



COORDINATED ACCESS GUIDELINES

VERSION 1.0

JANUARY 3, 2018

Notes

Review and Updates to this Document

The implementation of Coordinated Access necessitates significant, community-wide change. To help ensure that the system will be equitable and effective for people experiencing or at-risk of homelessness, as well as for the housing and service providers tasked with meeting their needs, a diverse and expanding group of stakeholders is involved in implementation and oversight. Coordinated Access partners are committed to ongoing process improvement that is guided by the A Home for Everyone (AHFE) Racial Equity Lens, as well as responsive to lessons learned along the way and identified needs and gaps. For this reason, we anticipate adjustments to the policies and processes described in this document. The most updated version of this document, along with related resources, will always be available at ahomeforeveryone.net/coordinatedaccess.

This document was initially adopted by the AHFE Coordinating Board, the governing body for our Continuum of Care, on January 3, 2018. The Joint Office of Homeless Services will make minor updates as necessary to reflect process improvements recommended through ongoing stakeholder engagement in implementation and oversight, and the Coordinating Board will review and approve changes annually. Significant changes to policy or intent may be considered by the Coordinating Board at any time, at the request of the Coordinating Board, a subsystem leadership team, or the Joint Office of Homeless Services.

Content of this Document

The policies and processes outlined in this document reflect years of iterative planning, evaluation, and process improvement by many organizations and individuals across Multnomah County. The Homeless Youth Continuum pioneered Coordinated Access in our community in the late 1990s. The Homeless Family System of Care began implementing Coordinated Access in 2014, and the Multnomah County Domestic Violence Continuum and Homeless Adult System of Care began implementing Coordinated Access in 2015. We also reviewed other community's Coordinated Access policies and procedures and borrowed components from many of them including King County, Washington; Chicago, Illinois; and Pima County, Arizona.

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Introduction

Vision

Families and individuals experiencing homelessness in Portland, Gresham, and Multnomah County have equitable, simplified, and timely access to appropriate housing and homeless services through a coordinated, person-centered, housing first system that preserves choice and dignity.

Commitment to Racial Equity

Among A Home for Everyone's (AHFE) guiding principles, our commitment to promote racial and ethnic justice is central. Structural racism within upstream economic, political, and social structures create, among others, disparities in educational outcomes and attainment, employment and wealth creation, incarceration, housing access and retention, health services access and health outcomes. Similarly, people of color experience disparities in access to and outcomes of services meant to address homelessness and housing instability. The complex interaction of these multiple and pervasive components of structural racism both drive and perpetuate persistent racial disparities in homelessness, both locally and nationally.

Locally, this means that more than one-third (36.6%) of those experiencing homelessness are people of color, although people of color comprise only 28.7% of Multnomah County's total population. Native Americans are 402% more likely to be homeless than are people who are White and not Hispanic or Latino, Black/African Americans are 180% more likely to be homeless, and Native Hawaiians/Other Pacific Islanders are 198% more likely to be homeless. Overall, people of color are 55% more likely to be homeless than are White people.

Coordinated Access presents an opportunity to better understand these and other disparities, and to help address them by, at a minimum, eliminating barriers to housing and services and increasing equitable access.

We commit to the development, implementation, and evaluation of policies and practices that achieve equitable outcomes with a focus on eliminating the disparities experienced by people of color. We believe that by focusing on structural interventions that address racial equity we will more effectively serve all communities.

In practice, AHFE has worked to promote racial and ethnic justice by explicitly calling out existing racial disparities in homelessness; developing programmatic and funding strategies to address existing disparities; and applying a framework that asks not just "What would it take to end homelessness in Multnomah County?" but also "How will the work look different across distinct subpopulations of people experiencing homelessness, including within communities of color?" and "How, in ending homelessness broadly, do we specifically work to end racial disparities in homelessness?"

Some of the resulting work includes:

- Developing system performance measures that track racial equity indicators relative to access to and outcomes from emergency shelter, permanent housing, and homelessness prevention
- Revising data collection to use inclusive race categories that allow us to report race alone or in combination with other races, so that people with multiple racial identities are not made invisible within our data

- Exploring alternate definitions of homelessness and housing instability for needs assessment methodologies and locally-funded service eligibility that go beyond federal definitions that often hold little cultural relevance in many communities of color, where homelessness and housing instability may manifest more frequently in doubled- and tripled-up households and other unstable housing situations
- Prioritizing new HUD Continuum of Care bonus project funding for culturally-specific organizations that can help address existing racial disparities in homelessness among African Americans and Native Americans
- Using a decentralized or “no-wrong door” model for access to Coordinated Access that includes culturally-specific organizations, mobile teams, and organizations located across Multnomah County to better reach populations overrepresented among those experiencing homelessness and underserved by service systems, including people of color
- Partnering with Supporting Partnerships for Anti-Racist Communities (SPARC), a national initiative of the Center for Social Innovation, to engage local policymakers, service providers, and people with lived experience of homelessness to understand how racism impacts homelessness

This is not a comprehensive list, and there is much more work to do. AHFE is also actively engaged in dialogue around how to more effectively use a Racial Equity Lens throughout this work, and in the process of establishing a standing Equity Committee to guide and evaluate this work.

