

# COORDINATED ACCESS FOR ADULTS AND FAMILIES POLICIES

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# Values Statement

The Coordinated Access (CA) for Adults and Families program is guided by Housing First principles. Housing First is an approach to quickly and successfully connect households experiencing homelessness to housing without preconditions and barriers to entry. Coordinated Access program partners will work together to preserve participant access to the program and prevent the discontinuation of rent assistance and support services. Every effort is made to avoid a loss of support services, rent assistance, and return to homelessness.

The purpose of this document is to clarify and commit to policies related to Coordinated Access housing resources provided through Coordinated Access for Adults (CAA) and Coordinated Access (CA) for the Homeless Family System of Care (HFSOC), while acknowledging that this is a dynamic system that will undergo change in response to lessons learned and identified needs and gaps. These policies were informed by the staff at Multnomah County's Homeless Services Department (HSD), technical assistance providers at Focus Strategies and C4 Innovations, leadership and direct service providers at homeless service agencies, and people with lived experience of homelessness. Feedback on these policies was gathered through the Coordinated Access Redesign process (2020-2024), in particular from the Oversight Committee and Homeless Connections Collaborative, a lived experience advisory body.

These policies align with our [guiding values](#):

- Collaboration: We recognize our interdependence as individuals and as an organization, and approach our work with a spirit of partnership and shared power with those experiencing homelessness and other stakeholders.
- Equity: We commit to achieving equity for all individuals. We acknowledge the existence of structural racism and develop, implement, and evaluate policies and practices that achieve equitable outcomes with a focus on eliminating the disparities that people of color experience. We believe that focusing on racial equity will allow us to more effectively serve all communities.
- Inclusion: We foster within our office and within the community that we serve a culture of safety and belonging that ensures that the voices of people who have been historically excluded, including people of color, women, people with disabilities and LGBTQIA2S+ people, are truly heard and shape the direction of our work.
- Integrity: We strive to be humble, honest and fair in our roles, function and actions. We are open and accountable to each other and to the community that we serve. We encourage asking and answering tough questions or having difficult conversations.
- Creativity: We are always open to approaching problems and solutions in new ways, taking calculated risks, and testing innovative ideas. We recognize the importance of not letting the possibility of failure dissuade us from experimenting with promising new ways of doing things. We realize that sometimes our current policies and practices pose barriers to change and improvement.
- Quality: We commit to doing the highest quality work, and to continuously evaluating and improving our internal operations, contracting and community planning efforts. We recognize that it is our responsibility to be good stewards of the public resources

entrusted to us and to ensure that those resources achieve the best possible outcomes for our community.

## Access

There are distinct Access Points in place for households fleeing domestic violence, unaccompanied youth, families with minor children, and adults unaccompanied by minor children. Households may be included in more than one of these four subpopulations (for example, a parenting unaccompanied youth who is fleeing domestic violence), and their status may change over time. Households can be served at all of the Access Points for which they qualify as a target population. As necessary, an Access Point immediately connects the household to the appropriate subpopulation Access Point (e.g. unaccompanied youth who present at an Access Point defined for adults unaccompanied by minor children are connected to the youth-specific Access Point).

There is also a distinct Access Point for households at risk of homelessness, although there are no ESG- funded homeless prevention services.

An overview of Access Points that includes a list of participating providers by subsystem is available at [johs.us/coordinated-access](https://johs.us/coordinated-access).

### *Families with Minor Children*

The Homeless Family System of Care serves adults accompanied by children under the age of 18. 211info is the central point of access for intake and assessment, however families can also access assessment at the family shelter. Other participating providers also conduct assessments with households that they serve. Services accessed through this Coordinated Access subsystem include emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing.

211info operates 24/7 and can connect families with minor children to crisis services including family shelter. Shelter staff are trained to conduct Coordinated Access assessments.

### *Adults Unaccompanied by Minor Children*

The Homeless Adult System of Care serves unaccompanied adults, adults in couples and households with adult children experiencing homelessness using a decentralized approach—the Coordinated Housing Assessment Team (CHAT) serves as a central point of access for intake and assessment, and other participating providers directly conduct assessments with households that they serve. Services accessed through this Coordinated Access subsystem include emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing.

We have not yet incorporated all adult-serving shelters into Coordinated Access. Adults unaccompanied by minor children access ESG-funded shelters through a coordinated wait list maintained by the ESG- funded shelter operator. Shelter staff are trained to conduct Coordinated Access assessments.

## *Households at Risk of Homelessness*

All homelessness prevention services are accessible through 211info.

## Eligibility

Families and individuals experiencing homelessness in Multnomah County are eligible for Coordinated Access. This includes those who meet one of the following criteria:

- Multnomah County resident or with connections to Multnomah County (i.e. was displaced from MultCo, has kids in a MultCo school district, has a job in MultCo, has service providers in MultCo, etc.)
- Staying in emergency shelter, transitional housing, or a place not meant for habitation (i.e. car, streets, tent, abandoned building, etc.)
- Staying in an institution (i.e. jail, hospital, substance use or mental health treatment facility, etc.) and at risk of exiting to homelessness
- In housing and will become literally homeless within 14 days or has received an official court order notice of eviction (notice of restitution)
- Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, trafficking, or other dangerous or life-threatening conditions that relate to violence and lacks the resources or support networks to obtain other safe, permanent housing
- Family system only: Involuntarily doubled up (staying with family/friends and not on the lease) and at risk of becoming literally homeless. The adult system can serve some households in this situation if they also meet other permanent supportive housing requirements

Individuals or families who meet any of the above eligibility requirements can complete an assessment and potentially access resources through Coordinated Access. Housing providers are responsible for verifying and documenting participant eligibility in accordance with funding source requirements.

