HUD Webinar

"Notice Establishing Additional Requirements for Coordinated Entry"

March 2017

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PATRICK TAYLOR: Good afternoon and welcome to the webinar. My name is Patrick Taylor with the Cloudburst Group. We are one of HUD's technical assistance providers. Today, we will be walking you through HUD's Notice Establishing Additional Requirements for a Coordinated Entry System. We will review elements of coordinated entry and talk about infrastructure that will support continuums of care in their implementation and ongoing management of coordinated entry. Finally, we'll share some resources with you that HUD is working on to help you understand coordinated entry requirements. I am joined today by some of our Coordinated Entry Experts, Irene Peragallo with the Corporation for Supportive Housing. Irene has extensive experience working on coordinated entry in communities. I am also joined today by Abby Miller from HUD's SNAPS office. Irene, do you want to say something about yourself?

IRENE PERAGALLO: Hi, thanks Patrick. Hey, everyone, this is Irene Peragallo with CSH as Patrick mentioned. I have been working with HUD and with communities across the country to help design and implement coordinated entry. Now that the notice is out and we're here talking about the requirements, I'm really excited to be talking with you all in this setting to help unpack these requirements and help make it work for your communities. So I'm really glad to be here, thank you.

PATRICK TAYLOR: We're also joined by Abby Miller from HUD. Abby, do you want to say hello?

ABBY MILLER: Hey. Yes, Patrick happy to. Hi everyone, thank you for being here. Like Patrick said, I'm in the SNAPS office. But I also had the opportunity to work with one of the primary authors on the notice, along with my colleague, Matt Aaronson. We are both really thrilled that this is finally out and that we can start providing you with the concrete stuff that you need whether you're in the early or advanced stages.

PATRICK TAYLOR: Thank you, Abby. Well, again, this is Patrick Taylor. Before we start, I want to point out a few things about this webinar. First, there are a lot of you listening, we're over 600 people. It's great, but it also means we have to mute the phones to eliminate background noise. Also, this webinar is scheduled to run 90 minutes. That is a long time to sit and listen, so we're doing a few things to help you learn this and have a chance to voice your perspective. First, we're using polls, where we will ask for your perspective on something about coordinated entry. Then, we're going to pause and see if we can answer your questions. We want you to submit questions through the question feature of the webinar dialogue box. We will do our best to respond to as many questions as we can, but if we don't, remember that you can submit them to the ask a question portal on the HUD exchange. We have a team that's working

to turn those around for you. Now, the last thing I want to ask of you before we go to session objectives in our first poll is that you dedicate this period of time to focusing on the webinar, which is so much easier if you close your e-mail and toss your cell phone in the drawer. If you're like me, you're always juggling a million things, but today treat yourself and do just this one thing.

IRENE PERAGALLO: Thanks Patrick, for those set reminders. Hi everyone, again this is Irene with CSH. Our hope is that you find information useful and engaging, and that the next 90 minutes that you spend with us are going to be well worth it. If we succeed, then you will be able to describe the goal of coordinated entry, identify its essential elements and know what's available to you in terms of resources and where to find them. Okay, why don't we get warmed up with the poll questions?

PATRICK TAYLOR: So, we're going to go to our first poll, which is about where your status, current status is, of your coordinated entry process. Let me open that up for you. If you can just take a few seconds to choose what best describes the current status of your continuum's coordinated entry process. I'll give you just a few more seconds here to respond. Okay, I'm going to go ahead and close so we can see the results and share those results with you.

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It looks like about 39% of you have implemented something. Another, about 30% have implemented most aspects of coordinated entry and about 25% of you are just getting started, and congratulations to the 8% of you who are done.

ABBY MILLER: Thank you, Patrick. This is Abby Miller again for those of you just joining. I'm in the HUDS SNAPS office and I'm joined by Irene Peragallo from CSH and Patrick Taylor from Cloudburst. So actually those results are pretty consistent with what we saw on Monday when we gave our first webinar. So we're looking at a solid 20% to 25% of folks who are just getting started. This interestingly enough, 8% again, of you who feel that you're done and you're just checking to make sure you've done this right. Chances are, you're the folks that we've been learning from for a while.

Before we go into the content, I want to make sure that you're aware of what's already out there to help you, and what's coming. To emphasize that this webinar is only a piece of what you have or what you will have to assist you when you implement this. Particularly for those of you who are just getting started, this is not a time to freak out or go paralyzed. We have resources for you, including today's webinar. The Self-Assessment is a great place to start; it's the first link you see here. We posted that through the HUD exchange when the notice was published. Then we also anticipate the release of other tools. One of particular note is that second one up there, the toolkit of community samples. So the National Alliance to End Homelessness, their center for capacity building is going to be hosting on our behalf this toolkit. So basically, if you wish that you could see actual examples of different communities, policies and procedures, assessment tools, prioritization protocols. You are in luck, we have gathered nearly 200 examples from your peers, and those are going to be posted for you to use as you work within your continuum to craft your own. Then, as an addition to that toolkit, there is going to be a guidebook that basically has a chapter per element, like the way that we talk about them today you will see. There's going to be

an implementation guide of policies and procedures templates, a guide to data management and other things that you need. As we hear from you of what you need, we will be developing more.

So, before we get into meat, I want to just do a quick context for you of how we got to this particular notice. The first thing to know is that we did not invent this concept of coordinated entry. It took – we, HUD, took a practice the communities were proving worked and we started rolling out requirements and recommendations so that other communities could re-work themselves to be more effective. Those first requirements took form in the 2012 CoC Program Interim Rule, and we just had a set of very basic requirements in that. Then the ESG Program Interim Rule also required ESG recipients themselves to participate. Then, as we learned more about how best to prioritize our resources, we released the prioritization notice in 2014. That recommended the guidelines for how CoC has prioritized the PSH. Then we updated that in 2016 to correspond with the new chronicle with this definition. But before that, in February of 2015, so almost exactly two years ago, we put out the Coordinated Entry Policy Brief, which really signposted where we wanted to go. It identified qualities of an effective coordinated entry, defined a role for coordinated entry, and a broader system of pairing. In the last two years, between the brief and this notice that we're talking about today, we've been working with TA providers and learning from communities to understand what's working, what isn't, and make decisions about what's absolutely necessary to have an effective coordinated entry, and which things we should provide more nuance, so that you have the flexibility you need. So hopefully we struck the right balance.