Service Guidelines

Coordinated Access presents an opportunity to realize each of the principles that guide A Home for Everyone:

- Prioritize vulnerable populations
- Promote racial justice
- Use data-driven assessment and accountability
- Engage and involve the community
- Strengthen system capacity and leveraging opportunities

To further support those principles in our work to implement and improve Coordinated Access, we use the following service guidelines:

Prioritization of Vulnerable Populations: Homelessness has detrimental effects on everyone, yet there are some whose health and safety are placed at even greater risk for harm, including individuals with disabilities, survivors of domestic violence or sexual assault, and youth. We will prioritize strategies that identify and assist the most vulnerable people.

Participant-centered Services: We will promote participant-centered services that:

- Engage and include the ideas and perspectives of participants,
- Support, not direct, individuals in achieving their housing goals,
- Meet individuals where they are, and
- Operate in a trauma-informed manner.

Ease of Access: We will provide simple and clear ways of accessing information and services. There will be a minimal number of steps required and unnecessary steps will be eliminated to ensure the greatest level of access.

Racial and Ethnic Justice: Disproportionate rates of homelessness exist in many communities of color. Strategies, including the use of a racial equity lens and culturally-specific and responsive services, will be used to achieve equity in access and outcomes.

Measurable Outcomes: We must understand and evaluate the progress and outcomes of our service investments, in order to inform and guide decision-making.

Shared Definitions of Success: Individual program goals will be guided by shared community-wide definitions of success, goals, and outcomes.

Leverage Existing Resources and Capacity: We have many existing community resources that are working well. We will build upon these efforts, expand as necessary, and work to eliminate unnecessary duplication.

Diversity in Program Services and Approaches: People from different communities access services differently, and require different types of services and approaches. To respond to the diverse needs of our community members, we need to acknowledge that “one size does not fit all,” and programs and services will look and operate differently across communities and population groups.

Long-term Housing Stability: Some low-income individuals and families may continue to struggle with poverty and illnesses after they are housed. Households will be more successful addressing these issues while in housing. For some, connection to ongoing services and support is essential to staying safely and stably housed.

Purpose and Background

The intent of Coordinated Access is to provide streamlined and equitable access to shelter and housing interventions. Regardless of where someone first seeks services, access is based on vulnerability, eligibility, and choice. Coordinated Access systems across the country have been developed to achieve this goal, and to align with U.S. Department of Housing and Urban Development (HUD) requirements. These systems have certain things in common including: a coordinated and transparent process of intake, a standardized assessment tool, criteria by which to prioritize people for limited resources, and a mechanism for referring people to the resources they are eligible for and that best meet their needs and preferences.

HUD began requiring communities to implement Coordinated Access under the 2012 Continuum of Care (CoC) Program Interim Rule. It expanded on these requirements in the January 23, 2017 [Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System](#). In alignment with these requirements and continued HUD guidance, the Portland/Gresham/Multnomah County CoC has implemented Coordinated Access for households experiencing homelessness.

As permitted by HUD, this system includes distinct access, assessment, and prioritization approaches for four subpopulations: households fleeing domestic violence, unaccompanied youth, families with minor children, and adults unaccompanied by minor children. The CoC employs this approach to account for and address population-specific barriers, needs, vulnerabilities, and risk factors. Each subsystem is designed and implemented by partners with expertise in serving the target population. Recognizing that these categories are not mutually-exclusive, households may be served at all of the Access Points for

which they qualify as a target population. Throughout this document, the Coordinated Access processes in place for each of these subpopulations are referred to as “subsystems”.

This document provides an overview of policies and procedures for the Coordinated Access system at large and the subsystems in place for these four subpopulations. At a minimum, HUD requires that this system:

- Cover the entire geographic area claimed by the CoC;
- Be easily accessed by individuals and families seeking housing or services;
- Be well advertised;
- Include a comprehensive and standardized assessment tool;
- Provide an initial, comprehensive assessment of individuals and families for housing and services
- Include a specific policy to guide the operation of the Coordinated Access system to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers; and
- Consistently follow written standards that provide guidance for evaluating eligibility for assistance; determining and prioritizing which eligible households will receive transitional housing, rapid rehousing, and permanent supportive housing assistance; and determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance.

Participation Requirements

All housing programs serving people experiencing homelessness in Multnomah County are encouraged to participate in Coordinated Access, and a subset of these programs are required to participate. HUD requires all projects receiving CoC or Emergency Solutions Grant (ESG) funding to participate in their CoC’s Coordinated Access system. The U.S. Department of Veteran Affairs (VA) also recently established guidance that instructs Supportive Services for Veteran Families (SSVF) and some other VA-funded homeless services to participate in Coordinated Access. Specified programs funded by Multnomah County and the City of Portland are also contractually required to participate in Coordinated Access.

Policies and Procedures

Geographic Area

The local CoC encompasses Multnomah County including the Cities of Portland and Gresham. Coordinated Access partner agencies work together to ensure that people experiencing homelessness across this geography have fair and equitable access to the Coordinated Access process. Participants of CoC-funded tenant-based rental assistance programs can choose housing outside of this geographic area as long as the program can continue to meet CoC requirements (see Geographic Mobility on page 27).