## Triage

All individuals and families who present seeking assistance at a Coordinated Access access point complete an initial triage to ensure participants are eligible, safe, and able to complete the Coordinated Access assessment process.

During triage, households are screened for the eligibility listed in the section above, safety, and need for other immediate assistance. Youth and Survivors of Domestic Violence are presented with the option to be connected to subpopulation-specific subsystems. Ineligible households are connected to other resources. Eligible households able to move forward with the Coordinated Access process complete the MSST Assessment and housing problem solving. Any immediate safety needs should be addressed before completing the assessment.

# Assessment & Housing Problem Solving

## *Assessment*

All individuals and families who are determined eligible, safe, and able can complete the Coordinated Access assessment process. The Multnomah Services and Screening Tool (MSST) is the locally created and adopted Coordinated Access assessment tool for Families with Minor Children and Adults Unaccompanied by Minor Children. The MSST assesses households for barriers to housing in alignment of community priorities and is used to determine prioritization for available Coordinated Access housing resources.

Many partner agencies have staff trained to conduct multiple assessment tools, and assessors across subpopulations are trained to identify crossovers between populations and make connections for Survivors of Domestic Violence and Youth to applicable partner agencies.

## *Housing Problem Solving*

Housing Problem Solving is an approach that addresses homelessness by supporting households seeking assistance to avoid or quickly exit homelessness using personal and community resources to find an immediate solution to their housing crisis. Through Housing Problem Solving, households have in-depth problem-solving conversations to explore potential housing solutions and are provided assistance to try to resolve their housing crisis.

Housing Problem Solving is part of the Coordinated Access assessment process and is typically completed during the triage and assessment phase. Households engage in conversations with assessors, CHAT team members, and family navigators to identify potential housing crisis resolution opportunities and are offered different types of assistance to help resolve their homelessness. Assistance may include coaching, conflict resolution, mediation, connections to mainstream services, housing search and planning, and sometimes limited financial assistance for immediate needs. Assessors completing the MSST with adult households that do not have minor children are expected to engage in housing problem-solving discussions with participants. Families with minor children who complete the MSST and are placed in the housing priority pool will have housing problem-solving conversations with an assigned family navigator. While there is limited capacity to contact all households not included in the priority housing pool, those still facing a housing crisis and not referred to this pool can reach out to 211info for further problem-solving conversations.

# Updates to Coordinated Access MSST Assessments

## *General Reassessment Policy*

Assessors should update a MSST under the following circumstances:

- More than six months have passed since the household's last MSST assessment

*OR*

- The household composition has changed (e.g. a single adult now has additional household members, minor children are no longer a part of the household, etc.)

To complete a General Reassessment, the assessor should revisit the entire MSST with the household and create a new interim assessment in the Homeless Management Information System (HMIS) to reflect any changes or updates since the last assessment.

### *Assessment Revision Policy*

In addition to the General Reassessment Policy, households who are not yet eligible to receive a General Reassessment may be eligible for their MSST assessment to be revised by a requesting Assessor, with approval from the HSD, under the following circumstances:

- Information and self-report on the MSST were underreported or misreported by the household
- There have been significant circumstance changes that would impact the household's answers on the assessment (e.g., new diagnosis for disability of long duration or updates to criminal background)

If a household needs an MSST revision, the Assessor should complete the MSST Revision Request Worksheet (Attachment 1) and return it to HSD for review.

- For adult households, please email [adultca@multco.us](mailto:adultca@multco.us)
- For family households, please email [familyca@multco.us](mailto:familyca@multco.us)

### *Documentation*

The MSST Revision Request Worksheet must be accompanied by documentation to support the revision. Examples of documentation include:

- HMIS records
- Documentation from an institution such as a behavioral health facility, hospital, jail, or other.
- Letter from a service provider that has worked directly with the participant and can confirm that information on the assessment is inaccurate and includes a more accurate depiction of the participant's barriers to housing.

MSST Revision Requests are reviewed regularly by the HSD Coordinated Access Staff. The results are emailed to the requesting party within two weeks of receipt.

If a revision is necessary, HSD Coordinated Access Staff will create a new interim assessment with the updated MSST information and input notes in HMIS to explain the changes. Please be aware that a score revision does not guarantee placement in the Housing Priority Pool.

## Prioritization

The Coordinated Access prioritization criteria were developed by HSD in consultation with the Coordinated Access Oversight Committee (CAO), a group of providers/Coordinated Access assessors, and the Housing Connections Collaborative (HCC), a group of people with lived experience of homelessness created to provide input on the development of the redesigned Coordinated Access Process.

The general approach to prioritization is to give priority to those with the greatest barriers to housing. One approach to prioritization is used for all households that are assessed using the MSST assessment tool. The table below summarizes the criteria used for Adults Unaccompanied by Minor Children, and Families with Children.

