibility criteria, target populations, and identified goals of the specific project with the vacancy.

B. Prioritizing Rapid Rehousing

Recently, HUD provided guidance for rapid rehousing in terms of prioritizing subpopulations. HUD noted in a SNAPS In Focus: Rapid Re-Housing As a Model and Best Practice, August 6, 2014, that:

> "Rapid re-housing can be effective for many populations, such as families with children, youth aging out of foster care, domestic violence survivors, single adults, and veterans, but should be targeted to those households that would not be able to get out of homelessness without the assistance. It is particularly a key strategy for achieving the Opening Doors goal of ending family, youth, and child homelessness by 2020.

Rapid re-housing should prioritize people with more challenges, including those with no income, poor employment prospects, troubled rental histories, and criminal records. Providers should link participants with community resources that will help them achieve longer-term stability and well-being. Now is the time for communities to be working together to establish written standards for administering rapid re-housing and thinking strategically about how this type of assistance will be used most effectively within the CoC.**"**

Recently, HUD also noted on www.hudexchange.info/resources/documents/Rapid-Re-Housing- Brief.pdf that:

"Rapid re-housing is an effective intervention for many different types of households experiencing homelessness, including those with no income, with disabilities, and with poor rental history. The majority of households experiencing homelessness are good candidates for rapid re-housing. The only exceptions are households that can exit homelessness with little or no assistance, those who experience chronic homelessness and who need permanent supportive housing, and households who are seeking a therapeutic residential environment, including those recovering from addiction."

Westchester County CoC will prioritize individuals and families for Rapid Re-housing in the following order:

1. Homeless individuals and families with the highest need for Rapid Rehousing interventions by sorting from highest to lowest Westchester Comprehensive Homeless Assessment Tool RRH score.
2. Homeless individuals and families that have been homeless for the longest amount of time.

Homeless households within the following subpopulations will be given first priority: families with children, youth ages 18-24, domestic violence survivors, and veterans. Essentially, this means that if two households present for assistance and both fall under the same order of priority (e.g. both with the same Westchester Comprehensive Homeless Assessment Tool RRH score and length of time homeless), but one is a family, youth, DV survivor or veteran household and the other is not, the priority subpopulation household should be housed first.

Westchester County will prioritize otherwise eligible households in a nondiscriminatory manner. Program implementation, including any prioritization policies, will be implemented consistent with the nondiscrimination provisions of the Federal civil rights laws, including, but not limited to the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Title II or III of the Americans with Disabilities Act, as applicable. For example, while it is acceptable to prioritize based on level of need for the type of assistance being offered, prioritizing based on specific disabilities would not be consistent with fair housing requirements

or program regulations.

Clients that can exit homelessness with little or no assistance, those who experience chronic homelessness and who need permanent supportive housing, and households who are seeking a therapeutic residential environment, including those recovering from addiction will not be prioritized for Rapid Re-housing.

Per the Emergency Transfer Plan adopted by the Westchester County CoC, priority will be given to current Rapid Re-housing participants who are victims of domestic violence, dating violence, sexual assault, or stalking who request an emergency transfer from the tenant's current unit to another unit if the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit or if the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

Where it is impossible or unsafe to transfer these participants to a new unit in the current Rapid Re-housing project, emergency transfers will be prioritized over all other referrals, and will receive the next available bed placement for which they match the goals and any identified target populations served by the new Rapid Re-housing project.

CoC Project Closure: In the event of Project closure, where allowed by HUD *and* needed to prevent homelessness, the CoC will transfer enrolled participants of de-funded projects to other CoC projects as openings become available. These transfers will be prioritized over all other referrals, and will receive the next available bed placement for which they match the goals and any identified target populations served by the new CoC project.

In specific (and rare) instances, case conferencing groups may determine a homeless individual or family to have a higher need than indicated by their raw Comprehensive Homeless Assessment Tool (CHAT) score. By consensus of the Coordinated Entry/ Data Systems committee, these households may be prioritized at a higher level of need and referred to housing vacancies before other households with higher CHAT scores or longer length of time homeless.

The household must still meet all eligibility criteria, target populations, and identified goals of the specific project with the vacancy.

C. Prioritizing Transitional Housing

Westchester County CoC will prioritize individuals and families for Transitional Housing in the following order:

1. Homeless individuals and families within the following subpopulations:

- families with children,
- youth ages 18-24,
- domestic violence survivors,
- veterans,
- households with severe service needs that threaten their immediate health or safety and who cannot safely live in an independent living environment but for whom institutional recovery or treatment services are not desired or available.