Marketing and Affirmative Outreach

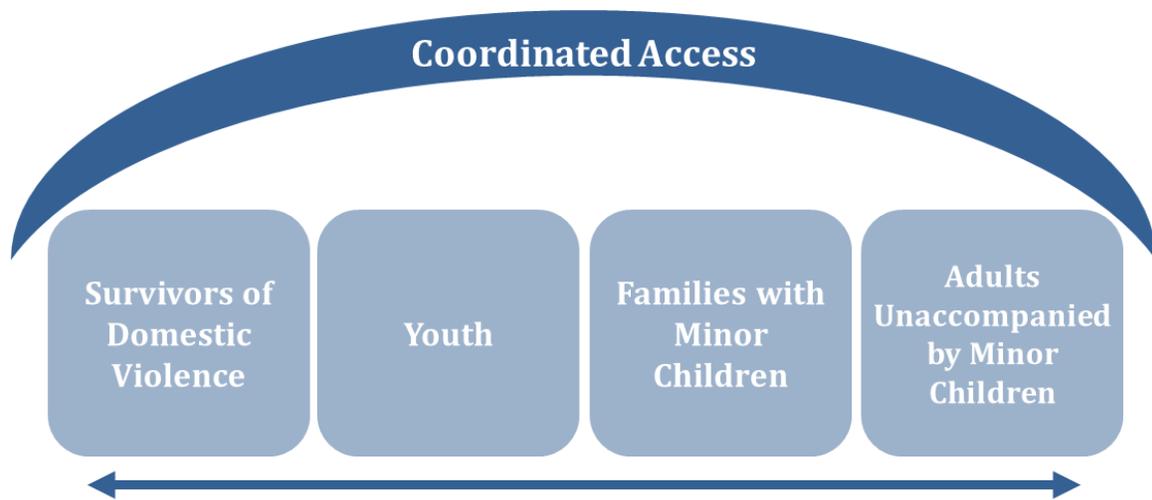
The CoC affirmatively markets the Coordinated Access system and related resources to eligible persons regardless of race, color, national origin, religion, gender, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. Marketing and assessment materials are

available in languages commonly spoken in the community, and Coordinated Access partner agencies hire staff who speak these languages and utilize translation services as needed. In addition, staff work with households to address any barriers related to disabilities such as hearing and speech impairments.

The Joint Office of Homeless Services and more than thirty-five partner agencies help market Coordinated Access to eligible households across the CoC. There are several hotlines that operate twenty-four hours a day, seven days a week, and serve as information and Access Points for Coordinated Access. Mobile teams conduct outreach to those least likely to seek out services in the absence of special outreach. The CoC includes providers specializing in outreach to various subpopulations including youth, families with minor children, survivors of domestic violence, chronically homeless adults, older adults, veterans, people with mental illness, immigrants and refugees, LGBTQ, and communities of color. Other points of access include shelters and day centers that are accessible to people with disabilities. People can access services at all times of day through emergency shelters, day centers, or other providing organizations.

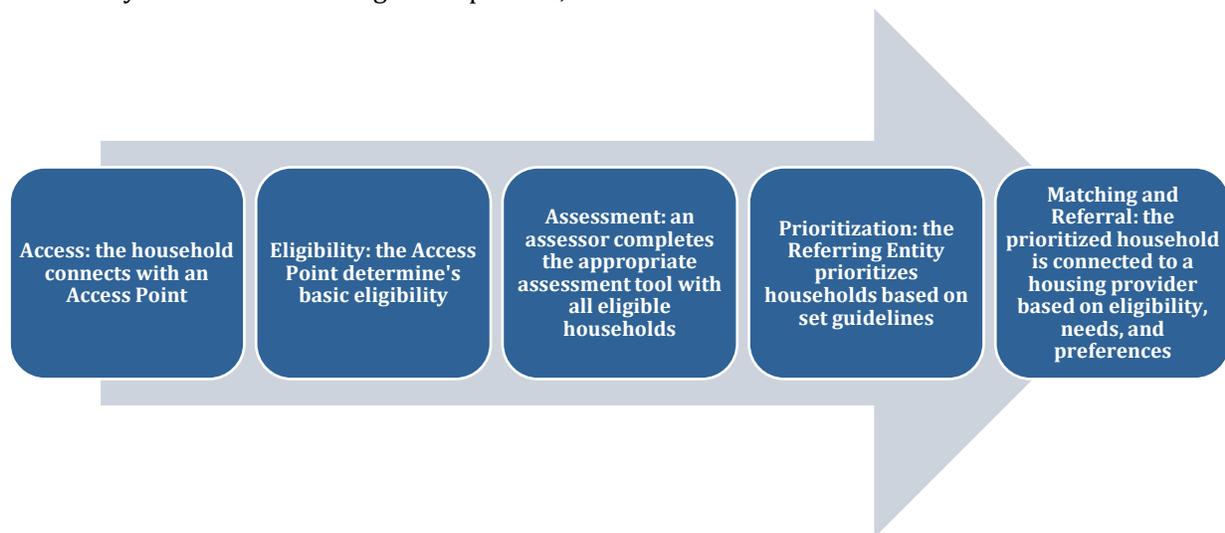
The CoC uses Point-in-Time Count and Homeless Management Information System (HMIS) data to identify underserved populations and inform strategies to affirmatively further fair housing.