IRENE PERAGALLO: Thanks for that really helpful context and background, Abby. So on your screen now, I'm showing roughly how people might move through coordinated entry. What coordinated entry might look like in the context of a system. So this graphic is aspirational. Your system might not look like this today, but you can see how coordinated entry is not just the access point or entryway into the crisis response system. It's also a process with an intentional flow of

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participants from initial triage through housing and service projects, until people are in permanent housing. As you can see here, this is a well-functioning coordinated entry, where many households are diverted from homelessness altogether, or receive targeted prevention and may never have to enter the crisis response system at all. Which means that the crisis response system can operate more effectively for households who really need it. But what else does the graphic tell us? It gives you a sense of how your system's components fit together to end homelessness as quickly as possible. I know you're used to seeing these component types, but what might be new is seeing how they interact with each other, or rather how they should interact with each other. As you work in your CoC, you will have to figure out how your system currently works, find the parts that result in cycling between projects and not exiting the housing, and start working to plan more intentional pathways through the system so that people don't get stuck. The other thing that this graphic tells us is that our focus on quickly housing people means that projects are there to play a role in that re-housing and not to operate in their own silo. That means no longer asking the question, "Should we accept this household into our program?" And instead asking, "What is best for this household to quickly end their housing crisis?" Changing the question you're asking will help you focus on the household who has been in your system the

longest and the participants with the greatest need or the highest vulnerability. So these can prioritize them for permanent supportive housing or other programs that can meet their needs.

With this basic context in mind, I have a short video for you that highlights the importance of coordinated entry, or the people we are trying to serve. The following video created by CSH is a personal account of the impact and potential of coordinated entry. As told by Heather Muller of CSH who worked closely with the Houston Continuum of Care, on their Coordinated Entry implementation. So now, why don't we take a few minutes and watch this together?

[Video Begins]

HEATHER MULLER: Thank you very much. So I just would like to take the opportunity to talk with you just for a couple of minutes about coordinated access. Not so much the technical aspects of coordinated access, but more of the possibility of coordinated access, and that what if's of coordinated access. A bit of context for you to understand the nuts and bolts of how coordinated access works in Houston is important though. This Mr. Jean [ph 00:12:27] Jaquette, and that's the last time that I will say his name like that. When I met Mr. Jean Jaquette, he told me just go with Jean Jacket it's easier. So Jean Jacket/Jean Jaquette's results. So this is Mr. Jean Jacket, he's a Veteran, he is 61 years old. This is his HMIS dashboard. HMIS is Homeless Management Information System. It's the database that's in every community in and across the country, to manage and track all of the services of people who receive, or that are accessing those services through the Homeless Response System. As you can see in the box on the right-hand side, the red box, whether you can see the details or not it doesn't matter. If you see how big the box is relative to the entries in HMIS, these are all the services he received in the first two years that he has been on the system. So he entered in 2011 and for two years he bounced around receiving emergency services primarily. Shelter, day shelter, transitional housing; nothing was really sticking. Nothing – he never ended up in a permanent housing option, and I can assure you that none of us that were working in that system had any idea that this was happening to him. So why does this happen? Because he was operating in this system. The orange boxes at the top there represent all the points of entry. Places where people start their journey through our homeless response system in Houston, and all of the gray boxes in the room represent the housing options that people might end up in. Now a real clear streamlined system as you can see here. No real rhyme or reason why anybody ended up in one housing option versus another housing option. Additionally, each of those gray boxes or housing options represents an associated housing type. So that's why you're dealing with this $1,500 a year. Referrals to which box matters tremendously. At the end of the day, it was – there's no wonder sort of why Mr. Jean Jacket was stuck in our system and how come that we didn't do anything about it. So what did we change when we got coordinated access on the table? What we started with was when someone touches one of those points of entry, when people come into our system, we started talking about permanent housing now. We're talking about permanent housing options immediately. Addition to that, in Houston, we talk about opportunity with them. If you want to secure housing, you need income to make it into housing. So both of those conversations happen right off the bat. What we first do is we assess people, so

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which type of housing would be the best fit for them in their homelessness. Then we scan our system for all – any open units within our system that that person might be a good fit for. Then we refer the folks to the open units and lastly we connect individuals with what we call housing navigators. Those navigators make sure that we're not just referring into that housing. We're making sure that everyone ends up in the housing unit that meets their needs as quickly as possible. We're doing all of this electronically, so this is all happening in real time. So we can stretch those at the weighing scale as much as we can and make this possible, as tight as possible. But, for Mr. Jean Jacket, as fast as possible was about a year and a half after I met him. The first assessment in 2015, like I said, it took about a year and a half? Because Mr. Jean Jacket was a bit reluctant to buy into this whole housing deal and evidently it wasn't an attractive option for him, and he was on a pretty significant substance use issue. But we agreed we'll stage the next things, we'll check in with each other in a couple of weeks. I did a – you would say I did a lot of nagging. This is Mr. Jean Jacket as of last week. I ran over to his apartment complex to see how things were going and he allowed me to take a picture of him in front of the mailboxes of his apartment complex to share with you all. As of today, I just got this earlier and I didn't believe this. As of today, June 9, 2016, Mr. Jean Jacket has been housed for 309 days.

[Video End]

ABBY MILLER: All right, and that was a cheering that you were just hearing in the background. I want to thank you so much for playing that video, Irene, and allowing us to have access to it today. I think the thing that I love about it so much is that it holds in the front of our minds the reason why this matters so much. We are talking about requirements and that can feel very reg-heavy, but what we're talking about is all work in the service of re-housing people quickly so that they can get on with their lives. So I just want everybody to hold that in the front of their minds. To get back to the reg part of it, though. We do have a finite amount of time to do the work. HUD expects you all to – well, CoCs in particular, to implement coordinated entry according to the requirements by January 23, 2018. That's 12 months from when we published and almost exactly 10 months away from today. If you've had a chance to read the notice, you know that that represents potentially a lot of work depending on where your CoC is in implementation. So with the rest of our time today, we're going to be walking through the elements of coordinated entry but not doing it in such a way that it replaces the need to read the notice. We have provided you with self-assessment that outlines requirements, recommendations and considerations, and then the notice itself. So please do read that notice and use the self-assessment. What you're getting today is the selection of critical aspects and some of the more complicated pieces with some information about effective practices, considerations that will help you think them through. So I think I'm turning this over to Irene to talk about some terms and concepts.

IRENE PERAGALLO: Thanks, Abby, I appreciate it. Thanks for allowing us to share that video. So as we jump in, I think it's full to further understand some of the commonly used concepts and terms that we think are important for you to know. So the first is coordinated entry process. Many people use different terms, whether it's coordinated entry, coordinated assessment, centralized intake – but for our purposes, we'll stick to coordinated entry, but the terms are essentially interchangeable. We also say affirmative marketing and outreach. This is an

important concept that makes sure that we're taking proactive steps to tell the community that we serve all eligible persons. The requirement is found in CoC and the HUD program in our rules, and as a brief recap, we have protected classes under the fair housing act and other civil rights laws, which include race, color, national origin, religion, sex, age, familial status and disability. Then the equal access rule also covers perceived or actual sexual orientation, gender identity and marital status. Access points: Access points are all the places, whether they're virtual or physical where an individual or family in need of assistance accesses the coordinated entry process. These could be centralized, phone based like two in one, virtual, no wrong door approaches or

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HUD models, or even a hybrid, some combination of all of these. Assessment, now assessment is often referred to as a specific tool, but also as a process. The short story is that it is both. It can refer to one or more standardized tools that ask a range of questions about housing barriers. It's also a process in the sense that tools in question don't have to be asked all at once and instead can be phased to progressively engage a person to fit, and to make sure that we're not asking things that aren't necessary for a particular phase. Coordinated entry policies and procedures indicator requirements that CoC has to document these elements in written policies and procedures. We'll talk much more about this throughout the webinar today. Prioritization refers to the process of ensuring persons with the greatest need or vulnerability are served first. Prioritization policies have to be established by the continuum of care with input from all community stakeholders. Finally, you will notice from reviewing the coordinated entry notice that HUD has established these requirements at the CoC level. Although coordinated entry requirements are associated with the CoC and not individual projects, the CoC is made up of individual projects who are required to participate. So there is a direct impact on projects. It may be helpful for you to consider throughout this webinar the role of individual projects in forming and carrying out coordinated entry at your CoC.