2. Homeless individuals and families that have been homeless for the longest amount of time.

All chronically homeless individuals and families will not be served through transitional housing.[4] Such households will be served by permanent supportive housing through a Housing First approach.

D. Prioritizing Emergency Housing Vouchers

Westchester County CoC will prioritize individuals and families for the Emergency Housing Vouchers program in the following order:

1. Homeless households currently fleeing Domestic Violence or current victims of Human Trafficking as defined by HUD.
2. Homeless families with children residing in emergency shelter for more than 12 months.
3. Homeless households residing in DSS EHAP apartments for more than 12 months.

   AND

   Formerly homeless households residing in Rapid Rehousing subsidized apartments for more than 12 months.

Within each category, households will be prioritized by length of time homeless (from longest to shortest), and then by sorting from highest to lowest Westchester Comprehensive Homeless Assessment Tool PSH score.

E. Prioritizing Homelessness Prevention assistance

Westchester County CoC will prioritize individuals and families for the Homelessness Prevention services in the following order:

3. Homeless individuals and families with the highest need for Homelessness Prevention services by sorting from highest to lowest Westchester Comprehensive At-Risk of homelessness assessment Tool (CART) score.

4. Households with the same CART score are sorted by the length of time until imminent homelessness (from shortest time until homelessness to longest time until homelessness).

Westchester County will prioritize otherwise eligible households in a nondiscriminatory manner. Program implementation, including any prioritization policies, will be implemented consistent with the nondiscrimination provisions of the Federal civil rights laws, including, but not limited to the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Title II or III of the Americans with Disabilities Act, as applicable. For example, while it is acceptable to prioritize based on level of need for the type of assistance being offered, prioritizing based on specific disabilities would not be consistent with fair housing requirements or program regulations.

D2. Distinguish how prioritization is *separate* from eligibility determination.

Prioritization is the process by which households seeking homeless services and housing are selected based on based on severity of need or vulnerability and length of time homeless.

When a services or housing in CoC, ESG, or locally-funded housing covered by Coordinated Entry, becomes available, Coordinated Entry selects the highest ranking (i.e. highest need and length of time homeless) appropriate customer for that project.

Highest ranking customer will be identified by Coordinated Entry staff using prioritization lists maintained and sorted within HMIS following prioritization criteria established above.

However, the nominally highest ranking customer may not be appropriate or eligible for the specific project where an opening is available. The customer who is actually referred will be the highest ranking customer who **also** meets the eligibility criteria, target population, and identified goals of the specific project.

When a customer with a high ranking on the Coordinated Entry prioritization lists is not selected for a specific opening because they are not eligible for that project – and an eligible customer with a lower ranking is selected instead – the higher-ranking customer retains their place on the prioritization lists and will be selected for the next opening for which they meet the eligibility criteria.

Per the Emergency Transfer Plan adopted by the Westchester County CoC, priority will be given to current Transitional Housing participants who are victims of domestic violence, dating violence, sexual assault, or stalking who request an emergency transfer from the tenant's current unit to another unit if the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit or if the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred

on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

Where it is impossible or unsafe to transfer these participants to a new unit in the current Transitional Housing project, emergency transfers will be prioritized over all other referrals, and will receive the next available bed placement for which they match the goals and any identified target populations served by the new Transitional Housing project.

D3 – Emergency Services not covered by Coordinated Entry:

Consistent with HUD guidelines, access to all emergency services located in the Westchester Continnum of Care (including street outreach and emergency shelter) will not be prioritized based on severity of need or vulnerability, allowing for immediate response.

Westchester County Coordinated Entry Program therefore does not delay access to emergency services such as emergency shelters. Access to Emergency services not covered by WCCEP will continue to operate as follows: Customer's seeking placement in emergency shelters during normal business hours should go directly to a Department of Social Services district office. Singles seeking shelter after hours can utilize any one of our drop in shelters. Families seeking shelter after hours should continue to contact DSS Emergency Services at (914) 995-2099. Youth should contact the Children's Village Emergency Hotline at 888-997-1583. Victims of domestic violence should call 1-800-942-6206 (English speaking) or 1-800-942-6908 (Spanish speaking).