Coordinated Access Overview



Coordinated Access includes distinct access, assessment, and prioritization approaches for four subpopulations: households fleeing domestic violence, unaccompanied youth, families with minor children, and adults unaccompanied by minor children. The horizontal arrow indicates that these are not mutually exclusive categories and that people move through these categories over time.

Each subsystem uses the same general process, illustrated below:



Access: To ensure accessibility for eligible households, Access Points are located throughout Multnomah County and include emergency shelters, mobile outreach teams, day centers, health and mental health centers, other community-based organizations, and hotlines. As necessary, the Access Point immediately connects the household to the appropriate subpopulation Access Point (e.g. unaccompanied youth who present at an Access Point defined for adults unaccompanied by minor children are connected to a youth-specific Access Point).

Eligibility: Staff at the Access Point determine the household's basic eligibility for services through Coordinated Access. Staff also assess for diversion opportunities and help with immediate needs such as safety planning or access to shelter.

Assessment: A trained assessor completes the standardized vulnerability assessment tool with the head of household. The household is then referred to the appropriate subsystem(s) prioritized list or queue (except in the case of the domestic violence subsystem).

Prioritization: Households are prioritized based on information gathered through the assessment and case conferencing process.

Matching and Referral: When a housing opportunity becomes available, a household is referred based on project-specific eligibility, needs, and preferences.

Ongoing evaluation and process improvement: Each subsystem's oversight team engages in ongoing evaluation and process improvement to address challenges and gaps in service.

Roles and Responsibilities

This section provides an overview of key roles and responsibilities that relate to the Coordinated Access system at large and all of the four subsystems in place for youth, survivors of domestic violence, families with minor children, and adults unaccompanied by minor children. Some additional roles and responsibilities unique to these subsystems are not represented here.

Key Roles and Responsibilities by Subsystem

	Survivors of Domestic Violence	Youth	Families with Minor Children	Adults Unaccompanied by Minor Children
CoC Lead Entity	Joint Office of Homeless Services			
HMIS Administrator	Portland Housing Bureau (HMIS Lead Entity) in partnership with the Multnomah County Department of Community Human Services * The HMIS Comparable database is managed by a Multnomah County Domestic and Sexual Violence Coordination Office (DSVCO) System Administrator.			
Access Point	<ul style="list-style-type: none"> DV partner agencies including shelters and day programs DV crisis lines including a Spanish language-specific line 	<ul style="list-style-type: none"> Youth partner agencies including shelters, day programs, and street outreach Youth Crisis Line 	<ul style="list-style-type: none"> 211info Family partner agencies including shelters 	<ul style="list-style-type: none"> Adult partner agencies including shelters, day programs, and street outreach Coordinated Housing Assessment Team (CHAT)
Document Readiness Support	<ul style="list-style-type: none"> DV partner agencies 	<ul style="list-style-type: none"> Youth partner agencies Access Center 	<ul style="list-style-type: none"> Family partner agencies Mobile Housing Team (MHT) 	<ul style="list-style-type: none"> Adult partner agencies CHAT
Referring Entity	Resource Coordination Team (RCT)	Access Center & Outreach	Designated family partner agency	Joint Office of Homeless Services
Housing Provider	An updated list of participating housing providers is available at ahomeforeveryone.net/coordinatedaccess			
Subsystem Oversight	<ul style="list-style-type: none"> Coordinated Access Implementation Team Multnomah County Against Domestic and Sexual Violence (MCADSV) 	<ul style="list-style-type: none"> Homeless Youth Oversight Committee 	<ul style="list-style-type: none"> Homeless Family System of Care Leadership Team 	<ul style="list-style-type: none"> Coordinated Access for Adults Leadership Team
Overall System Oversight	A Home for Everyone (AHFE) Coordinating Board			

CoC Lead Entity: Oversees system compliance; provides project management and support related to Coordinated Access planning, implementation, evaluation and training; provides process and outcome measurement data; supports each subsystem’s leadership team; communicates Coordinated Access related information and updates to partner agencies; makes minor updates to Coordinated Access policies and procedures as necessary to reflect process improvements recommended through ongoing stakeholder engagement in implementation and oversight.

HMIS Administrator: Provides training for new users of the CoC’s Homeless Management Information System (HMIS), including training related to Coordinated Access data entry requirements; creates

agency and staff new user profiles; creates and manages reports used for Coordinated Access; provides HMIS technical assistance related to Coordinated Access. The Domestic Violence Continuum has a separate system administrator who manages the HMIS Comparable database and is responsible for all of these duties.

Access Point: Conducts Coordinated Access assessment or provides direct referral to an assessing agency; ensures that assessors within the agency complete required Coordinated Access training; obtains required releases of information; enters assessment data into HMIS (except in the case of DV providers) in a timely manner.