Okay, so let's dive on in and talk about our first of our core elements of coordinated entry, which is access. Access points must cover and be accessible throughout the entire geographic area of the CoC. What does that mean? Williams, Wisconsin as an example; and we're literally using Wisconsin because we couldn't find an entry map that sits well on the slides, so there's no need to read into it or to feel too jealous. So let's say that you are Racine CoC. If you are a single CoC, you have to have one coordinated entry process covering your whole geographic area. However, for a CoC such as valid State CoC's where your geographic area is very large, the process may establish referral zones within the geographic area designed to avoid forcing persons to travel or move long distances in order to be assessed or searched. This is all totally appropriate and fine. Regulations do not prohibit multiple CoCs from joining together and using the same coordinated entry process. So in this example, maybe the balance of State and the Milwaukee CoC decide that they want to work together, that's okay. We know this gives a lot more detail about what you need to document in your policies and procedures to make sure to read that if you're considering creating a multi-CoC coordinated entry implementation.

ABBY MILLER: So, Irene we also had a lot of questions about access points on Monday, and I'd love to voice a few of those that you can speak to. The first is – so I see here on the slide, the same assessment approach has to happen at all access points. But we need to be clear what do we mean by an access point? So one of the questions we got is where is the balance of State CoC,

there is no way we can use centralized physical locations, you know, what does it look like? Then also I thought you could have different access points for different populations. Is that still true?

IRENE PERAGALLO: Awesome, absolutely. I will address those to those as we continue. So as we mentioned, coordinated entry has to offer the same assessment approach at all access points. That means that all access points must be usable by all people who may be experiencing homelessness or are at risk of homelessness. A household shouldn't be steered toward a certain project just because they presented at a particular access point. That's particularly important to note for communities where maybe you're operating an access point in the same local location as your biggest emergency shelter. The services that you provide in that shelter are separate from the access function you are providing.

Now, for larger places like the CoCs who asked on Monday, you're probably using a virtual or phone-based system, maybe in response to some physical location. The important point is that wherever someone calls or shows up, they get the same information, the same options and the same setup. To address your second question about the different access points. The coordinated entry process may have separate access points, variations and assessment processes, if you decide that that's necessary to meet the needs of a certain population. So you can see here the five populations that may need a separate access point: Adults without children, adults accompanied by children, unaccompanied youth, households fleeing domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions including

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human trafficking and persons at risk of homelessness. So, for example, you might want a dedicated access point for unaccompanied youth that feels safe and accessible, so that youth are more likely to access the coordinated entry. I also want to highlight that ESG-funded prevention must be a part of coordinated entry. But given how different the needs and the process may be for those households, it may make sense to have a separate access point for them as well. So keep in mind that all access points must be usable by all people even if you choose to set up a more specialized access point.

I think another question we got a lot on Monday was about Veterans and we don't see them here on the slide, Abby. So can you tell us a little bit more about that?

ABBY MILLER: Yes, definitely. We saw the question about, "Can you have a dedicated access point for Veterans." Veterans are not one of the sub-populations for which you can have a specialized access point, as you can see on the slide. But we know that lots of communities have really strong partnerships with the VA and VA outreach teams, medical center staff. They might already be conducting assessments or even making direct referrals to CoC providers. This approach is okay as long as the coordinated policies and procedures allow it. So what that means is that it has to be a discussion and a decision by the continuum, working with Veterans service agencies and the VA, to make that choice. So what we don't want to have happen though, and Irene has reinforced this point a couple of times, that all access points have to be usable by all people. So we would not want a homeless Veteran to show up at a specialized access point.

Like let's say this is a single guy who identifies as a Veteran, shows up to a family-designated access point. What we don't want to have happen is that the staff at that family access point turn the Veteran away, or send him to the VA to get an assessment done, at which point the VA looks and says, "Oh, well this Veteran actually is ineligible for services" and then sends him back to the main coordinated entry. That's the kind of ping-ponging that we're trying to eliminate with coordinated entry.

So what you would want to have happen is that that guy shows up at a family-specific access point, but because all access points have to be able to accommodate all people, they would still initiate an assessment for him, get a hold of the VA. If it turned out that he was eligible, maybe the VA partner completes the assessments. But that it's a very concerted decision and people are not bouncing around in the system.

IRENE PERAGALLO: That's great, Abby. Thank you so much. I want to pause here and remind folks that you can submit your questions in the dialogue box, in the question box, so we can try to respond anything that's confusing, or if you need more clarification so far, we'll be pausing to take some of those questions in a few moments. But moving right along to some additional requirements of access. So we're going to spend a little bit of time on this slide. Let's talk about emergency services first. The coordinated entry process must allow emergency services which includes all domestic violence, emergency services hotlines, drop-in service programs and emergency shelters to operate with as few barriers to entry as possible. Also, a household must be able to access emergency services independent of the operating hours of the coordinated entry's intake and assessment process. That doesn't mean that a CoC can't use coordinated entry to prioritize emergency shelter beds, but if that process is creating a bottleneck or resulting in empty crisis beds, then that isn't operating in the true intent of coordinated entry. Homelessness prevention. CoC access points must be easily accessed by individuals and families seeking both homeless or homeless prevention services. Prevention must be part of coordinated entry, and coordinated entry must be designed to support persons at risk of homelessness. Marketing and accessibility. CoC written policies and procedures for coordinated entry must include a strategy to ensure that coordinated entry process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or marital status. You all noticed we will reinforce this throughout this webinar. These written policies and procedures must also document steps, the steps taken to ensure the access points, this is the physical location, are

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accessible for individuals with disabilities and they should document the steps taken to ensure that there is effective communication with individuals with disabilities. They also have to document what the reasonable steps being taken are to offer coordinated entry process materials, or participant instructions in multiple languages to meet the needs of minority or ethnic groups, or groups of limited English proficiency. Safety planning. The CoC has to have specific written coordinated entry policy and procedure to address the needs of individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault or stalking, before seeking shelter services from a non-victim services provider. This is important. If someone is fleeing DV but accessing the crisis response system through a non-victim service provider, your safety planning protocol within your coordinated entry has to define the interaction and the

coordination between those providers so that the person with the emergency needs has those needs being med. Street outreach. So written policies and procedures must also describe how street outreach efforts funded under ESG or in the CoC program are being linked to the coordinated entry process.