C5:

The Westchester County Coordinated Entry Program (WCCEP) is person centered and based on customer choice. Customers have the right to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and services options without retribution or limiting their access to other form of assistance.

D4 Remaining on the Prioritization List

The Westchester County Coordinated Entry Program (WCCEP) is person centered and based on customer choice. Individuals and households have the right to refuse any housing resource that is offered to them. Refusing a housing resource does not impact eligibility for future referrals, however it must be explained that a particular resource may no longer be available in the

future. There will not be a limit to the amount of times a referred individual/family can refuse a referral. All refusals must be documented in HMIS noting the reason for the refusal.

While providers are expected to make every effort to engage individuals and families, housing units may not stay vacant longer than needed. Providers trying to contact an individual or household for a specific resource that have not been able to make contact after 3 attempts within a 2 week span, may move on to the next prioritized individual or household on the list who meets the project's specific eligibility criteria, target population, and identified goals.

The original individual/household with whom contact was not established will remain on the prioritization list. Providers will attempt to contact the household every 2 weeks as long as a resource is available. Contact attempts must be documented in HMIS.

Upon referral, customers will receive clear information from the Provider about the project they have been referred to. Once contacted, customers has 10 days to decide whether or not to accept referral.

Individuals or households may be removed from the prioritization list if no contact has been made after 90 days. If an individual or family makes contact after the 90 days, a new assessment will be completed and, based on their new CHAT score, will be placed back on the prioritization list for an appropriate housing referral.

Referral Rejection Policy

Both providers and program participants (customer's) may deny or reject referrals, although service denials should be infrequent and must be documented in HMIS noting the reason for the rejection. All participating projects and customers must provide the reason for denial/rejection, and may be subject to a limit on number of service denials/rejections. At a minimum, a project's referral rejection/denial reasons must include the following:

- Customer /household refused further participation (or client moved out of CoC area)
- Customer/household does not meet required criteria for program eligibility
- Customer/household unresponsive to multiple communication attempts
- Customer resolved crisis without assistance
- Customer /household safety concerns - The customer's/household's health or well-being or the safety of current program participants would be negatively impacted due to staffing, location, or other programmatic issues

- Customer /household needs cannot be addressed by the program. The program does not offer the services and/or housing supports necessary to successfully serve the household.
- Program at capacity at time of referral
- Property management denial (include specific reason cited by property manager)
- Conflict of interest

D5. Written policies for prioritization into covered homelessness prevention services

To ensure accessibility to households in need, the Westchester County Coordinated Entry Process provides access to prevention services from multiple, convenient physical locations. Customers in need may initiate a request for services in person through any of these designated access points.

Westchester County Coordinated Entry Process will offer the same assessment approach at all access points and all access points will be usable by all people who may be at risk of homelessness.

The assessment process does not require disclosure of specific disabilities or diagnosis.

- Households requesting homelessness prevention services at DSS District Offices are pre-screened for eligibility by DSS caseworkers, and then referred to co-located eviction prevention agency staff for assessment using the Comprehensive At-Risk of homelessness assessment Tool (CART) and enrollment in Coordinated Entry.
- Households requesting homelessness prevention services at homelessness prevention agency offices will be assessed using the CART and enrolled in Coordinated Entry by agency staff.
- Households requesting homelessness prevention services at community touch points (including libraries, school homeless liaisons, soup kitchens) will be assessed using a paper version of the CART by touch point staff which will be forwarded to DSS; DSS Coordinated Entry personnel will enter the paper CART into HMIS and enroll the household into Coordinated Entry.

Participant assessment via the CART, and enrollment in Coordinated Entry must take place within 1 business day of arrival at DSS or an eviction prevention agency office.

The Assessment Process will consist of the following steps:

1) Access Point staff will obtain a Release of Information (ROI) from customers

2) Access Point staff will complete the appropriate Westchester Comprehensive At-Risk of homelessness assessment Tool (CART) in HMIS for the customers. [If the Access Point is a community touch point, DSS Coordinated personnel will transfer the paper CART forwarded by the touch point into HMIS.]
3) Access Point staff [or DSS Coordinated personnel] will complete an Entry assessment of the customers in HMIS, collecting all related data elements for every member of the household including HMIS Universal Data elements; disability information; domestic violence history; financial assessments, including cash income and non-cash benefits; and veteran details. The customers will be enrolled in the Coordinated Entry HMIS project.
4) Access point staff [or DSS Coordinated personnel] will provide the customers with a Coordinated Entry *Receipt*, which indicates the enrollment date of the customers into Coordinated Entry, the HMIS Client ID of the head of household, and indicates what the customers can expect from Coordinated Entry as they are assessed, prioritized, and referred for homelessness prevention services.