Document Readiness Support: Assists participants with collecting documents to demonstrate eligibility for housing programs such as homeless or chronic homeless verification, disabling condition verification, income documentation, etc.

Referring Entity: Manages the housing referral process; refers households to housing vacancies based on established prioritization and eligibility guidelines; manages the Coordinated Access Prioritized List or “Queue” (adult and family systems only).

Housing Provider: Fills housing vacancies through referrals from the Referring Entity; reaches out to the person referred and works with other providers in the system to facilitate a quick connection; confirms participant eligibility and communicates denials to the person referred and the Referring Entity along with the reason why.

Subsystem Oversight: Regularly reviews process and outcome data; seeks and shares meaningful input from staff and participants regarding experiences with the system; creates Coordinated Access policies and procedures; identifies and implements necessary changes.

Overall System Oversight: Identifies the CoC Lead and HMIS Lead Entity; annually reviews and approves changes to Coordinated Access policies and procedures; charters and provides oversight for AHFE committees and task forces, including those that provide ongoing oversight to Coordinated Access subsystems; quarterly reviews system-wide data; holds system accountable to [AHFE vision and principles](#), and performance outcomes.

Access

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

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

An overview of Access Points that includes a list of participating providers by subsystem is available at ahomeforeveryone.net/coordinatedaccess.

Survivors of Domestic Violence

The Domestic Violence Service Continuum serves households fleeing domestic violence using a “no wrong door” approach—survivors of domestic violence can access services by calling Call to Safety’s crisis line or Project UNICA’s Spanish language crisis line, visiting the Gateway Center for Domestic Violence Services, or through any of the other participating providers. Services accessed through this Coordinated Access subsystem include emergency shelter, motel vouchers, rapid rehousing, and permanent supportive housing.

Call to Safety and Project UNICA’s Spanish language crisis line operates 24/7 and can connect survivors of domestic violence to crisis services including domestic violence shelter. Shelter staff are trained to conduct Coordinated Access assessments.

Youth

The Homeless Youth Continuum serves youth ages 15 through 24 using a “no wrong door” approach—youth can access services through the Janus Access Center, Outside In or New Avenue for Youth Day Center, or the Native American Youth and Family Center. Services accessed through this Coordinated Access subsystem include emergency shelter, short term shelter, transitional housing, rapid rehousing, permanent supportive housing, and support services.

The Youth Crisis Line operates 24/7 and can connect unaccompanied youth to crisis services including emergency shelter. Shelter staff are trained to conduct Coordinated Access assessments.

Families with Minor Children

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

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

Adults Unaccompanied by Minor Children

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

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

Households at Risk of Homelessness

All homelessness prevention services are accessible through 211info.

Eligibility

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

- Sleeping in a shelter or place not meant for human habitation (i.e. tent, car, etc.)
- Fleeing or attempting to flee domestic violence with no other residence and without the resources or support networks to obtain other permanent housing
- Staying in or exiting an institution where they resided for up to 90 days and were in a shelter or place not meant for human habitation immediately prior to entering that institution
- Staying in transitional housing and were in a shelter or place not meant for human habitation immediately prior to entering transitional housing
- Unaccompanied youth or families with minor children who are "couch surfing" or doubled up with family or friends and lack housing permanence, a secure place to stay the next night or legal recourse if asked to leave (this population can be served by locally-funded resources)

Individuals or families who meet any of the above eligibility requirements can complete an assessment and potentially access resources through Coordinated Access. Housing providers are responsible for verifying and documenting participant eligibility in accordance with funding source requirements. Sample forms to verify homelessness, chronic homelessness, and a disabling condition are available at ahomeforeveryone.net/coordinatedaccess.

The following eligibility criteria apply specifically to CoC-funded housing resources (Safe Havens are not included because they do not exist in our CoC).

Eligibility Criteria by Project Type for Continuum of Care Funded Projects

Project Type	Eligibility Criteria (based on CoC Interim Rule , HUD Rapid Rehousing Rule , and FY 2016 Program NOFA)
Supportive Services Only	Supportive Services Only projects may serve an individual or family that is: <ul style="list-style-type: none"> • Literally homeless (HUD Category 1), • At imminent risk of homelessness (HUD Category 2), or • Fleeing or attempting to flee domestic violence (HUD Category 4)
Transitional Housing	Transitional Housing projects may serve an individual or family that is: <ul style="list-style-type: none"> • Literally homeless (HUD Category 1), • At imminent risk of homelessness (HUD Category 2), or • Fleeing or attempting to flee domestic violence (HUD Category 4)
Rapid Rehousing	Rapid Rehousing projects may serve an individual or family that is: <ul style="list-style-type: none"> • Staying in a shelter or a place not meant for human habitation, • Fleeing or attempting to flee domestic violence (HUD Category 4), or • In an institution (e.g. jail, hospital, rehab facility, etc.) where they resided for 90 days or less if in a shelter or place not meant for human habitation immediately prior
Permanent Supportive Housing	Permanent Supportive Housing projects that are not dedicated for use by the chronically homeless may serve an individual or family that meets both of the following criteria: <ul style="list-style-type: none"> • A family member must have a qualifying disability, and be • Staying in a shelter or place not meant for human habitation, • Staying in Transitional Housing if in a shelter, place not meant for human habitation, or fleeing or attempting to flee domestic violence immediately prior, or