The notice specifies several coordinated entry requirements that have to be documented in your continuum's coordinated entry policies and procedures. During today's presentation, we're going to continue to call out those instances. There is a symbol in the right, top right corner of this slide and that's all we are drawing your attention to aspects of coordinated entry but how it requires to be documented in written policies and procedures. So that little brown, it might look orange depending on your computer, GPS-looking symbol. It kind of looks like there's a pin being dropped, well we've dropped a pin next to those requirements wherever they appear in the presentation.

ABBY MILLER: Yup, and then in keeping with the same flagging of requirements, you're also going to see our little notebook throughout this presentation where there are things that you have to write down. Writing down does not mean that you just write it down and you're done. It means that when you're writing it down you are codifying decisions that have been made across your continuum, that folks are going to be mutually held to.

So the first is documenting a process ensuring access to emergency services when coordinated entry is not open or available. Next, documenting how the CoC is ensuring accessibility to households with disabilities. Third, documenting how you are addressing the needs of households fleeing violence. Then documenting how ESG or CoC-funded outreach efforts are linked to the coordinated entry process. That brings us into a poll question.

PATRICK TAYLOR: Okay, I'm going to bring up our poll here in just a second. I want to remind everybody that the slides will be posted on the HUD exchange. They usually get posted about a week to 10 days after the final webinar. So our last webinar on this is March 28th. So if you can be looking for those on the HUD exchange in early April. With that, we're going to open our second poll on which CE access requirement is most challenging to implement. Right that poll is open, you should be able to vote. I'm going to keep it open just a few more seconds here. Okay, I'm going to close the poll and we'll see our results here. We've got about 75% of the people who have responded and it looks like about – the overwhelming for almost 40% having emergency access to CoC crisis services for all. We've got about 28% for access points following CoC-defined coordinated entry guidelines, and the remainder is on advertising CE access points and provision of special accommodations to all persons. So I'm going to go ahead and hide this poll.

ABBY MILLER: Thank you, Patrick.

PATRICK TAYLOR: You're welcome.

ABBY MILLER: The annoying part of that is that we didn't put a

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select all on there. So for those of you who are ticking us, well that's on purpose, we just – we want to make you choose something. But in seriousness, I want to say about people having emergency access to crisis services, I think that this has been a common misconception and if you look in the notice, we've tried to write it in a way that is clear. Hopefully we got there, but it doesn't mean that you have to have a crisis bed available for every person. Like we're not advocating for an increase in your crisis response system because of coordinated entry. What it means is that coordinated entry does not become a barrier to accessing those existing crisis response as whatever they are. So for instance, if you have a coordinated entry that's open – and this is not necessarily something we would advocate. But if it was open 9:00 to 5:00 and people are coming in after 5:00, that you have now tied your emergency shelter beds into the coordinated entry, that means nobody can access your emergency beds after 5:00. That's a problem, that's a barrier that you have created through your coordinated entry process that we want you to avoid. Actually not want, require you to avoid; so just some clarification on that.

So then I think we're going to move to the second core element and I'm going to start with a question for Irene again. So for assessments, after a household access coordinated entry, then they're assessed, and we've gotten this question. "Does the standardized assessment process mean that all populations are assessed the same?" So Irene, do you want to walk us through assessment and help address that question?

IRENE PERAGALLO: Absolutely. Thanks Abby. So as we highlighted earlier, coordinated entry locations and models whether would be a phone, in person or online, must offer the same assessment approach and standard decision making process. So no matter which access points at which the participant presents, they're going to encounter the same next step.

So the same next step means that everyone gets assessed. But it could mean that all youth are assessed with a youth-specific tool, or all families with a family-specific tool. So standardized assessment simply means the use of one or more standardized assessment tools used to determine a household's current housing situation, their housing and services needs, risk of harm and risk of future or continued homelessness, or other adverse outcomes. Those five show populations that could have different access points can also have different assessments as long as everyone within the population gets the same one.

Another consideration is using saved assessments. So you're not using a single assessment just once, but rather only getting the information needed to prioritize and refer someone for that particular thing. We have another poll question in just a minute that gets at this. So if you have questions, hopefully we'll answer them in there.

The notice also requires CoC to train assessors at least once annually to make sure that all the staff administering assessments have access to materials that clearly describe the methods by which assessments are conducted. The training curricula should also include a review of the coordinated entry policies and procedures, a review of the prioritization process and the criteria for uniformed decision making. CoC has to distribute those training protocols and offer training at least once within 12 months of the publication of the notice, which we know just is this past January. So I'll hand it back over to you, Abby for some of these – for our notebook.

ABBY MILLER: Thank you, Irene. Yeah, so if we go back to our notebook, there are a number of things that need to be documented in those written policies and procedures. The first is that CoCs have to document a criteria for uniformed decision making in the assessment process, and they have to make sure that people aren't screened out of assistance based on perceived barriers.

I'm going to give you a laundry list of perceived barriers that include the usual suspects, but there may be others. These are things like a household having too little or no income, having active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extensive disability-related service or support that somebody might need, a history of evictions, poor credit, lease violations, never having been a lease holder, criminal

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record. There could be others, like I said, but these are the usual suspects that projects might unnecessarily place on households. The coordinated entry process is prohibited from screening folks out on those bases.

Next is the policies and procedures have to document how the coordinated entry information is protected using the same privacy and security protections extended to HMIS data. They must specify the conditions for participants to maintain their place in a coordinated entry prioritization list; this could also be called a master list by name list. If a participant rejects an option, programs may require participants to provide certain pieces of information to determine program eligibility only when the applicable program reg requires the information to establish or document eligibility.

Then CoCs have to establish written policies and procedures establishing the process frequency and curricula for assessor training. Again, that's to make sure anyone conducting an assessment has been trained to do so. So I believe that that takes us to our next poll.

PATRICK TAYLOR: Yes. This poll is around the different stages and a phased approach to assessment. So let me get that open for everyone. Now whether you're going to be using a phased assessment approach. All right, our poll should be open.

ABBY MILLER: Patrick, I would just add for folks. This is a "does" CoC use a phased assessment approach, but for those 25% of you, or those in the process of implementing, think about it as "will" your CoC use a phased assessment approach.

PATRICK TAYLOR: I'm going to give this just another few seconds. Okay, we've got about 75% of you have voted. So I'll look at the results here. So does or will your CoC use a phased assessment approach? About half of you are not sure, 34% say yes, and 17% say no.

ABBY MILLER: So, this is Abby. Sorry for the pause there. I'll just go over these and show, you know, if you wanted some additional information about what it means to do a phased assessment. If you think back to that system in context slide that we had at the beginning where a huge number of households were being diverted or prevented from ever experiencing homelessness. It may make sense, it likely does make sense, to have a diversion and prevention set of questions at the very beginning before somebody even touches the crisis response system.