Once a household is enrolled in Coordinated Entry with a completed CART, the customers can be prioritized and then referred to a Homelessness Prevention project as described above in Section D1.

If a household is determined to be ineligible for ESG (or other CE participating projects) Homelessness Prevention, the household will be directed to other available resources:

DSS caseworkers will assess the household for eligibility for County Emergency Assistance funding in accordance with state and local regulations.

If DSS cannot provide sufficient emergency rent arrears assistance to avert the eviction, the DSS caseworker will give the customer a "letter of denial" stating the reason for the denial and a listing of all the eviction prevention agencies in Westchester, including those with County Eviction Prevention contracts and those using private funding. These E.P. agencies are conveniently located in major cities throughout the county. If the agency a household contracts temporarily has no funding for rent arrears or other homelessness prevention services, the agency will refer them to another agency that does.

Homelessness Prevention provider agencies are required to designate specific staff as *Coordinated Entry Assessors* with the responsibility to carry out all of the steps in the assessment process.

Coordinated Entry Assessors' responsibilities include, but are not limited to the following:

- Operating as the initial contact for the Coordinated Entry Process

• Conducting HMIS Assessments, and Westchester Comprehensive At-Risk of homelessness assessment Tool (CART) assessments

• Collecting and uploading all documents available at assessment

• Notification to clients of Eligibility and Referral decisions made by Coordinated Entry Process staff

• Linking clients to the appropriate Homelessness Prevention provider agency once a referral has been made by Coordinated Entry

• Participation in case conferences regarding agency clients currently on the Coordinated Entry prioritization lists

• Responding to requests by the Coordinated Entry staff

Coordinated Entry Assessors must attend training provided by the Westchester County CoC on the Westchester Coordinated Entry Process, HUD regulations, HMIS workflows, and the methods by which assessments are to be conducted with fidelity to the CoC's coordinated entry procedures. This training will be provided by the Westchester County CoC at least annually.

E1 – Uniform Referral Process

<u>Households experiencing homelessness</u>

Coordinated Entry Administrator (CEA) will generate a prioritized list daily.

Bed/unit availability will be updated weekly.

	Step	**Timeliness Standard**
Step 1	Highest ranking customer will be identified by Coordinated Entry staff using prioritization lists maintained and sorted within HMIS following established prioritization criteria. As beds/units in CoC, ESG, or locally-funded housing covered by Coordinated Entry become available, CEA will identify the highest ranking customer for that project type (PSH, RRH, or TH) that meets the eligibility criteria, target population, and identified goals of the project.	Immediately upon availability; bed/unit availability will be updated weekly
Step 2	CEA will refer customer and all contact information to project case manager (Provider).	1 business day

Step 3	Project case manager (Provider) Acknowledges referral in HMIS	2 business days
Step 4	Project case manager (Provider) attempts to make contact with customer, referral source and any other identified supports as appropriate, working with the *Coordinated Entry Assessor* at the customer's current site, to ensure customer has all possible eligibility documentation in place.	Provider must make 3 attempts within a 2 week period (attempts must be documented in HMIS)
Step 5	If Provider is unable to locate customer, Provider will contact CEA for next highest ranking appropriate customer.	After 3 unsuccessful documented attempts with a 2 week period
	If Provider does not make 3 documented attempts within 2 weeks to contact then CEA will conference with the Provider. Providers are not allowed to screen potential participants out for assistance based on perceived barriers related to housing or services.	15 days after referral is passed to Provider
	Provider may justify rejecting referral using Agency Referral Denial form process. The only acceptable criteria for rejecting referrals are listed on the Agency Referral Denial Form. Customers rejected by a Provider for acceptable criteria are immediately referred to the next available bed for that project type (PSH, RRH, or TH) for which they meet the eligibility criteria, target population, and identified goals of the project.	
Step 6	Upon referral, customers receive clear information from the Provider about the project they have been referred to, what participants can expect from the project, and expectations of the project. Once contacted, customer decides whether or not to accept referral.	10 business days
Step 7	If referral is declined, Provider submits Customer Referral Denial form to CEA which prompts referral for next highest ranking appropriate customer (refer back to Step 3).	Immediately
Step 8	If referral is accepted, Provider schedules an appointment with the customer for intake/application process.	3 business days
Step 9	Provider works with the Customer (and with the *Coordinated Entry Assessor* at the customer's	10 business days