Project Type	Eligibility Criteria (based on CoC Interim Rule , HUD Rapid Rehousing Rule , and FY 2016 Program NOFA)
	<ul style="list-style-type: none"> • In an institution (e.g. jail, hospital, rehab facility, etc.) where they resided for 90 days or less if in a shelter or place not meant for human habitation immediately prior <p>Permanent Supportive Housing projects that are dedicated for use by chronically homeless individuals and families may serve:</p> <ul style="list-style-type: none"> • An individual who: <ul style="list-style-type: none"> ○ Has a qualifying disability, and ○ Is staying in a shelter or place not meant for human habitation, and ○ Has been doing so continuously for 12+ months or has had 4+ episodes of homelessness in the last 3 years for a period that adds up to at least 12 months • Or an individual in an institution (e.g. jail, hospital, rehab facility, etc.) for 90 days or less who met all of the above criteria before entering the institution • Or an individual participating in a Rapid Rehousing project who met all of the above criteria before entering the project • Or a family with a Head of Household who meets all of the above criteria • Or a family with a Head of Household who meets all of the above criteria

Please note: Many locally funded resources use an expanded definition of homelessness that include households who are doubled up or otherwise unstably housed.

HUD’s homeless definition and recordkeeping requirements for documenting participant eligibility are available on the the HUD Exchange at:

hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf.

See Glossary of Key Terms for definitions including HUD’s definition of qualifying a “Disabling Condition.”

Rapid Rehousing Participants Maintain Chronic Homeless Status

[HUD’s Rapid Rehousing \(RRH\) Rule](#) states that individuals and families who are receiving RRH assistance through programs such as the Emergency Solutions Grant (ESG) Program, the Continuum of Care (CoC) Program, or the Supportive Services for Veterans Families (SSVF) Program maintain their chronic homeless status for the purpose of eligibility for other permanent housing programs dedicated to serving the chronically homeless. The Joint Office of Homeless Services clarified with the local HUD Field Office that participants of locally-funded RRH programs that meet the characteristics of these federally funded RRH programs also maintain their chronic homeless status. RRH programs should maintain documentation of participant chronic homeless status in case this documentation is needed for future eligibility.

Project-specific Eligibility

Some projects incorporated into Coordinated Access have project-level eligibility criteria based on funder requirements in addition to the eligibility criteria in place for the project type. All CoC-funded projects must establish and make publicly available specific eligibility criteria the project uses to make enrollment determinations. Projects must also notify the Joint Office of Homeless Services, as the CoC Lead Entity, and the Referring Entity in their subsystem of these eligibility criteria along with any changes to these eligibility criteria and the reason for the change.

Assessment

All individuals and families who meet one or more of the eligibility requirements listed in the section above can complete a Coordinated Access assessment. A different assessment tool is used for each subpopulation (see table below), and individuals and families can complete multiple assessments if they belong to multiple subpopulations. Many partner agencies have staff trained to conduct multiple assessment tools, and assessors across subpopulations identify crossovers between populations by asking questions related to plans for parent-child reunification, pregnancy, and experiences with domestic violence. Assessment information supports the evaluation of participant vulnerability and prioritization for assistance.

Assessment Tools by Subpopulation

Survivors of Domestic Violence	Youth	Families with Minor Children	Adults Unaccompanied by Minor Children
Safety and Stabilization Assessment (SSA)	Homeless Youth Continuum (HYC) Screening, which includes Transition Age Youth (TAY) Triage Tool	Locally modified Family –Vulnerability Index–Service Prioritization Decision Assistance Tool (F-VI-SPDAT)	Locally modified Vulnerability Index–Service Prioritization Decision Assistance Tool (VI-SPDAT)
Use for single or parenting individuals actively fleeing or attempting to flee intimate partner violence, or experiencing homelessness as a result of an incident of violence.	Use for unaccompanied youth under the age of 25. Youth reaching the age of 25 can be referred to the adult assessment process.	Use for pregnant or parenting adults, including parents without custody of their children and with a reunification plan.	Use for adults unaccompanied by minor children, including single adults, adults in couples, and adults with dependents over the age of 18.

The assessment is a living process and can be updated to reflect changes to the individual or family’s situation. At a minimum, a new assessment should be completed every 12 months to most accurately reflect the household’s situation.

Survivors of Domestic Violence

The SSA was developed locally and is intended to help both the assessor and survivor identify strengths and explore service options. The tool addresses immanency of access and type of need using a trauma-informed approach, and best practice is to assess participants in person. After the assessment, the assessor determines the “advocacy opportunity score” based on the number of areas in which the household could benefit from the support of a DV advocate (e.g. housing, employment, criminal justice, child well-being, cultural or community needs).