Because they may not have to, and then at that point you could step onto further assessments. So I think we're going to move into the third core elements prioritization.

IRENE PERAGALLO: That's right, the third element of coordinated entry is prioritization. So let's cover what we mean by prioritization and we're going to clarify the requirements and talk about some additional considerations beyond the requirements. So here a collective view of the assessment process is used to prioritize households for assistance.

So in the midst of assessment, we're starting to build a picture of the client's needs and barriers in their housing history. That information is allowing us to focus on the prioritization piece. You will see in the notice that coordinated entry must, to the maximum extent feasible, ensure that people with the most severe service needs and levels of vulnerability are prioritized for housing and homelessness assistance, before those with less severe service needs and lower vulnerability.

ABBY MILLER: So, Irene, on Monday we had a question asking how do you know who has greater needs or vulnerabilities? I'll say HUD has provided really clear guidance for PSH through the notice on prioritizing persons. I will not read the entire notice name for you, but that's the one we put out in 2014 and then updated in

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2016. But beyond that, CoCs are going to have to establish prioritization policies with input from their community stakeholders.

IRENE PERAGALLO: That's right, Abby, and the coordinated entry notice indicates a set of factors that could define prioritization, including significant challenges or functional impairments that require a lot of support to maintain permanent housing, high use of crisis or emergency services, shelter status especially among youth and children, vulnerability to illness or death, risk of continued homelessness, vulnerability to victimization like physical assault, trafficking or sex work, or other factors determined by the community that are based on severity of need.

What does it mean in your community to have the most severe need or be the most vulnerable? This can be tricky to set up. For instance, what highly vulnerable youth look like could be very different than highly vulnerable families or highly vulnerable adults. For adults, the CoC might determine that length of time in homelessness is the most important factor in determining vulnerability, but for youth it's totally different. The take home point here is that the CoC cannot set up prioritization principles that end up prioritizing one population over another once it comes to classes and they are being de-prioritized.

For instance, if a CoC established a prioritization principle that resulted single adults being consistently prioritized over families, that's discrimination against family status. Or people with a single disability prioritized over people with any other disability, or people of a certain race or color over those of other races or colors. These are all forms of discrimination whether they are intended or not. The same goes for national origin, sex and age. CoCs also prohibited from discriminating based on actual or perceived sexual orientation, gender identity or marital status.

So a lot of thought has to go into these prioritization principles to make sure that the CoC is actually basing the principles on severity of needs, and not just prioritizing a whole population over another population. I think this is another area, Abby, where a lot of folks had questions and I'm wondering if you could say a bit more about what it means to prioritize in a non-discriminatory way.

ABBY MILLER: Yeah, definitely. I think the confusion that's come in in parsing the difference between prioritization and then the eligibility requirements for certain programs in the community. So for instance, the PSH project that requires documentation of disability. So I'll just paint this difference for you.

The coordinated entry process cannot prioritize all people with mental illness over people with other disabilities. Even though you might have projects that are permitted to limit services to people with mental illness, that doesn't mean that you're entire community's prioritization gets structured on that. So a non-discriminatory prioritization means that you are prioritizing based on the level of support needed, not simply the presence of a diagnosis.

So, to skip ahead a bit to referral to carry this thought through, if you have a prioritized list, and let's say you have 10 people on your list, and you have a PSH unit open up that is dedicated, let's say, for someone with severe and persistent mental illness and you go to your list of 10 folks. If the first person on that list should have a severe and persistent mental illness, which is an eligibility criterion for that project unit; if you have to go down the list five people, then that person is who would get offered that unit. Because they possess the characteristics that are required to be eligible for that project.

That does not mean that you are prioritizing that person first. The prioritization happens before referral. So I'm hoping that that paints it a little clearer. It's thinking about prioritization from a community perspective, versus from project eligibility. So I'm guessing that that might be a good time to pause for a few questions. Patrick, do we have some questions?

PATRICK TAYLOR: Yes, there are a couple of questions we're going to read. The first one I've got here says this, "Can you speak to the distinction of agencies' responsibilities as an entry point, and their responsibilities as an agency?" We've run into a lot of local confusion about this.

ABBY MILLER: Irene, do you want to take that?

IRENE PERAGALLO: Yeah, I'm happy to. So I think it's a really important question and we referenced it just briefly earlier, and it's really worth noting with more time.

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So I think what we were alluding to earlier is for example, if your emergency shelter is also acting as an access point for your coordinated entry, you have to be mindful that just because someone presents at your shelter for coordinated entry, doesn't mean that they would be automatically referred to your program, because they presented at your access point. There needs to be a consideration of staffing, or resources, or even with, you know, how that process might go. It also doesn't mean that they wouldn't be then to kind of put in accessing your crisis response emergency shelter by that time. But it's important to note that there is a distinction

between acting as an access point, and then the basic services that your agency might be carrying out in tandem to having either assessors come on site to do assessments or having operating hours at your shelter with assessors versus your normal management staff or sometimes those are the distinctions, assessors versus other staff. Or if you have staff doing both responsibilities, understanding that clear distinction of I'm doing an assessment and I'm going to do it using my standard decision-making process for the next step for this client, and not thinking from an agency perspective. That we have a bed, I'll just go ahead and move this person there as the next staff, or making any other decisions from the agency perspective. Abby if you want to add anything please feel free.

ABBY MILLER: No, I think that's great, thank you. I'm just looking at time, so I think that we should continue moving. We're going to have a couple more breaks for questions but we should keep going with prioritization.

IRENE PERAGALLO: Okay, so hopefully prioritization is a little bit clearer. Keep those questions coming in, of course. I want to go over a few requirements associated with prioritization. Let's go back to the assessment process when you are collecting information through the assessment tools. The assessment is one source of information about household needs, but it might not produce all the information necessary to determine prioritization. Either because of the nature of self-reporting, or information that might be withheld, or circumstances outside the scope of the questions.

For these reasons, it's important that case workers and others working with the household have the opportunity to provide additional information through case conferencing or another method of caseworker input. It's important to remember, however, that only information relevant to factors listed in the coordinated entry, written policies and procedures, may be used to make prioritization decisions. That has to be consistent with written standards governing CoC and ESG funded projects. You may find that in establishing prioritization principles that your written standards may be updated to ensure consistency.

I know a lot of communities use a community-wide list generated during the prioritization process. Sometimes it's referred to as a by name list, an active list or a master list. What we're talking about, you know, a community wide list that's used during prioritization. So that list is not required but it can help communities effectively manage an accountable and transparent referral process.

So if you're using a community wide list, your CoC must extend the same HMIS, data privacy and security protections prescribed by HUD in the HMIS data technical standards to that, you know, by name list, active list, master list data, whatever you might call it, but those data protections in the HMIS data technical standards should be extended to our community-wide list data.