	current site) to obtain any outstanding documentation.	
Step 10	[May be concurrent with Step 9] Provider works with customer to locate suitable housing, and arrange move in.	30 business days
Step 11	Provider records project Move-In date in HMIS and contacts CEA of move in.	24 hours after move in
Step 12	CEA exits customer from Coordinated Entry in HMIS.	48 Hours after move in

<u>Households at-risk of homelessness</u>

Coordinated Entry Administrator (CEA) will generate a prioritized list daily.

Bed/unit availability will be updated weekly.

	Step	**Timeliness Standard**
Step 1	Highest ranking customer will be identified by Coordinated Entry staff using prioritization lists maintained and sorted within HMIS following established prioritization criteria. As funding in ESG, or participating locally-funded homelessness prevention projects become available, CEA will identify the highest ranking customer for that project that meets the eligibility criteria, target population, and identified goals of the project.	Immediately upon availability or notification that new at-risk customers added to Coordinated Entry
Step 2	CEA will refer customer and all contact information to project case manager (Provider).	1 business day
Step 3	Project case manager (Provider) Acknowledges referral in HMIS	2 business days
Step 4	Project case manager (Provider) attempts to make contact with customer, referral source and any other identified supports as appropriate, working with the *Coordinated Entry Assessor* at the customer's current site, to ensure customer has all possible eligibility documentation in place.	Provider must make 3 attempts within a 2 week period (attempts must be documented in HMIS)
Step 5	If Provider is unable to locate customer, Provider will contact CEA for next highest ranking appropriate customer.	After 3 unsuccessful documented attempts with a 2 week period
	If Provider does not make 3 documented attempts within 2 weeks to contact then CEA will	15 days after referral is passed to Provider

	conference with the Provider. Providers are not allowed to screen potential participants out for assistance based on perceived barriers related to housing or services.	
	Provider may justify rejecting referral using Agency Referral Denial form process. The only acceptable criteria for rejecting referrals are listed on the Agency Referral Denial Form. Customers rejected by a Provider for acceptable criteria are immediately referred to the next available bed HP project for which they meet the eligibility criteria, target population, and identified goals of the project.	
Step 6	Upon referral, customers receive clear information from the Provider about the project they have been referred to, what participants can expect from the project, and expectations of the project. Once contacted, customer decides whether or not to accept referral.	10 business days
Step 7	If referral is declined, Provider submits Customer Referral Denial form to CEA which prompts referral for next highest ranking appropriate customer (refer back to Step 3).	Immediately
Step 8	If referral is accepted, Provider schedules an appointment with the customer for intake/application process.	3 business days
Step 9	Provider works with the Customer (and with the *Coordinated Entry Assessor* at the customer's current site) to obtain any outstanding documentation. Household is enrolled in the Homelessness Prevention project in HMIS.	10 business days
Step 10	Provider contacts CEA to provide notification of HP project enrollment.	24 hours after enrollment
Step 11	CEA exits customer from Coordinated Entry in HMIS.	48 Hours after enrollment
Step 12	[May be concurrent with Step 9] Provider works with customer to locate suitable housing, and arrange move in AND/OR provides other services as appropriate or required.	30 business days

E2 – Eligibility Requirements – see appendix

E3. Referral

The WC CoC requires that all CoC- and ESG-program recipients and sub-recipients use the established and Board-approved WCCEP process for referral. This process establishes the WCCEP as the ONLY referral source from which to consider filling vacancies in housing and/or services funded by the CoC and ESG programs. This requirement is included in the WC CoC Site Visit Checklist for all CoC and ESG-funded agencies and will be reviewed during monitoring visits.

Accepting referrals from other sources is prohibited and doing so will jeopardize the recipient and/or sub-recipient's standing as a member agency of the CoC, which could impact funding opportunities.

