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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.

**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 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.

**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.

**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 10601914-948-3075 | 24 hours7 days a week |
| Oasis Drop In | 19 Washington Ave., New Rochelle, NY 10801914-633-0101 | 24 hours7 days a week |
| Jan Peek Drop In | 200 North Water St., Peekskill, NY 10566914-736-2636 | 24 hours7 days a week |
| Open Arms Drop In | 86 East Post Rd., White Plains, NY 10601914-948-5044 | 24 hours 7 days a week |
| Sharing Community Drop In | One Hudson St, Yonkers, NY 10701914-963-2626 | 24 hours7 days a week |
| Broadway Manor Drop In | 101 N. Broadway, Yonkers, NY 10701914-476-4864 | 24 hours7 days a week |
| Children’s Village (Youth)Sanctuary | 1 Echo Hills, Dobbs Ferry, NY 10522, Dobbs Ferry, NY 10522Emergency Hotline 888-997-1583 or 914-593-0667 | 24 hours7 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).**

**B8- Accessing Coordinated Entry:**

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 10701914-995-3333 | 8:30 am – 5:00 pm |
| **Westchester County DSS****Mount Vernon District Office** | 100 East First St., Mount Vernon, NY 10550914-995-3333 | 8:30 am – 5:00 pm |
| **Westchester County DSS****White Plains District Office** | 85 Court St., White Plains, NY 10601914-995-3333 | 8:30 am- 5:00 pm |
| **Westchester County DSS****Peekskill District Office** | 750 Washington St., Peekskill, NY 10566914-995-3333 | 9:00 am – 5:00pm |
| The Sharing Community  | One Hudson St, Yonkers, NY 10701914-963-2626  | 9:00 am- 5:00 pm |
| Samaritan House | 33 Church St., White Plains, NY 10601914-948-3075 | 9:00 am- 5:00 pm |
| Open Arms Shelter | 86 East Post Rd., White Plains, NY 10601914-948-5044 | 9:00 am- 5:00 pm |
| Grasslands Homeless Shelter | 25 Operations Dr., Valhalla, NY 10595914-231-4213 | 9:00 am- 5:00 pm |
| Jan Peek House Shelter | 200 North Water St., Peekskill, NY 10566914-736-2636 | 9:00 am- 5:00 pm |
| Providence House | 89 Sickles Ave., New Rochelle, NY 10801914-632-4177 | 9:00 am- 5:00 pm |
| Mt. Vernon Westhelp | 240 Franklin Ave., Mt. Vernon, NY 10553914-665-3626 | 9:00 am- 5:00 pm |
| Coachman Family Center | 123 E. Post Rd., White Plains, NY 10601914-949-1000 | 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 10522914-693-0600 | 24 hours7 days a week |

**C1 and C6 - Standardized Assessment Process:**

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.

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 VI-SPDAT Assessment 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, VI-SPDAT, 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 (VI-SPDAT). 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, age, disability, or sex, 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.

**C-5:**

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.

(This should be placed above D-4 Remaining on the Prioritization List when final pplicy & procedure document is produced)

**D3** – **Emergency Services not covered by Coordinated Entry:**

Westchester County Coordinated Entry Program does not delay access to emergency services such as emergency shelters. Emergency services not covered by WCCEP will operate as always. 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).

**D-4 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 have 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 VI-SPDAT 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

**E1 – Uniform Referral Process**

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) 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 4** | 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 5** | 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 6** | 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 7** | If referral is accepted, Provider schedules an appointment with the customer for intake/application process. | 3 business days |
| **Step 8** | Provider works with the Customer (and with the *Coordinated Entry Assessor* at the customer’s current site) to obtain any outstanding documentation. | 10 business days |
| **Step 9** | [May be concurrent with Step 8] Provider works with customer to locate suitable housing, and arrange move in. | 30 business days |
| **Step 10** | Provider records project entry in HMIS and contacts CEA of move in. | 24 hours after move in |
| **Step 11** | CEA exits customer from Coordinated Entry in HMIS. | 48 Hours after move in |

**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.

**E-4 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:

Children’s Village

CHOP

Cluster Community Services

City of Mt. Vernon

Cluster Community Services

Family Services Society of Yonkers

Greyston Health Services

Guidance Center of Westchester

Hope Community Services

Human Development Services of Westchester

Legal Services of Westchester

Lexington Center for Recovery

Lifting Up Westchester

Mental Health Association of Westchester

Municipal Housing Authority of the City of Yonkers

My Sister’s Place

Sharing Community

Tarrytown YMCA

Westhab

Westchester County Department of Mental Health

Westchester County Department of Social Services

Yonkers YMCA

**Glossary of Terms**

**Coordinated Entry** – The process where any eligible household can complete an assessment to be considered for homelessness assistance in Westchester County

**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.

**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, “a disabling condition limits an individual’s ability to work or perform one or more activities of daily living

**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.

**Homeless** - HUD defines the term “homeless” as “a person sleeping in a place not meant for human habitation (e.g. living on the streets, for example) OR living in a homeless emergency shelter.”

 **Chronically Homeless** - HUD adopted the Federal definition which defines a chronically homeless person as “either (1) an unaccompanied homeless individual with a disabling condition who has been continuously homeless for a year or more, OR (2) an unaccompanied individual with a disabling condition who has had at least four episodes of homelessness in the past three years.” This definition is adopted by HUD from a federal standard that was arrived upon through collective decision making by a team of federal agencies including HUD, the U.S. Department of Labor, the U.S. Department of Health and Human Services, the U.S. Department of Veterans Affairs, and the U.S. Interagency Council on Homelessness.

 **Literally Homeless** - (1) Individual or family who lacks a ﬁxed, regular, and adequate. nighttime residence, meaning: Category **Literally** (i) Has a primary nighttime residence that is a public or. 1 **Homeless** private place not meant for human habitation; (ii) ls living in a publicly or privately operated shelter.

 **At Risk of Homelessness** - Category 1 Individuals and Families An individual or family who: (i) Has an annual income below 30% of median family income for the area; AND (ii) Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the “homeless” definition; AND (iii) Meets one of the following conditions: (A) Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; OR (B)Is living in the home of another because of economic hardship; OR (C) Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; OR (D) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; OR (E) Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; OR (F) Is exiting a publicly funded institution or system of care; OR (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient’s approved Con Plan Category 2 Unaccompanied Children and Youth A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute Category 3 Families with Children and Youth An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.

**Street Outreach** - mobile assessors who are trained in administering the VI-SPDAT assessment tool and enter those customers in HMIS for prioritization

**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.

**Housing First -** rather than moving homeless individuals and families through different “levels” of housing until they are “housing ready,” this evidence-based best practice moves households immediately from the streets or emergency shelter into their own housing with wraparound services.

**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

**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** - anorganization 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.

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

**VI SPDAT** - (Vulnerability Index - Service Prioritization Decision Assistance 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.

**Young Adult** – An individual whi is 18-24 years old. There are programs targeted to serve individuals in this age range. Young adults may also be eligible for single adult programs.