ABBY MILLER: Thanks, Irene. So we are back to our notebook. So the things for prioritization that need to be written down and documented. The first is a specific definable set of criteria that you make publicly available and applied consistently across populations. Next is documenting the factors and assessment information with which prioritization decisions are made. Then, identifying you CoC's emergency services. That includes domestic violence shelters, drop-in

centers, emergency shelters, other crisis residential programs where people will need access during off hours. Next is ensuring clients understand how to file a discrimination complaint, and then finally making sure to document your CoC's plan for managing priorities when clients reject referral options. Then we have another poll for you all, Patrick?

PATRICK TAYLOR: All right, here's our next poll. I'm going to open up on your CoC prioritization process incorporates which approach? Again, like with the previous poll, if you haven't yet started which approach are you planning

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to incorporate? We've got the voting as open. Too bad we don't have the jeopardy theme song going while you're voting, but I'm not going to sing for you today.

ABBY MILLER: We've really missed out on that, Patrick.

PATRICK TAYLOR: We've got about 60%, so I want to open this up for just a few more seconds here. All right, I'm going to go ahead and close this and share the results with you.

Okay, so it looks like two-thirds of you are going to be using some combination any or all of the above; whether that be a standardized decision assistance tool, locally defined factors and scoring or case conferencing. I'm going to close this poll.

ABBY MILLER: Thanks Patrick.

PATRICK TAYLOR: You're welcome.

ABBY MILLER: Some combination of any or all of the above is great. I think for those of you who have selected were using locally defined factors and scoring, it's really important to make sure that those are well vetted. To make sure that the people with the most severe needs or vulnerabilities are being prioritized. There's definitely information in the notice and in the self-assessment for you to look at there. So this takes us into our fourscore elements referral.

IRENE PERAGALLO: So, we're here. We've talked about access, we've talked about assessment, we've talked about prioritization and the next step is, you know, where clients are referred to a project.

So what's required of a referral? First, it has to be uniform for all beds, all units and all services available at participating projects. Which, just to remind you, must be all CoC and ESG funded projects, but hopefully extends well beyond that to pull in other mainstream housing and services. For example, it might be your housing authority or maybe a funded agency that you're working with.

Second, the coordinated entry should not be screening out for potential project participants based on perceived barriers. Abby gave us that laundry list of those kinds of perceived barriers earlier. But if the project hasn't lowered their barriers, there is a break in the chain. So what happens when an agency rejects a referral? Something that your continuum has to consider.

CoC and ESG program recipients and sub recipients use the coordinated entry process as the only referral source for which to consider filling vacancies. So we also refer to this as closing the side doors. Basically, if your project gets referrals from a bunch of different sources, you have no way of knowing whether the people being referred to have the most of their service needs. So closing the side doors means that you have to – that you as a provider participate in establishing prioritization principles as part of the broader system of care, and then you rely on the coordinated entry process to reliably follow those principles. So that you know you're getting referrals of the people who most need what you have to offer.

ABBY MILLER: Thanks Irene. I would just add one additional thing here, that this referral component, if you've got a chance to read the notice, you'll see that we have a set of recommendations in there that talk about client-centered approaches. The referral component is an area that provides a really important opportunity for the CoC coordinated entry process to support client-centered approaches.

In particular, participant autonomy. That means that you want to make sure to consider a participant's preferences and goals when you're identifying referral options. This could be the participant has a particular neighborhood or even building that they feel is really well positioned to support their housing placements and success. Others may for various reasons want to avoid particular neighborhoods, and that's also an important thing. I just wanted to add that in there.

Then I think that we can go to our notebook. So the first is documenting the assessment, vulnerability and need-based factors that you use to make prioritization decisions. The second is include a process by which individuals and families can appeal those referral decisions. Then to document the protocol for participant rejection of a referral. You might be noticing some of these are shades on

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a theme or we're repeating them across the policies and procedures, so that you can start to kind of wedge these together in your mind. Okay, so then we have one more poll and then we're going to take a few questions.

PATRICK TAYLOR: Okay, we're going to go to our last poll about projects that don't receive CoC or ESG funding. I'm going to launch that. Okay, I operate a project that receives no CoC or ESG funds, must I only accept referrals from the CoC's coordinated entry referral process? I'm going to keep this open just for another moment.

ABBY MILLER: Patrick, are you sure we can't tempt you for the jeopardy theme? I would love to hear that.

PATRICK TAYLOR: Be careful what you wish for. All right, I'm going to close this out now and share the results with everyone. Okay, so must I only accept referrals from the CoC's defined coordinated entry referral process if I do not receive CoC or ESG funds? We have 10% saying yes, about 60% saying no and 30% say it depends.

ABBY MILLER: So, all projects regardless of funding source are not required to accept coordinated entry referrals, but it can depend. The CoC could establish referral protocols that

extend those requirements. But by the HUD notice that has just gone out, agencies who don't receive HUD funding are not obligated to accept referrals. So the answer is it depends. But in terms of our particular requirements, they do not. So then we have time for some questions. Patrick, I think hopefully you have a couple lined up. I have been seeing them roll in.

PATRICK TAYLOR: There are a couple lined up, and again as a reminder, if we don't get to your questions, and there are many, you can ask them via the HUD exchange ask a question portal. This question is about prioritization and the question says, "Can you address the role of total length of time a household experiences homelessness and prioritization? Especially for chronic homeless adult-only households?"

ABBY MILLER: Thank you, Patrick. So this is a- this answer sort of is multi-faceted. The length of time is a really important factor if you're well versed or even mildly familiar with the PSH prioritization notice. You know that that plays a big role in those orders of prioritization in there. That is because at the end of the day the folks who have been on the street the longest or cycling in and out of your shelters, they are the ones who are going to be the most – sorry not most, least likely to end their homelessness on their own. So they are very high candidates for PSH units.

The other thing though that I want to point out is that there is an added benefit to focusing on folks who have been homeless the longest in your system, and that is that you are going to see an immediate substantial decrease in your community's average length of time homeless for your system performance measures. That's not on accident. We designed those system performance measures to highlight this practice, because it is so important. Patrick, can we take one more question?

PATRICK TAYLOR: Yes, let's take one more question, and this one is on disability. It's sort of a paradigm and I will put them together. First part is, "Are CoCs allowed to request disclosure of disabilities info, even given that they can't require this?"

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The second part of that is, "Does 'cannot require disclosure of a condition' mean that many of the health-related questions and various VI-derived tools are no longer permitted?"

ABBY MILLER: Thank you. I'm also seeing one more in this list of questions – it's just sort of like I'll just pack in on there and fill it out, which is, "How can we be in line with HUD's universal data elements, since you asked or you require disability to be asked there?" So the important thing here is – you know, back when I was talking about the difference between prioritizing based on disability versus recognizing eligibility criteria that might be disability specific.

The same kind of goes here, it's what you're using the information for. So when you are going through an assessment – and a number of you are also asking about the VIs for that, and I'm familiar with the questions on there. So you'll note that the questions are asked in such a way to say "does your fill in the blanks," you know, whatever the question's asking about, does it – has it gotten in the way of you maintaining housing and after? Has it been a reason why you've

become homeless before? That gets at the level of need, the level of support that somebody might need to maintain permanent housing.