<b>MSST Prioritization Criteria</b>	
Household Characteristics	History of Homelessness & Barriers to Housing
Household size & composition	Health & disabling conditions
Preference for culturally specific services	History of domestic violence
Legal history	

## The Priority Housing Pool

(Adults Unaccompanied by Minor Children & Families with Children)

The Priority Housing Pool is a list of Adults Unaccompanied by Minor Children and Families with Children that have completed the Multnomah Services and Screening Tool (MSST) and have been prioritized for available housing resources based on the community's resource-based threshold. Households in the Priority Housing Pool are matched and referred to housing resources available through the Coordinated Access system as capacity becomes available. The size of the Priority Housing Pool is determined based on anticipated resource availability by household type. Households are placed in the Priority Housing Pool based on the Multnomah Service and Screening (MSST) assessment score. All households placed in the Priority Housing Pool are expected to be referred into housing within approximately six months of being added to the pool, though occasional unforeseen circumstances may occur that delay the housing process.

Households that complete the MSST and receive a score that meets or exceeds the score threshold will be added to the Priority Housing Pool. These households are considered prioritized for resources available to households in the priority pool. Using HMIS data and reporting, a list of prioritized households will be generated based on their MSST score on a bi-weekly basis. HSD will notify community Assessors when households have been added to the Priority Housing Pool and direct them to notify households to complete a Housing Preferences and Matching Tool. The Tool will be used to gather eligibility and preferences information to match and refer households within the Priority Pool to available CA housing resources.



## *Establishing the resource-based threshold*

HSD establishes a threshold using a two-step process. First, HSD estimates the number of housing resources that are expected to become available in the Coordinated Access system over the next six months. This number is estimated based on recent trends in housing resource turnover and any anticipated changes in resources, such as the addition of new housing projects. The anticipated resource availability is used to estimate the number of households needed to fill openings in a timely manner. This number is the target size for the Priority Housing Pool. Second, HSD analyzes MSST scores from the prior six months. Based on this analysis, a score threshold is set that will prioritize the appropriate number of households to fill the Priority Housing Pool.

The specific factors for the ratio of anticipated households to openings and the length of time for the openings to occur are adopted and posted as a separate policy to allow for regular updating.

## *Threshold variation by subpopulation*

Because the housing resources available to some subpopulations are more plentiful relative to other subpopulations (e.g., adults or families with children), threshold scores may differ to ensure that the use of housing resources is maximized.

## *Adjusting the threshold*

Because the threshold is established based on available and anticipated resources and on the number of referrals that are typically needed to fill an opening, HSD can and should adjust thresholds when:

1. A significant increase in resources occurs, for example, the anticipated opening of one or more new projects or programs.
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 rate at which households added to the Priority Housing Pool results in successful referrals to housing and enrollments into a housing program. (i.e. more or fewer households should be prioritized in order to fill openings in a timely fashion).

Adjustments to the threshold will not impact households already in the Priority Housing Pool. Anyone determined to be eligible and prioritized who is added to a Priority Housing Pool will retain their status on the Priority Housing Pool even if a threshold is adjusted to be higher than the score they originally received.

## *Frequency of adjusting threshold scores*

HSD will review all threshold scores for confirmation or adjustment not less than annually and more often 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 households with similar needs getting unequal access to resources.

HSD will retain information regarding the establishment and adjustment of threshold scores, including the factors used to set them and their operative time frames, to ensure that changes over time can be tracked and that measurement and research on changes' impacts are possible.

### *Responsibility for Priority Housing Pool Management*

HSD manages the Priority Housing Pool and is the only entity that can add households to it. HSD will add households to the Priority Housing Pool who have expressed interest in the resources associated with it, completed any corresponding MSST assessment fully, and meet or exceed the threshold required to be placed on the Priority Housing Pool.

HSD will notify Assessors or other staff attached to a household when the household is added to the Priority Housing Pool. Assessors will receive a weekly list from HSD to determine if households have been added to the Housing Priority Pool.

### *Removal from the Housing Priority Housing Pool*

A household will be removed from the Housing Priority Housing Pool if an Assessor or Family Navigator is unable to successfully contact the household after 30 days of outreach. A household in the Housing Priority Housing Pool who has been referred to a housing program will be removed if six months have elapsed with no contact when they have been enrolled in a housing program within the Coordinated Access system.

Once in the Priority Housing Pool, a household remains until removed for one of the reasons mentioned above. A household already in the Priority Housing Pool does not lose its place *if the threshold score is changed*.

A household will be exited from the Coordinated Access program in HMIS and removed from the housing Priority Housing Pool 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 the Coordinated Access system.

### *Re-referral to the Priority Housing Pool*

If a household is removed from the Priority Housing Pool and reengages with the Coordinated Access system again within six months of their last MSST assessment, the household may be reinstated to the Priority Housing Pool. If it has been more than six months since the last MSST was completed, the MSST must be redone to determine if the household will be placed back to the Priority Housing Pool.