E4 Non Discrimination & Referral Process

The Westchester County Coordinated Entry Program (WCCEP) complies with the non-discrimination requirements of the Fair Housing Act, which prohibits discrimination in all housing transactions on the basis of race, national origin, sex, color, religion, disability status and familial status. This also includes protection from housing discrimination based on source of income. Additional protected classes under state law include sexual orientation (including gender identity), marital status, military discharge status, age (40+). Agencies cannot give preference to any protected class unless allowed by statute/regulation, or written waiver from their funding or regulatory body (i.e. U.S. Department of Housing and Urban Development). All Providers who are participating in the WCCEP agree to accept full accountability for complying with Fair Housing and all other funding and program requirements. Providers are to use the Coordinated Entry Process according to the status and regulations that govern their housing programs. The Westchester County CoC in accordance with the Fair Housing Act also recognizes that a housing provider may seek to fulfill its "Business necessity" by narrowing focus on a subpopulation within the homeless population. The Coordinated Entry Process may allow filtered searches for subpopulations while preventing discrimination against protected classes.

F. Data Management

1. A Homeless Management Information System (HMIS) is a database used to record and track client-level information on the characteristics and service needs of homeless persons. The data collected is also used in aggregate form to obtain statistical

information about the extent and nature of homelessness over time. This information can then be used for evaluation and planning purposes.

The Westchester County CoC's HMIS software provider works with the CoC's HMIS Administrator and HMIS Lead Agency to ensure that all required HUD Data and Technical Standards are included and kept up to date. The HMIS Administrator and Lead Agency, along with members of the CoC's Data and Systems subcommittee review activities and changes with the CoC Board.

The HMIS is utilized by the WCCEP to store and share, with client consent, demographic and service need data as well as information related to program usage and enrollments to streamline the housing process and more effectively match households with housing opportunities. The Westchester County CoC ensures that no client is denied service for failure to release information for sharing purposes or refusal to answer information questions not required for eligibility determination.

Access Point HMIS Users will use the HMIS, and in particular, the Coordinated Entry project in HMIS, as an assessment and communication platform, entering demographic and service needs information as well as noting follow-up information as needed. The WCCEP utilizes the HMIS as a prioritization and referral platform to housing and service providers, as well as a communication and tracking platform to ensure consistent follow-up is being conducted until such time that the household is housed.

The HMIS Lead Agency, with Board approval, maintains the data sharing and privacy policies of the CoC. All HMIS Participating Agencies must sign and submit an Agency Participation Agreement, which outlines the responsibilities of the participating agency and the HMIS Lead Agency in terms of privacy, confidentiality, security, training, program configuration, data quality and monitoring. **See appendix for all forms used by the CoC that relate to HMIS use.**

G1 & G2. Evaluation

The CoC conducts annual site visits to each provider to evaluate CoC and ESG projects, including the quality and effectiveness of intake, assessment and referral processes. Visits include random chart review, client interview, HMIS audit & financial review. Participant eligibility following HUD regulations is reviewed carefully to ensure compliance, as well as bed utilization vs. HUD targets and Coordinated Entry procedures. This forum is also used to discuss, from the CoC- and provider perspective, the performance of the Coordinated Entry process. Audits on sub-recipients are completed by the responsible grant recipient; direct grant recipients are audited by the CoC co-chairs and/or their designee. Only those with oversight responsibilities have access to the client-level data associated with whatever project they are reviewing; any results shared with the CoC Board or the larger CoC membership are aggregate in nature.

Audit results are sent to the provider with a request for any needed corrective actions. When serious deficiencies are detected, technical assistance is provided and/or another site visit is conducted that may lead to disciplinary action. Audit results are used as part of the project ranking formula for the NOFA each year.

CoC Board meetings and other forums are used to review performance, disseminate new information about HUD policies and regulations, identify patterns of ineffectiveness and resolve any issues as they arise. For example, if similar findings are indicated during audit across a particular type of project, the CoC Board may mandate related training sessions for the staff of those projects to correct the finding.

Feedback on the performance of the Coordinated Entry process is also encouraged periodically at CoC Board meetings and committee meetings. CoC members are also invited to contact CoC co-chairs at any time with any specific issues/feedback they wish to provide.

An ad-hoc committee will be established annually to review the Coordinated Entry, taking feedback gained throughout the year to make recommendations to the CoC Board. The Coordinated Entry review committee will also design a survey instrument that will be distributed to all CoC stakeholders so that additional, targeted feedback may be gathered about the quality and effectiveness of coordinated entry intake, assessment and referral processes.

