

|  |                                      |
|--|--------------------------------------|
| <b>Policy:</b> Coordinated Entry System Prioritization | <b>Date Issued:</b> January 24, 2024 |
| <b>Procedures:</b> Prioritization                      | <b>Effective Date:</b> July 25, 2017 |
|  | <b>Review Date:</b> Annual           |

Printed copies are for reference only.  
Please refer to electronic copy for the latest version

**BACKGROUND**

In 2012, the US Department of Housing and Urban Development required every Continuum of Care (CoC) to implement a Centralized or Coordinated Entry System. With guidance from the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act), Housing and Urban Development (HUD) guidelines, regulations, and strategic agreement amongst partner agencies, the Ventura County Continuum of Care (VCCoC), Coordinated Entry System- Pathways to Home was designed.

**POLICY**

**CoC uses the coordinated entry process to prioritize homeless persons within the CoC’s geographic area:** Prioritization is based on a specific and definable set of criteria that are documented, made publicly available and applied consistently throughout the VCCoC for all populations. The VCCoC’s written policies and procedures include the factors and assessment information with which prioritization decisions are made. CoC’s prioritization policies and procedures are consistent with CoC and ESG written standards under 24 CFR 578(a) (9) and 24 CFR 576.4.

**KEY TERMS**

1. Case Conference: Weekly meetings by all homeless services, housing providers and stakeholders to coordinate services to those clients most in need in the most expedient fashion.

2. Severity of Service Needs

This definition refers to persons who have been identified as having the most severe service needs:

(a) an individual for whom at least one of the following is true: i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or 6 ii. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support to maintain permanent housing. iii. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations. iv. When applicable CoCs and recipients of CoC Program-funded PSH may use alternate criteria used by Medicaid departments to identify high need, high-cost beneficiaries.

(b) Severe service needs as defined in paragraphs i.-iv. Above should be identified and verified through data-driven methods such as an administrative data match or using a standardized assessment tool and process and should be documented in a program participant’s case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements, see 24 C.F.R. § 5.105(a).

**KEY TERMS CONT.**

3. Chronically Homeless for Head of Household:

The definition of “chronically homeless”, as stated in Definition of Chronically Homeless final rule is:

(a) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who: i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and ii. Has been homeless and living as described in paragraph (a) (i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a) (i).

(b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility; (c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

4. Eligibility

Determining eligibility is a project level process governed by written standards as established in 24 CFR 576.400€ and 24 CFR 578.7 (a) (9). Coordinated entry processes incorporate mechanisms for determining whether potential participants meet project-specific requirements of the projects for which they are prioritized and to which they are referred.

5. Prioritization:

HUD has determined that an effective coordinated entry system process ensures that people with the highest vulnerability receive priority for any type of housing and homeless assistance available in the VC CoC.

**CASE CONFERENCE:**

Case conferencing is the forum to address and prioritize those who are most vulnerable and in need of Permanent Supportive Housing (PSH) or Transitional Housing (TH).

1. Present Case for Prioritization of PSH or TH (*an active CES entry in HMIS is required please, refer to HMIS CES Entry, Assessment, Referral and Exit procedures for Entry and eligibility steps prior to case presentation*)

a. All Chronic Homeless Documentation must be complete and submitted prior to presenting.

**Prioritization Process:**

---

The following criteria establish how homeless individuals/families will be prioritized for shelter and housing programs in Ventura County Continuum of Care: The Vulnerability Assessment Tool (VAT) will be used by the Coordinated Entry Assessment Sites to assess individuals experiencing homelessness. Provider points of entry will complete the Pathways to Home eligibility module to determine which programs the individual or family is eligible for prior to completing the VAT. The Vulnerability Assessment Tool will be one of the prioritization criteria in determining housing placement. The following criteria will be used to prioritize placement, with the first three serving as the primary methods of ranking

**Prioritization  
Process Cont.:**

individuals and the remaining two prioritizations serving as tie breakers if the first three prioritization methods result in tied rankings.

**1. Homeless Status (chronic, literal, at risk, fleeing domestic violence):** This first prioritization criteria focuses on those individuals with a disability who have experienced long-term or multiple episodes of homelessness and are generally those with the highest need and vulnerability. In addition, this population has been identified as being the largest user of homeless system resources. This will be determined by the documented length of time of homelessness (episodic or continuous) and the reported service needs of individuals including chronic health, mental health, substance use or other service needs that impact vulnerability. Persons with the documented longest length of time homeless and documented severity of service needs will receive priority.