## By-Name Lists

While there may not be enough resources to serve all households seeking assistance through the Coordinated Access system, all households that complete Coordinated Access assessments are tracked via By-name Lists. By-Name Lists are used to identify people experiencing homelessness by subpopulation. The community uses By-Name Lists for different purposes based on subpopulation and how subpopulation specific resources are managed within the Coordinated Access system.

### *Adults Unaccompanied by Minor Children*

All adults who complete the MSST assessment are added to the Adult By-Name List. Those that score at or above the current resource threshold are added to the Priority Housing Pool to be prioritized for available adult Coordinated Access resources. The Adult Priority Housing Pool is a subset of the larger By-Name List of all adults that have presented seeking assistance.

### *Families with Minor Children*

All families who complete the MSST assessment are added to the Family By-Name List. The Family By-Name List is used to track all families seeking services. Families that score at or above the current resource threshold are added to the Priority Housing Pool to be prioritized for available family Coordinated Access resources. The Family Priority Housing Pool is a subset of the larger By-Name List of all families that have presented seeking assistance.

## Priority Housing Pool Assignment, Outreach, & Engagement

(Adults Unaccompanied by Minor Children & Families with Minor Children)

HSD generates a Priority Housing Pool list every week, which consists of all the Adults Unaccompanied by Minor Children & Families with Minor Children households that have been prioritized based on their MSST assessments and the current community resource-based thresholds. HSD then notifies Assessors, Family Navigators and case conferencing teams via secure email every two weeks. The Priority Housing Pool list is also regularly reviewed at case conferencing meetings in the Adult and Family systems.

Households placed in the Priority Housing Pool are assigned to Original Assessors/CHAT Team staff (for the Adult CA system) and Family Navigators (for the Family CA system). HSD, in coordination with CHAT and Family Navigator Lead Agencies, will assign staff for outreach and follow up for next steps in the referral and matching process.

### *Assessor/CHAT Team/Family Navigator Initial Outreach Expectations*

Original Assessors, CHAT Team staff, or Family Navigators assigned Priority Housing Pool households are expected to contact assigned households to complete the Housing Preferences and Matching Tool and provide preliminary navigation services.

- CHAT and Family Navigation leads are expected to assign Priority Housing Pool

households to CHAT members and Navigators within 3 business days.

- Original Assessors, CHAT Team staff, or Family Navigators are expected to initiate outreach to prioritized households within 3 business days of being assigned and are expected to make at least 3 contact attempts within the first 5 business days of being assigned to the prioritized household.
- After the first 5 days of outreach, the Original Assessors, CHAT Team staff, or Family Navigators are expected to continue outreaching to assigned households on a weekly basis.

Original Assessors, CHAT Team staff, and Family Navigators must attempt outreach utilizing all available contact methods. Each outreach attempt must include:

- Calling the household and any additional contact numbers provided
- Texting the household and any additional contact numbers provided
- Emailing the household
- Reviewing HMIS records and reaching out to any Service Provider that has had contact with the household in the last six months
- If applicable, conducting physical outreach to places where the household spends time in the community.
- Following up with HSD and sharing household names in system case conferencing meetings in case other providers are in contact.

Assessors, CHAT Team staff, and Family Navigators are expected to establish contact with prioritized households within 30 days of assignment. If an Assessor or Family Navigator is unable to successfully contact the household after 30 days of outreach, the Assessor or Family Navigator is expected to communicate to HSD that the household cannot be located, and the household will be removed from the Priority Housing Pool.

### *Assessor/CHAT Team staff/Family Navigator Engagement Expectations*

When an Assessor, CHAT Team staff, or Family Navigator successfully engages with a prioritized household, they are expected to work with the household to complete the Housing Preferences & Matching Tool. This Tool is necessary for all households referred to the Priority Housing Pool. The Housing Preferences and Matching tool helps to identify the needs and preferences of households based on their eligibility for referral to available Coordinated Access resources. Households in the Priority Housing Pool are required to have a completed Tool prior to receiving a Coordinated Access housing referral.

Upon completing the Housing Preferences & Matching Tool, households in the Adult CA system will continue working with their Assessor/CHAT worker on housing navigation. Adult households who do not have a provider to help with housing navigation will be assigned to the CHAT by HSD, in coordination with CHAT, to assist with housing navigation. Households in the Family CA system will continue working with their designated Family Navigator to receive help with housing

navigation.

### *CHAT Team/Family Navigator Navigation On-going Engagement Expectations*

After Assessors, CHAT Team and Family Navigators have successfully engaged and completed the Housing Preferences and Matching Tool with Priority Housing Pool households, they are expected to maintain ongoing contact and work on gathering documentation and reducing barriers with prioritized households who are waiting for a program referral. Assessors, CHAT and Family Navigators are expected to maintain contact and engage with those assigned to the Priority Housing Pool every other week at a minimum.

If during navigation, after a household has been successfully engaged, a household misses an appointment or does not respond to communication, the Assessor, CHAT or Family Navigators must attempt to contact the household at least 4 times within 30 days of the initial missed contact using all available contact methods. Assessors, CHAT and Family Navigators are expected to contact households immediately following the first missed appointment.

- If a previously engaged household does not respond to contact within 30 days, households should be notified that they will be removed from the Priority Housing Pool.
- To continue working with the Assessor, CHAT or Family Navigators, households must respond to the outreach attempts to contact by a given date. Households must be given 15 days to respond.
- Households in the Priority Housing Pool that do not contact the Assessor, CHAT or Family Navigator by the given date will be removed from the Pool and will not be referred to available housing resources.