Once approved by the Board, CoC members will be alerted to any revisions made to the Coordinated Entry process.

Partner Agencies:

Bridge Fund

Children's Village

CHI (Community Housing Innovations)

CHOICE

CHOP

City of Mt. Vernon

City of Yonkers Planning

Cluster Community Services

CVR

Family Resource Center of Peekskill

Family Services of Westchester

Family Services Society of Yonkers

Greyston Health Services

Guidance Center of Westchester

Hope Community Services

Hope's Door

Human Development Services of Westchester

IFCA

Legal Services of the Hudson Valley

Lexington Center for Recovery

Lifting Up Westchester

Mental Health Association of Westchester

Montefiore Mount Vernon

Municipal Housing Authority of the City of Yonkers

My Sister's Place

Sharing Community

Southern Westchester BOCES

St. John's Riverside Hospital

Tarrytown YMCA

VA – Montrose

Victim's Assistance

Volunteers of America (VOA)

Westchester County Department of Health

Westchester County Veterans Services Agency

WestCOP

Westhab

Westchester County Department of Community Mental Health

Westchester County Department of Social Services

Westchester County Office for Women

Westchester Residential Opportunities

Yonkers YMCA

YWCA of Yonkers

Glossary of Terms

Access Points – Access points are the places–either virtual or physical–where an individual or family in need of assistance accesses the coordinated entry process.

CHAT – (Westchester Comprehensive Homeless Assessment Tool) is a survey administered both to individuals and families to determine risk and prioritization when providing assistance to homeless and at-risk of homelessness persons.

Chronically Homeless -
(1) A ‘‘homeless individual with a disability,’’ who:
(i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
(ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;
(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Continuum of Care (CoC) – a program designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

Coordinated Entry – The process where any eligible household can complete an assessment to be prioritized for and then referred to homelessness assistance in Westchester County. The CoC

Program interim rule at 24 CFR 578.3 defines centralized or coordinated assessment as the following: "a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool."

Disabling Condition - A disabling condition is defined as "a diagnosable substance abuse disorder, a serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions." In addition, "this disability is expected to be long-continuing and of indefinite duration, and substantially impedes his/her ability to live independently. This disability could be improved by the provision of more suitable housing conditions."

Diversion – is strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.

Eligible Household – Coordinated Entry serves all young adults, families, veteran and single adults who are literally homeless according the HUD definition of homelessness or fleeing/attempting to flee domestic violence and single young adults (ages 18-24) who are imminently at risk for homelessness with the next 14 days. See "Eligibility" section for details.

Emergency Solutions Grant (ESG) - a program of the U.S. Department of Housing and Urban Development to provide emergency shelter to homeless individuals and families living on the street; rapidly re-house homeless individuals and families; and prevent individuals and families from becoming homeless.

HEARTH - The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 that includes Emergency Solutions Grant (ESG) and Continuum of Care (CoC) grants.

HMIS (Homeless Management Information System) – a web-based software application designed to record an store person-level information regarding the service needs and history of households experiencing homelessness throughout the Continuum of Care jurisdiction, as mandated by HUD

Homeless - HUD defines the term "homeless" at 24 CFR 583.5 as (1) a person sleeping in a place not meant for human habitation (e.g. living on the streets) OR living in a homeless temporary shelter, OR (2) an individual or family who will imminently lose their primary nighttime residence within the next 14 days with no subsequent housing identified, OR (3) families or youth under age 25 who meet other Federal definitions of homelessness, OR (4) a person fleeing or attempting to flee domestic violence.

Housing First - Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Permanent Supportive Housing (PSH) – long term permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.

Prioritization - People experiencing (or at-risk of) homelessness will be prioritized in a transparent, consistent manner that takes into account the individual's vulnerability and needs. Prioritization will be a transparent process for the benefit of both providers and those seeking assistance.

Provider - an organization that provides housing or services to people experiencing or at risk of homelessness

Rapid Re-Housing (RRH) – is an intervention designed to help individuals and families quickly exit homelessness and return to permanent housing.

Street Outreach - mobile assessors contact and engage homeless persons living on the streets, and connect them to housing and other community services. Outreach workers are trained in administering the Westchester Comprehensive Homeless Assessment Tool (CHAT) and enter those customers in HMIS for prioritization and housing referral through Coordinated Entry.