**2. Vulnerability Assessment Tool Score (PSH&TH):** This second prioritization factor targets the most vulnerable clients in the homeless system as determined by their total Vulnerability Assessment score. Vulnerability Assessment Tool score will be utilized in determining the ranking on the prioritization list in combination with the factors in the section above.

**Note:** VAT score of 19 or higher is required to be presented for PSH.

**3. Length of Time Homeless:** The third prioritization factor is the length of time an individual has experienced homelessness, giving priority to the person that has experienced homelessness the longest.

**4. Severity of Service Needs:** The fourth prioritization factor targets individuals with medical needs who will be prioritized when they have behavioral health conditions or histories of substance use which may either mask or exacerbate medical conditions.

**5. Date of Vulnerability Assessment Tool:** The fifth prioritization criteria will be the date of the individual's assessment, giving priority to the earliest date of assessment.

**6. COVID Assessment Score:** The final prioritization factor per FEMA mandate is the COVID assessment score. This score determines COVID vulnerability and will be utilized in determining the ranking on the prioritization list.

**Levels of  
Priority**

---

Prioritizing chronically homeless persons in VCCoC program-funded Permanent Supportive Housing beds dedicated or prioritized by persons experiencing chronic homelessness:

1. Priority—Homeless Individuals and Families with a Disability experiencing chronic homelessness that is based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual or families' service needs.
2. If there is not a person that meets specific program eligibility criteria of a target population (i.e.: mental illness), the agency would then accept the next prioritized person on the list. This means, if the CoC has served everyone with self-reported target disability (i.e., mental illness), the agency may be referred another person that meets the chronic homeless status (i.e., with a different disability).

**Levels of  
Priority Cont.**

Prioritizing when there are no chronically homeless individuals and families within the VCCoC's geographic area:

- a. Priority-Homeless Individuals and Families with a Disability with long-term or multiple episodes of homelessness (may not meet chronic homelessness definition) and Severe Service Needs.
- b. Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs.
- c. Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs
- d. Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing

---

**Rapid Re-  
Housing and  
Emergency  
Shelter:**

Unsheltered persons receive priority for emergency shelter and rapid re-housing.

---

**Vacancies:**

1. Prioritizes client on the list (Single, Family, Veterans or TAY).
  2. Reviews list each week for updates and when vacancies are reported
  3. The prioritization process is used to fill vacancies throughout the VCCoC
- 

**Chronic  
Homeless  
Documentation**

1. Submit Chronic Homeless documents to CES Coordinator prior to case conferencing. Make sure that all documents are complete prior to submitting. The complete documents are due by Wednesday 12pm the prior week.
    - a. If approved, case manager is notified, and case is presented for prioritization
    - b. If denied, case manager is notified for further documentation. (Go back to step 1 in Chronic Homeless Documentation).
- 

**Referrals:**

1. Generate a referral, once client has been prioritized, and matched for housing, (*refer to HMIS CES Entry, Assessment, Referral and Exit procedures for referral steps in HMIS*)
  2. Client has seven business days to determine acceptance or decline identified unit or voucher.
    - a. If client accepts, receiving agency notifies CES program coordinator and moves forward with referral and completes CES exit
    - b. If client declines, agency notifies CES program coordinator immediately and a new referral is provided from the prioritized list. (*Go back to step 1 in Referrals*).
      - i. Client remains on prioritization list
      - ii. Agency re-runs eligibility for client in HMIS
      - iii. Agency will continue to give an update on client to CES Program Coordinator within 90-days.

**Parallel  
Processes for  
TH:**

To expedite referrals in placing individuals with emergent needs a direct referral can occur if:

3. There are 3 or more vacancies at Transitional Housing
  - a. HMIS entry into PTH *must occur*
  - b. Run eligibility module, run Vulnerability Assessment Tool
  - c. Refer via HMIS to TH
  - d. Case update at next Case Conference Meeting

---

**Forms**

VCCoC Chronic Homeless Documentation Packet (VCCoC Website)

---

**References**

*24 CFR 578.7 (a) (8)*

*CPD-17-01 /2017; CPD-16-11 /2016*

---