If the household continues to be unresponsive after the Assessor, CHAT or Family Navigator has attempted to contact them in accordance with this policy, Assessors, CHAT Staff and Family Navigators should notify HSD, and the household will be removed from the Priority Housing Pool.

## Matching and Referral

A referral is the formal connection by the Coordinated Access system of a participant who has been matched to a housing program. CoC- and ESG-funded, and some local, regional and state-funded programs require that referrals come from CA (e.g. SHS-funded PSH) and these housing programs must only accept referrals made through the Coordinated Access system.

HSD manages the matching and referral process for Adults Unaccompanied by Minor Children, and Families with Minor Children which is informed by the Housing Preferences & Matching Tool completed by all households in the Priority Housing Pool. HSD will make referrals to available Coordinated Access housing resources based on prioritization guidelines, project-specific eligibility requirements, and the specific needs and preferences of the households in the Priority Housing Pool.

When a Coordinated Access Housing Provider has an available spot on their caseload or a vacancy at a property, they will request a referral from HSD via email.

- The Adult system referral request email: [adultca@multco.us](mailto:adultca@multco.us)
- The Family system referral request email: [familyca@multco.us](mailto:familyca@multco.us)

The HSD is responsible for maintaining program-specific eligibility details, but if there are stipulations specific to a program vacancy such as unit size, ADA specifications, accessibility limitations, or sober requirements, the Housing Provider must provide the HSD these details at time of request.

HSD is expected to confirm receipt of the referral request within 3 business days and refer a presumed eligible household within 10 business days. When referring a household to a Coordinated Access housing resource and notifying the Housing Provider, the HSD will also notify the Assessor, CHAT Team or Family Navigator working with the referred household.

## Housing Referral Outreach & Engagement

Upon receiving a referral from HSD, Housing Providers<sup>1</sup> are expected to attempt to contact the referred household within 3 business days of receiving a referral and make at least 3 contact attempts within the first 5 business days of receiving a referral. After the first 5 days, the Housing Provider is expected to outreach to the participant at a minimum weekly with the goal of making contact within 15 days. The Housing Provider must attempt to contact the participant using all available contact strategies. Each outreach attempt must include:

- Coordinating with the assigned Family Navigator or CHAT Team staff
- Calling the household and any additional contact numbers provided
- Texting the household and any additional contact numbers provided
- Emailing the household
- Reviewing HMIS records and reaching out to any Service Provider that has had contact with the household in the last six months
- If applicable, conducting physical outreach to places the household spends time in the community
- Bringing household names to system case conferencing meetings in case other providers are in contact

Housing Providers are expected to make contact with a newly referred household within 15 days of referral and enroll the participant within 30 days or communicate to HSD if an extension is needed due to extenuating circumstances.

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<sup>1</sup> For site-based PSH programs, program MOUs may indicate other contracted parties that are responsible for referral outreach & engagement. For those programs, this policy applies to the contracted parties.

If a household does not respond to contact by the Housing Provider or responds but does not engage towards enrollment, households should be notified that their program referral will be declined using the following guidance:

- To continue working with a Housing Provider, the household must respond to attempts to contact/engage by a given date. Households must be given 15 days to respond.
- Households who do not contact the Housing Provider will have their housing referral closed and will not receive housing through the referred housing resource.

If contact is not made within 15 days or if the household is contacted but does not engage for enrollment within 30 days, the Housing Services Provider will notify HSD that the referral should be declined and request a new referral. Housing Providers attempts to contact the participant should be documented in HMIS

## Referral Declines

Housing Providers are expected to accept all referrals received from HSD, unless any of the following exceptions are demonstrated:

- The participants are not eligible under the funding source or the project's contracted eligibility requirements.
- The participants present with more or fewer household members than the unit or project is designed for (i.e. two people for a Single Room Occupancy unit).
- There is no vacancy available. (*Agency received more than one referral for the designated vacancy and filled the unit, returning the other referrals to HSD*)
- There are significant concerns about the participant's ability to live safely in the housing unit, such as those requiring a higher level of physical care. In such cases, the Housing Provider would need to justify why assistive devices and/or available services would not sufficiently address the safety concern.
- There are significant concerns for staff safety, such as participants with a history of violent or threatening behavior toward the referring agency or staff member (within the last year). In such cases, the Housing Provider must have written documentation of previous behaviors and attempts to resolve conflicts and needs to justify why interventions and available services would not sufficiently address the safety concern.
- Participants cannot be located/engaged: as stipulated in the Referral Outreach and Engagement Policy.

If the referred participant(s) need to be declined, the Housing Provider will notify HSD within three business days of determining the need for referral decline. HSD will review the denial and confirm with the agency within three business days. HSD will decline the referral in HMIS and if needed, send a replacement referral within 5 business days.

If the housing provider met with the participant(s) to determine eligibility, the Housing Provider

must notify the participant that their referral is being declined.

HSD tracks the number of denials by project and organization with the goal to understand gaps, improve the referral process, and hold housing providers and the system at large accountable to housing first principles.