Youth

The youth subsystem uses a phased assessment that includes the TAY Triage Tool developed by Dr. Eric Rice in collaboration with CSH. Youth are first screened to determine agency placement, immediate needs, and risk factors for long term homelessness. After this initial screening, youth are assigned to a lead agency that conducts a more in-depth assessment to identify needs related to safety, housing, and other supports. Youth who are reaching the age of 25 can be referred to the adult assessment process.

Families with Minor Children

The F-VI-SPDAT is a standardized tool developed by OrgCode Consulting that has been modified locally to help assess families experiencing homelessness. All families with minor children, pregnant adults, or adults without custody of their children but with a reunification plan are screened using the F-VI-SPDAT. The F-VI-SPDAT is available at ahomeforeveryone.net/coordinatedaccess.

Adults Unaccompanied by Minor Children

The VI-SPDAT is a standardized tool developed by OrgCode Consulting that has been modified locally to help assess and prioritize the most vulnerable adults experiencing homelessness. All adult households experiencing homelessness and unaccompanied by minor children are screened using the VI-SPDAT. Pregnant adults without other children in the household and adults without custody of their children can also complete a VI-SPDAT. The VI-SPDAT is available at ahomeforeveryone.net/coordinatedaccess.

Prioritization

Prioritization by Project Type

Project Type	Prioritization
Emergency Shelter	Emergency Shelters operate with as few barriers to entry as possible. People are able to access emergency shelter before going through the Coordinated Access assessment and prioritization process. <ul style="list-style-type: none">• Priority for youth-specific shelter is given to younger youth; female, transgender and gender nonconforming youth; and to youth presenting with other vulnerability factors.• Priority for DV-specific shelter is given to survivors of intimate partner violence who are actively fleeing and in need of a safe, confidential location• Priority for family shelter is given to families sleeping in places not meant for human habitation.• Priority for ESG-funded adult shelter is given to veterans, women, and people with disabling conditions.
Transitional Housing	All CoC-funded Transitional Housing operates as Recovery Housing. Priority is based on a recovery sub-assessment, recovery opportunity (i.e. is person exiting detox, residential or outpatient services?), and stated desire for recovery housing.
Shared Housing	Shared Housing is available for youth and survivors of domestic violence and prioritized based on vulnerability (as determined by assessment score and case conferencing).
Rapid Rehousing	Rapid Rehousing is prioritized based on vulnerability (as determined by assessment score and case conferencing). Other factors that can be taken into consideration in prioritizing people for Rapid Rehousing include shelter status and immediate housing opportunity/availability.

Project Type	Prioritization
Permanent Supportive Housing	<p>For the purpose of prioritization for CoC-funded Permanent Supportive Housing (PSH), Multnomah County follows the prioritization guidelines outlines in HUD Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. These guidelines align with the Community Program Guidelines adopted by the AHFE Coordinating Board, which prioritize people with the highest vulnerability and long-term, multiple episodes of homelessness for access to PSH.</p> <p>Households are prioritized for PSH based on vulnerability (as determined by assessment score and case conferencing), and length of time homeless.</p>

Households eligible for a VAWA Emergency Transfer are also prioritized for housing projects that they are eligible for, across project types. See the VAWA Emergency Transfer section of this document on page 19 for more details.

Prioritization is operationalized differently across subpopulations, as described below.

Survivors of Domestic Violence

Individuals and families are prioritized based on vulnerability, which is determined by the SSA and advocacy opportunity score. The advocacy opportunity score helps to determine which housing program is best equipped to provide services to the participant.

Youth

Youth are prioritized for services based on vulnerability, which is determined by the TAY score, gender, and age. All unaccompanied youth who are assessed are prioritized for case management by a lead agency. Youth are prioritized for other services at the agency-level by completing a needs assessment.

Families with Minor Children

Families with minor children are prioritized based on vulnerability, which is determined by the F-VI-SPDAT score and informed by the case conferencing process with the Mobile Housing Team (MHT). The family prioritized list, or queue, is pulled whenever there is a housing opening and sorted by score to identify families. Case conferencing involves a cross-collaboration of family providers discussing the unique situation of each family and which program can best fit their needs.

Adults Unaccompanied by Minor Children

Adults unaccompanied by minor children are prioritized based on vulnerability, which is determined by the VI-SPDAT score. The adult prioritized list is pulled when there is a housing opening and sorted first by VI-SPDAT score, then by length of time homeless, and finally by date of assessment. The Coordinated Access for Adults Case Conferencing Team meets bi-weekly to monitor and inform this process.

Prioritized Lists and By-Name Lists

There are multiple prioritized and by-name lists in place to identify people experiencing homelessness, prioritize limited housing resources, and coordinate housing and services.

Survivors of Domestic Violence

In accordance with the Violence Against Women Act, there is no prioritized or by-name list for survivors of domestic violence. Assessments of individuals and families in need of domestic violence services and housing resources are confidential outside of the referring agency and housing provider.

Youth

Youth partner agencies review and maintain a prioritized list of youth for housing and support services at the agency level. Cross-agency meetings are used to prioritize youth for services, make determinations related to best fit, and check in about capacity for accepting referrals.