I know that's a very different thing from having a diagnosis. So while you do have to fill in the universal data element on disability, filling that in and asking somebody for that information is not the same as asking them questions about the barriers to them maintaining housing. So you can ask about disability, you can fill in 3.8 disability, yes/no.

But when you are assessing somebody for their housing barriers to get towards prioritization, that is a different function. So you're probably using a different set of questions and if you look at the wording of the questions, it's very important to be sure that you're asking about a housing barrier and not a diagnosis.

Now, I know that that probably just raised more questions for some people, and I will preview that we are working on a resource that is specifically about this, because it is very complicated. I promise you, we're not trying to make it complicated, it just kind of is. But we know that everybody wants to be in compliance with the fair housing act and other civil rights laws, and you also want to serve people who have the most severe needs. So we are working to provide resources to you, to make sure you're doing that correctly. I think we should probably keep moving on just for time's sake and get into our infrastructure elements.

IRENE PERAGALLO: Sounds great. Okay, and thanks for that, and thanks to you all for your questions. Now, we're turning our attention to our first infrastructure element, which is planning. There are many questions to think about when you start planning. We will highlight just a handful of considerations here.

So a plain coordinated entry process can be challenging, as you begin collaborating with partners to organize, basically organize your crisis response system. We recommend that you start by convening all the important stakeholders in your CoC and agree on us guiding vision for your community.

Now, I know about a quarter of you on the call are in that planning and beginning stages and some of you are still planning but may have some pieces implemented. This is a nice refresher, maybe something that might help you, but not necessarily something you need to turn back the wheel of time and start over with. So just keep that in mind as you're constantly really planning to make coordinated entry better.

You will need access participation from a full range of your CoC partners to achieve this goal. So while those listed here on the side are by no means the only key partners, they're still essential. So that means doing things like coordinating your outreach teams with existing access points, or making sure that service providers and shelter operators are making services equally accessible to all participants.

It might also mean doing things like engaging housing providers to prioritize homelessness, reduce the barriers and prioritize serving the most vulnerable populations. It means connecting people to mainstream benefits, to ensure that they have access to all the resources and services and income supports to promote long-term housing stability.

Now that you have all the necessary partners engaged, you'll want to agree on a set of guiding principles for your coordinated entry. Systems change work is difficult

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and that's essentially what you're doing when you're doing coordinated entry. It's just unchanged. Their CoC will very likely experience conflict or confusion or disagreement about exactly how to implement a manager system. Guiding principles can play an important role in helping communities navigate these complexities and resolve these differences, the touchstone they go back to.

You also want to define system gaps, and you can do that by assessing projected inflow into the crisis response system, compare it against the array of housing services available to serve that projected demand. When you identify those gaps, then you want to define a set of goals to adjust them. These goals can be about serving a priority population, achieving greater system efficiency, or improving system performance.

Finally, define a set of operational standards that will guide the processes of your coordinated entry approach, and make sure those standards are shared and transparent. You've already been noting required policies and procedures as we've been mentioning them through that, so we're going to go ahead and continue to add to that list.

I'll give Abby a break from notebook responsibilities, and lead us through the notebook here for planning. You want to make sure to include general operating guidelines, and these should include the geography covered by the coordinated entry, participation expectations for CoC partners, the training and support offered to assessors and coordinated entry participants, and how the CoC will manage the day-to-day decision making processes required to operate coordinated entry.

We already mentioned expectations around existing CoC programs and standards that will inform the development of your coordinated entry policies and procedures, and you will also need to consider how coordinated entry will ensure equal access to CoC housing and services for all persons.

Our next infrastructure element is management and oversight. So designing a system approach and keeping it running smoothly and efficiently will require the CoC to define a process for decision making, management and oversight. So even if you had all the required elements and you've identified its best practices, you will still need a way to keep all those elements running smoothly. So each CoC will need to define a CoC governance and operational management approach that addresses all the local needs and preferences of that CoC. So that doesn't dictate who should do this or how, you know, this management oversight should be structured. So it's really critically important that the CoC clearly establish how coordinated entry management decisions will be made and how or who will provide oversight of the coordinated entry process.

There are some things that you should be asking. For example, you will need a process, including a designated entity for developing, adapting and revising major coordinated entry design elements and policies. Who sets performance measures for coordinated entry operators and partners? Who monitors performance and ensures compliance? Who resolves conflicts and

how? Most CoCs will find it really useful to explicitly identify whether it's a person, entity or committee to address these management considerations.

ABBY MILLER: All right, thanks Irene. Since I enjoy this like role of a data geek in our office, I'll take the next infrastructure element on data and data management in particular. So a lot of information gets collected and managed through this process, as you can imagine, or as you know. HUD does not require that CoCs use their HMIS to manage coordinated entry data but many, if not most, CoCs find great utility and benefit by using their existing HMIS infrastructure to support this. So we're going to look at a couple of those coordinated entry functions that involve data. First is, at nearly every step of coordinated entry, data is collected, managed, shared and used to evaluate results, used to documents needs and preferences. From the initial contact with the participants, coordinated entry access and assessment staff are beginning to document client characteristics. Their attributes, their needs, their preferences, and then this information is likely captured in HMIS for many CoCs, although again it's not required that CoCs do that. So other CoCs may create and manage a by-name list or master list outside of the HMIS environment or inside it, to capture all of the folks experiencing homelessness. If you are capturing it outside of HMIS, some communities do the spreadsheet, others use virtually stored documents; the important thing is that whether you're

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in HMIS or in a comparable or alternative system, or if you are using a virtually stored document, all client level information collected through this process must be treated just like you treat personally identifying information in HMIS. So the data and technical standards that govern client privacy, system security, data management protocols, have to be extended to other tracking system that are created for coordinated entry. This makes good sense because you are dealing with people's personally identifying information in similar ways, so it has to be similarly protected. Also, CoCs are going to be required to assess their coordinated entry approaches. So you have the data that's collected, managed and used for evaluation, so this could be client-focused group results, client surveys, questionnaires of providers, all of that data containing client level information also has to be protected, secured and managed in some way. So then, looking at our notebook again, you will need to document ensuring adequate privacy protection for participant information. Defining protocols for participant consent to share data. If you're using HMIS, ensuring that all the users are trained and understand CoC privacy and security expectations. That you do not prohibit denial services if participants don't want their information shared. Obviously that's so that people are not being penalized by not participating in data sharing. Then our final infrastructure element is something we referenced applicable times and I just did, and it's evaluation. So the requirement is to do that evaluation at least annually, and there are a number of different things that you want to be considering for this evaluation. Is coordinated entry working for our clients, or people with the greatest needs able to resolve their housing crisis. Are they doing that efficiently? Are they being prioritized? Is coordinated entry working for homeless assistance providers? Do agency staff experience this to be more streamlined? Are they getting referrals best aligned with services and housing that they offer? Then on a larger scale, is the CoC achieving their original design principles that they identified. Finally, what system level changes have occurred as a result of coordinated entry? How are the CoC's system performance measures being impacted? Are fewer people becoming homeless? Is

the length of stay being reduced? Are permanent housing placements going up? Are participants maintaining housing more effectively and not returning to homelessness? So a connection to evaluating system performance measures in the context of coordinated entry is also very appropriate and recommended. So for our notebook, just make one here, that the policies and procedures have to define the frequency and methods by which coordinated entry evaluation will be conducted. I think we have time for a few more questions, maybe two questions before we wrap up?