HSD reviews denial data including the number of and reasons for denials, and the demographics of those denied at least annually to identify and address red flags using a racial equity lens. Each declined household that is still needing Coordinated Access services, will go through case consultation to determine next steps for the household.

### *Refusal by Participant*

Participants may decline a referral for any reason, including because project requirements are inconsistent with their needs or preferences. Housing providers are expected to ensure participants have been counseled before declining a referral. If the participant(s) are determined eligible but decline assistance, they will be added back to the Priority Housing Pool to be referred elsewhere.

The following guidelines apply for participant(s) who decline offers of project assistance:

- If the participant(s) have expressed a preference not to receive services through a particular agency or project, the Family Navigator or CHAT Team member will follow up with participant(s) before referring to those projects.
- There is no limit to the number of referrals participants can decline. Participants may continue to be contacted when a resource they are likely eligible for is available; if they decline a referral to the resource, the Family Navigator or CHAT Team member will work to understand why they are declining and ensure participant(s) are eligible for other resources they may be more interested in. If participants are not interested in resources available through Coordinated Access, they may ask to be removed from the Priority Housing Pool.
- If after being removed from the Priority Housing Pool, a participant re-expresses interest in services, they will be asked to restart the Coordinated Access process.

## Youth to Adult/Family PSH Transfers

### *Homeless Youth Continuum Participant Extension Policy*

The following outlines the process for extending a youth's engagement in HYC services beyond age 25. See below for HYC Age Extensions for youth in PSH projects.

A staff member identifies that a client will be turning 25 in the near future and requests an extension via email. Extensions are requested in 30 day increments with a maximum of 90 days (though there can be exceptions due to youth circumstances). If a youth is actively involved in securing housing and waiting for placement, extensions can be made beyond 90 days with a



maximum of 6 months from age out date. The email should include the following information:

1. Please omit participant name and only use initials for confidentiality
2. Participant's birthday, age out date, and requested time frame for the extension
3. Highlights of what the participant has worked on/been engaged in during their time with the HYC
4. State the extension time request and what the participant will do during that time to work towards stabilizing in housing or other areas
5. The email is reviewed by the agency manager and sent to the Screening Workgroup, so all HYC partners have the opportunity to provide feedback and approval. Once approved by all 4 HYC agencies, the requesting manager will submit the request to HSD/Caitlin Campbell for final approval
6. HSD/Caitlin replies with approval message (or message requesting further information)
7. Approval email is forwarded to requesting staff and the Screening Workgroup so the client extension can be recorded in agency EHR and in HMIS

### *HYC Participant Extension Policy for Youth Enrolled in PSH Programs*

Due to the nature of PSH which doesn't have an age-out date, youth enrolled in HYC Permanent Supportive Housing (PSH) Projects funded by HUD will do the following:

1. Start checking in with youth starting 6 months before their 25<sup>th</sup> birthday to have intentional conversations around transition. Youth can remain in the youth PSH project following their 25<sup>th</sup> birthday as long as services in the youth system are meeting their needs. Some youth identify a desire to transition to the adult system or family system in which case, staff will facilitate that transfer through the coordinated entry points with a 6 month lead-up time to ensure a direct transfer with no service interruptions.
2. At the annual assessment date, reassess with youth where needs will best be met and what the youth wants in terms of services/supports. Provide linkage and referral to adult or family services as needed.
3. Identify point people in the adult system to coordinate within the event of a transfer. Attend case conferencing as needed. Email [adultca@multco.us](mailto:adultca@multco.us) or [familyca@multco.us](mailto:familyca@multco.us).

## Coordinated Access Project Transfer Requests

Project transfers are both an important tool for the Coordinated Access system to meet critical needs of households receiving services, and a significant administrative lift that can strain the system. Coordinated Access housing projects are expected to make all reasonable efforts to support households enrolled in their programs to obtain and retain housing, and to request project transfers after these efforts have been fully exhausted.

This policy applies to transfers between housing projects that are required to take referrals from the Coordinated Access for Adults and Families systems. This policy establishes protocols for when and how to request a project transfer for participants from one Coordinated Access housing project to another Coordinated Access housing project, both within the same housing provider or between housing provider agencies. Households exiting housing or projects not incorporated into Coordinated Access are not eligible for Coordinated Access project transfers.

Housing providers *are required* to request project transfers via the Coordinated Access Transfer Request Form (Attachment 2) before transitioning participants to a new Coordinated Access housing project, even if the transfer is to another Coordinated Access housing project operated by the same agency.

Housing providers *are not required* to request project transfers when re-housing participants within the same housing project (for example, supporting a household within a tenant-based project to secure a new unit), but best practice would include informing HSD Coordinated Access Staff of transfers within site-based projects. Tenant-based PSH projects should not request a transfer to address issues that the project can address on its own, such as moving a participant in a market rate unit to another market rate unit if the current unit does not meet their needs.