Transitional Housing (TH) – housing to facilitate the movement of individuals and families experiencing homelessness into permanent housing

Westchester County Coordinated Entry Program (WCCEP) Referral Denial Form (Agency)

This form should be completed by agencies, whenever they are denying a referral that has been made by a CES agency. Forms should be returned to the entity that is coordinating the local implementation of CES.

Date _____

Referral Date _____

Agency Name_____

Program name _____

Staff contact _____

Email _____

Phone _____

Client ID Number_____

Reason for denial (please circle one, and you must explain in detail below)

- Client/household refused further participation (or client moved out of CoC area)
- Client/household does not meet required criteria for program eligibility
- Client/household unresponsive to multiple communication attempts
- Client resolved crisis without assistance
- Client/household safety concerns. The client's/household's health or well-being or the safety of current program participants would be negatively impacted due to staffing, location, or other programmatic issues.
- Client/household needs cannot be addressed by the program. The program does not offer the services and/or housing supports necessary to successfully serve the household.
- Program at bed/unit/service capacity at time of referral
- Property management denial (include specific reason cited by property manager)
- Conflict of interest

Please describe why you are unable to accept this referral. Is this due to policy or procedure created by a funder, board, staff, property management, landlord or other entity? Please explain: If you were unable to contact client regarding this referral, please indicate the dates of attempted communication, to whom, and in what form (phone, email, etc). If you feel this was an inappropriate referral, please indicate that below with an explanation.

Westchester County Coordinated Entry Program (WCCEP)

Coordinated Entry Referral Denial Form (Client)

This form should be completed by clients, whenever they are denying a referral that has been made by a CES agency. Forms should be returned to the entity that is coordinating the local implementation of CES.

Date _____

Client Initials _____

Reason for denial (please circle one, and you must explain in detail below)

- I/my household refuse further participation in this program
- I/my household are moving outside of the area that is served by this program
- I/my household are able to resolve my housing crisis without assistance
- I/my household are concerned about my health and safety at this program.
- I/my household needs cannot be addressed by the program. The program does not offer the services and/or housing supports necessary to successfully serve the household.

Please describe why you are unable to accept this referral. If you feel this was an inappropriate referral, please indicate that below with an explanation.

To be completed by the Agency Staff

Agency Name_____ Program name _____

Staff contact _____ Email _____ Phone _____

Client ID Number_____ Referral Date _____

Proposed Criteria for Danger Assessment – FOR DISCUSSION PURPOSES

Danger Assessment

We will assess the risk/threat for each applicant for rapid rehousing using the evidence-based Danger Assessment tool developed by Jacquelyn Campbell, PhD, of Johns Hopkins University. This 19-point assessment will return a score between 0 and 37. We will sort these scores into four levels, ranging from Variable Danger to Extreme Danger.

Level of Danger	**Point Range in Danger Assessment Scoring**
Extreme Danger	18+
Severe Danger	14-17
Increased Danger	8-13
Variable Danger	0-7

Current Living Situation

Living with Abuser	4
Left abuser after living together in the last 6 months	3
Left abuser after living together in the last 12 months	2

High Risk Factors

Strangulation/Choking	4
Stalking	4
Abuser owns/has access to gun(s)	4
Threats to kill victim and/or children	3
Controlling behavior	2
Victim believes abuser is capable of killing victim	1
Presence of children in home other than those of abuser	1
Abuser is unemployed	1

Westchester County Continuum of Care
Current ESG Projects by Funding Source and Component

Name of Organization	Prevention	Rapid Re-Housing	Street Outreach	Shelter
My Sisters' Place				ESG – Yonkers
Westchester Residential Opportunities	ESG - Yonkers			
CLUSTER Community Services	ESG - Yonkers			
CLUSTER Community Services	ESG - State			
Guidance Center	ESG - State	STEHP - State	STEHP - State	
Legal Services of the Hudson Valley	ESG - Yonkers			
Legal Services of the Hudson Valley	STEHP- State			
Hope Community Services		STEHP - State	STEHP - State	
WESTHAB		ESG – Yonkers		
WESTHAB		ESG – State		ESG - State

F. Data Management

For appendix:

HMIS Documents and Forms:

- HMIS Privacy Policy
- HMIS Data Sharing Policy
- HMIS Consumer Notice
- HMIS Site Administrator Agreement
- HMIS User Agreement
- HMIS Client Release of Information
- HMIS Agency Participation Agreement