PATRICK TAYLOR: All right, I've got one in here. This one's on prioritization and the question says, "If the policies and procedures are working as they should, what effect would case conference decisions be having on the outcome?"

IRENE PERAGALLO: I am happy to take that first – I've tried unpacking the question a bit and thinking about what we might be referring to. So policies and procedures are working as they should, then one of the elements that might be included is that an assessment, for example, might not be giving us all the information that we need in order to prioritize that individual or household. So as we mentioned earlier, there might be information that the client has not shared at the time of assessment or that there might be a question that we're not asking that gets to some information that will be valuable as part of prioritization. So if your policies and procedures are working well, then we know that there are other sources where we might be accessing additional information about that client, or that there might have been something shared with a caseworker, or other record that can be added, that may not have been in HMIS, to obtain a bigger picture and get all the information you might need in order to prioritize a household on the list. As long as things are moving according to policies and procedures, then we have a process in place

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for being able to get the information that we need, to be able to prioritize that household.

PATRICK TAYLOR: Okay, our next question is about requirements in general and this is our hospitals, County mental health systems or PHAs, Public Housing Authorities, required to participate in coordinated entry.

ABBY MILLER: Irene you're doing that-

IRENE PERAGALLO: We're [INDISCERNIBLE] back to – oh, go ahead Abby.

ABBY MILLER: Keep going.

IRENE PERAGALLO: Excuse me so well getting back to a loophole question, right where we were asking folks about who is required and so the notice doesn't require entities who are not receiving CoC funding or ESG funding. So if you're kind of following the money, who is receiving CoC or ESG funding and then they're required, that recipients and sub-recipients are required to participate. But it might depend on how some local rules are established as to whether your housing authority for example might be participating or required to participate. So the idea is if they are funded, if they have project that's funded by coordinated entry, by CoC or ESG dollars, then they are required to participate in coordinated entry.

PATRICK TAYLOR: Thank you. Abby, did you have anything to add?

ABBY MILLER: No, I think that's great, thank you.

PATRICK TAYLOR: Okay, we've got one more question we will do here. This is about prioritization and it says in a phased coordinated entry process, does there need to be prioritization at each phase? Or can prioritization happen at one particular point in the process like for housing but not shelters?

ABBY MILLER: Irene, are you?

IRENE PERAGALLO: I'm sorry, I thought I was un-muted and muted myself at best. So looking through this in a phased coordinated entry process does there need to be a prioritization at each phase? Or can prioritization happen at one particular point? So that's a good question and I think what we'll want to know is what are we asking at each phase of assessment, and is it enough information then to be able to prioritize and move that forward? I think it's also helpful to know that as information is uncovered, the more we talk to a client – you know, Heather mentioned before it took a year and a half to get Mr. Jean Jacket into housing, so maybe in that year and a half of talking about housing, you know, we learn more information and we can update questions that we may ask and update that record, and that might help, you know, further prioritize a client or a household. But it's important to note that if you're just doing an initial triage and were assessing someone's crisis and what's right in front of them, would that be enough information now to be able to put on that prioritization list? Or will we need further information? So it does [INDISCERNIBLE] how much information do we need but not asking more information than we need, to be able to shift them over into that prioritization and thinking back to or question before, about the clients that we're trying to serve, to prioritize are those most in need, those most vulnerable and will that take a couple of sources of information to be able to prioritize them as best as you want. Hopefully that's to your question.

ABBY MILLER: Yeah.

PATRICK TAYLOR: Great, thank you.

ABBY MILLER: And Irene, I'll just chime in and say it goes back to our earlier point that emergency services have to be accessible. You may choose to prioritize within there, but it depends on how high functioning your coordinated entry is, you know? Like in keeping with that notion of coordinated entry not becoming a barrier to people accessing services, but you may want to prioritize at different points along the way, it's definitely not something that happens all at once. All right, Patrick, I think you had just one more question?

PATRICK TAYLOR: I do. This one is also about prioritizations, and this says in small world continuums with one program per population, does centralized prioritization make sense?

IRENE PERAGALLO: I think I'm not sure about what we might mean by centralized prioritization. But if we're thinking about making, you know, prioritizing across this system, even in a small world continuum, even with one program. Then we would still want to prioritize as Abby alluded to earlier, if the criteria for the open bed might mean we have to go down by over six people on the list to be able to make that correct referral. But it would be important that

we prioritizing a process system even if it is a smaller world continuum, to make sure that we're always serving the most in need.

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For example, you know, if the next person, if the person most vulnerable is chronically homeless, what we have open may not have typically been a place we might refer someone, but it is a bed and it is allowing someone to sleep safer at night. You know, there are ways to consider how to make those connections and we'll want to know that. We'll want to know who needs prioritized, who is most severe, whose services are most severe, who most needs what we have to offer? So it's important to think about prioritizing across your system, across all your resources.

ABBY MILLER: I think with that, we're going to go ahead and close questions, and I'll remind you if we didn't get to your question today and I'll know many of them came in and we want to thank you for those questions to make sure that we review and enter those into the ask a question, also referred as the AAQ helpdesk on the HUD exchange dot info website. There's a team that will be actively working to answer as many questions as quickly as quickly as they can.

IRENE PERAGALLO: First off, I want to just remind us about some of the resources, tools and products that Abby highlighted earlier and called our attention to. So you might not have heard of that site or just as you sat through the webinar today, you might be thinking "What would be really great is if I had a community example, or if I had something that would help me through implementation." So there are tools on the way and we will be pushing out these tools and products just to you throughout the year as we countdown to compliance in next January. Then the one that will be the most soon is, of course our coordinated entry, so community samples that NAH will be hosting on HUD to have. But right away, you know, you can leave the webinar today and go to the HUD exchange and access the notice and the self-assessment which is a really great place to start. So with that I'll say thank you and I'll hand it over to Abby.

ABBY MILLER: Thank you, Irene and thank you everyone for your great participation the polls, with writing in questions. I know some of you are just embarking on this journey. Approximately 24% of you are courting loopholes. Then others are forerunners that we've been really fortunate to learn from along the way. Regardless of where you are, we know that this is really challenging but also know that this is ultimately what's needed to make sure that we can end homelessness for folks in our communities. So I thank you for your time today, I thank you for your continued commitment to this work and for all of your future participation in this.

PATRICK TAYLOR: With that, we will end our webinar and again, remember to look in the HUD exchange for materials as they come out. Thank you everyone.