Please keep in mind the following guidelines when considering or requesting a transfer:

- Transfers should be infrequent and should only be requested in urgent cases after the housing provider has taken all reasonable steps to address the issue within the housing project.
- Transfer requests are not guaranteed due to the limited capacity of housing resources.
- Housing providers must explore all other options and resources to offer services and alternative housing choices before seeking a project transfer. The housing provider will need to provide documentation demonstrating efforts to stabilize the household in their current project before requesting a transfer.
  - I. In cases of potential eviction proceedings, ahead of requesting a transfer Housing Case Managers must review Notices of Violation/Termination and For Cause Notices with their clients and explain the clients right to:
    - A. Cure the notice if applicable/ enter a stipulated agreement. Offer to connect the client with legal representation through a direct Metropolitan Public Defender referral for stipulated agreements.
    - B. Request a Reasonable Accommodation if the alleged violation was related to a disability; and
    - C. Offer to connect the client with legal eviction prevention support through a direct Metropolitan Public Defender referral.
- Safety-related transfers and transfers related to accessibility and reasonable accommodation will be prioritized above all other transfer requests.

## *Provider Guidance for Project-based PSH Transfer Requests*

While the transfer policy can be used to support households who are at imminent risk of being evicted from project-based PSH, transfers are typically not immediate and the Coordinated Access system is not designed to prevent evictions.

Our Policy is as follows:

- If the unit associated with the transfer request includes a PBV, the HSD team's first step will be to review the request with Home Forward to ensure that the PBV process has been followed and that we are on the same page before moving forward.
- Project-based PSH projects must first try to resolve the need for a transfer internally through problem solving between the PSH Services Provider and Property Manager, and through any project-specific transfer processes. If the unit associated with the transfer request includes a Project-Based Voucher (PBV), contact the Home Forward PBV Rent Assistance Services Coordinator (RASC) to determine next steps.
- The project can request a Coordinated Access transfer after all internal efforts are exhausted. This should include communication between the PSH Services Provider and Property Manager so all parties are aware of the Coordinated Access transfer request.
- Communication between the PSH Services Provider, Owner and/or Property Manager, rent assistance administrator and Joint Office about transfer requests is key. The goal of the transfer policy is to support participant housing retention and safety, and we need to be mindful of the impact of unit turnover on the affordable housing development as a whole.

### *Transfer Request Types and Processes*

There are two broad categories for Transfer Requests:

1. Administrative transfer requests related to safety, accessibility, and household composition changes; and
2. Service Needs and Participant Choice transfer requests.

#### Administrative Transfer Requests

1. Safety – Violence Against Women Act (VAWA)
  - a. The household is fleeing/experiencing domestic violence, dating violence, sexual assault, stalking, and/or human trafficking and, as a result, can no longer be served in their original project.
2. Safety (non-VAWA)
  - a. The household reasonably believes there is a threat of imminent harm if they remain in the same project. The housing provider and household have taken all

other safety measures, and there are no other units or rehousing options within the project that resolve the safety issue. *This does not include neighborhood crime that does not specifically target the household or housing unit.*

3. Accessibility

- a. The current unit cannot meet the household's disability-related reasonable accommodation request, and there are no other available units or rehousing options within the project that resolve the issue. *This does not include necessary accommodations (or modifications) that can be made to a unit, such as installing grab bars.*
- b. *For project-based PSH, it is critical that service providers support participant households in determining if the unit/building meets their accessibility needs before initial lease-up to avoid unnecessary transfers to the degree possible since transfers strain the housing system and project-based PSH projects in particular.*

4. Household composition

- a. The size of the household changes, requiring a smaller or larger housing unit that cannot be accommodated by the original project due to unit occupancy limits. This may include having more or fewer household members or needing a larger space to accommodate in-home medical equipment or live-in care. *This does not include the household's desire for a larger unit that is not necessary based on family size or medical needs.*

5. Project Closures or Funding Losses

- a. The project is closing or has lost sufficient funding to support current participants. All project closures or funding changes should be made known to HSD well in advance and transfer requests should be submitted for all actively enrolled households still needing services.

Steps to Request an Administrative Transfer with HSD

1. Discuss the possibility and need for a transfer with the household. Ensure all other resources, services, and remedies have been exhausted.
2. For site-based PSH, discuss the possibility and need for a transfer with the property manager to see if other remedies exist.
  - a. Discuss with Rent Assistance Service Coordinator (RASC) for Project Based Voucher (PBV) sites
3. If all other remedies have been exhausted, submit the Coordinated Access Transfer Request Form (Attachment 2) to the appropriate HSD Coordinated Access Staff.
4. Requests related to safety and accessibility will be reviewed within seven business days. Requests related to family composition change will be reviewed monthly. All Administrative Transfer Requests that meet the criteria outlined above will be reviewed by HSD Coordinated Access Staff. Approved requests will be prioritized for connection to

a new project referral through Coordinated Access as capacity becomes available.

## Service Needs and Participant Choice Transfer Requests

Service Needs and Participant Choice Transfer Requests are submitted to the HSD Transfer Panel for review and approval. The Transfer Panel consists of HSD staff members, Coordinated Access housing providers, Coordinated Access navigation staff, and other Coordinated Access partners.

Service Needs and Participant Choice Transfer Requests that have been verified to meet the criteria below will be reviewed on a monthly basis via the Transfer Panel. If approved, households will be prioritized for connection to a new project referral through Coordinated Access as capacity becomes available. The Panel may choose to provide suggestions for further mitigation or additional options or resources an agency must exhaust before moving forward with a transfer request.

### 1. Service needs

- a. The service provider is unable to meet the service needs of the household in order to help them maintain their housing. For example, this may include a household that has a pending eviction and cannot be rehoused through the current project, or clients who need to be relocated from a site-based project to a different site-based or tenant-based project, and the providing agency has exhausted all internal and external (i.e. inpatient or outpatient treatment programs, aging services, etc.) supports and options.
  - i. This would include service need related transfers from Coordinated Access Rapid Rehousing to Coordinated Access Permanent Supportive Housing. *See below for guidance on service-based transfer requests from Rapid Rehousing to Permanent Supportive Housing*
  - ii. *This does not include clients who are difficult to engage in services or have conflicts with project staff, or who need connection to services from other systems (e.g. behavioral health, medical, aging, etc.) where a transfer to another PSH project alone is not likely to meet the participants' needs. Before initiating evictions or requesting a transfer, providers are expected to work with participants and make every effort to support housing stabilization efforts.*
- b. *Households who are evicted or at imminent risk of being evicted from a project-based PSH project should not be transferred to another project-based PSH project unless the reasons for eviction have been addressed and/or it is determined that another project-based PSH project is equipped to support the household in avoiding another eviction. Households in this situation could be considered for a transfer to a tenant-based PSH program. The Coordinated Access Transfer Panel will discuss and recommend ways to address reasons for eviction in the next housing placement.*

### 2. Participant Choice

- a. The household requests a different project to support maintaining housing, such as being closer to school, employment, or support networks, or requests a different housing provider to support maintaining housing. This does not include preferences unrelated to school or employment, and does not include preference for a project with a larger unit. Clients wishing to transfer projects because of conflicts with the provider must attempt resolution before requesting a transfer. *Documentation of resolution attempts must be included with request.*
  - i. *Note: this is not applicable for a project-based PSH unit that includes a HUD Project-Based Voucher (PBV) unless the participant has completed 12 months in the PBV unit and come to the top of a PBV waitlist*

### Steps to Request a Service Needs or Participant Choice Transfer Requests with HSD

1. Discuss the possibility and need of the transfer with the household. Ensure all other resources, services, and remedies have been exhausted.
2. For site-based PSH, discuss the possibility and need for a transfer with the property manager to see if other remedies exist.
  - a. Discuss with Rent Assistance Service Coordinator (RASC) for Project Based Voucher (PBV) sites
3. If all other remedies have been exhausted, submit the Coordinated Access Transfer Request Form (Attachment 2) to the appropriate HSD Coordinated Access Staff.
4. Attend a transfer request panel monthly meeting to discuss this case.

### *Provider Guidance for service-based transfer requests from Rapid Rehousing (RRH) to Permanent Supportive Housing (PSH)*

If a participant is enrolled in a rapid rehousing (RRH) project that takes referrals from the Coordinated Access system, has been receiving services for a minimum of 6 months in adult RRH or a minimum of 2 months in family RRH (due to varying program durations by system), was eligible for PSH upon entry into RRH, and will be unable to maintain long-term housing without permanent ongoing services and a housing subsidy, they can request a transfer from an RRH program to a more intensive PSH program. PSH programs are designed for households that require both ongoing intensive case management support and long-term financial assistance. Households only in need of long-term financial assistance should work with the housing provider to explore other community resources for long-term housing subsidy support after the RRH program. Households in RRH that do not take referrals from CA are ineligible for transfers and can only be referred to PSH if they complete the MSST assessment and are placed in the Housing Priority Pool.

### Requesting Provider Service Requirements

For a participant to be eligible for a service-based transfer request from RRH to PSH, the following criteria must be met:

1. The requesting housing provider has met with the household regularly, has demonstrated attempts to meet the household's service needs, and has worked to connect the household with resources to stabilize in the RRH program, including but not limited to:
  - a. Benefits and Entitlements Program connections
  - b. Employment resource and referral
  - c. Healthcare and behavioral health connections and referrals
  - d. Tenancy education
  - e. Other resources and referrals as needed to support housing stabilization
2. The requesting housing provider has served the household a minimum of 6 months in adult RRH or a minimum of 2 months in family RRH, and needs have been identified that would impact the household's ability to maintain housing without ongoing case management and subsidy support once the RRH program time limit has been met.
3. The household meets Population A criteria and is presumed eligible for PSH
  - a. The requesting housing provider will need to be able to document PSH eligibility for the household at time of enrollment to the RRH program.
  - b. The requesting housing provider has exhausted all other housing options for the household.

#### Steps to Request a RRH to PSH Transfer Requests with HSD

1. Completed Coordinated Access Transfer Request Form
2. Narrative of attempts to stabilize the household in RRH including what resources, benefits and supports were pursued
3. Documentation of PSH eligibility
4. Documentation of need for PSH (explanation of why household needs ongoing intensive wrap-around services and rental assistance to remain stably housed)

# Attachment 1: MSST Assessment Revision Request Form

\*See most updated form here: G:\Coordinated Access\Forms\MSST Assessment Revision Request Form\_Fillable



# Attachment 2: Coordinated Access (CA) Transfer Request Form

\*See most updated form here: G:\Coordinated Access\Forms\Coordinated Access Transfer Request Form\_Fillable