Families with Minor Children

All eligible families who complete a F-VI-SPDAT are referred to the family queue. This prioritized list is maintained by 211info in collaboration with the Referring Entity and the Mobile Housing Team. This list is pulled regularly and checked for needed updates.

Adults Unaccompanied by Minor Children

All eligible adults who complete the VI-SPDAT are referred to the Coordinated Access for Adults prioritized list. The prioritized list is maintained by the Joint Office of Homeless Services in partnership with the Coordinated Housing Assessment Team (CHAT) and adult partner agencies. Assessors are responsible for updating participant information. The list is reviewed at bi-weekly case conferencing meetings.

Veterans

While the CoC does not have a separate Access Point and assessment process for veterans, we do have a Veteran By-Name List (VBNL). Providers across the CoC add veterans to the VBNL, which is maintained in HMIS. Our SSVF grantee reviews and manages the VBNL and contacts each veteran to determine their eligibility for Supportive Service for Veteran Families (SSVF), HUD-Veterans Affairs Supportive Housing (HUD-VASH), and other local programs. The Veteran Coalition, a group of housing and veteran direct-service providers, also reviews the VBNL at monthly case conferencing meetings.

Case Conferencing

Case conferencing is a critical component of Coordinated Access across the four subpopulations. It is also used to coordinate across providers serving homeless veterans.

Case conferencing serves to:

- Inform the prioritization and matching process
- Facilitate coordinated and integrated assistance across providers to quickly connect vulnerable households to housing and support services
- Clarify roles and responsibilities and reduce duplication
- Identify and track systemic barriers and strategize solutions

Survivors of Domestic Violence

The Resource Coordination Team (RCT) is comprised of assessors, other direct service staff, housing program staff, and management level staff from all agencies involved in Coordinated Access for survivors of domestic violence. Assessors or agency leads present each individual referred to the domestic violence subsystem to determine the best program referral based on vulnerability and the SSA advocacy opportunity score.

Youth

The Assertive Engagement Supervisor Meeting is comprised of agency clinical staff and program supervisors. The workgroup discusses unique assessment situations, determines most appropriate agency referral, and transfers youth between agencies and case managers as necessary.

Families with Minor Children

The Mobile Housing Team (MHT) is comprised of family system providers and housing providers. At weekly case conferencing meetings, MHT family workers are assigned to vulnerable families from the prioritized list. These meetings also provide training opportunities for the MHT.

Adults Unaccompanied by Minor Children

The Coordinated Access for Adults Case Conferencing Team is comprised of assessors, other direct service staff, housing program staff, and management level staff from adult partner agencies. This group meets bi-weekly to help ensure that the most vulnerable households are being prioritized and matched to a housing project that meets their needs and preferences. This team also serves as a venue for cross-organizational collaboration, training, and strategizing around how to best serve individual households.

Veterans

The Veteran Coalition, a group of housing and veteran direct-service providers, meets monthly to review the Veteran By-Name List (VBNL) name-by-name to conduct case planning and review and update housing placement information.

Matching and Referral

Referrals to housing providers are made based on prioritization guidelines, project-specific eligibility requirements, and the specific needs and preferences of the household. The matching process is managed by the Referring Entity of each subsystem and informed by a set of matching and eligibility questions asked at time of assessment, additional information shared by providers at case conferencing meetings, and follow up conversations with the participant. The Referring Entity makes every effort to match each participant to the housing project that best meets their needs and preferences, given the available housing openings.

Survivors of Domestic Violence

Individuals and families are prioritized and matched to housing programs at Resource Coordination Team (RCT) meetings. Participants are matched with projects based on vulnerability, advocacy opportunity score, project availability and capacity, and safety of the housing location as determined by the participant.

Youth

Youth are immediately connected with services to meet their basic needs and referred to a lead agency after completing an initial screening. The lead agency conducts a full and comprehensive assessment with the youth and assigns them to an Assertive Engagement (AE) worker. The AE worker works with the youth to identify needs and connect to appropriate services. The entire process is trauma-informed and youth-specific. Housing openings for youth are filled at the agency level and determined based on each participant's needs and preferences as well as program eligibility requirements and capacity.

Families with Minor Children

The Referring Entity manages the matching and referral process in partnership with the Mobile Housing Team (MHT). Families are matched to available housing resources at case conferencing meetings based on the vulnerability assessment and the needs and preferences of the family.

Adults Unaccompanied by Minor Children

The Referring Entity manages the matching and referral process in partnership with The Coordinated Housing Assessment Team (CHAT) and adult partner agencies. When a housing resource becomes available, the housing provider contacts the Referring Entity, which identifies the next person on the prioritized list who meets project-specific eligibility requirements. When there are multiple openings, the Referring Entity uses matching questions included on the assessment to help determine which program can best meet the household's needs. This process is monitored and informed by the Coordinated Access for Adults Case Conferencing Team.

Participant Refusals

Households have the right to refuse a program referral. Households who turn down an offer of housing can maintain their place on the prioritized list (where a list is in place) and be connected to another housing resource.

Housing Program Denials

With rare exceptions, housing providers are expected to accept all referrals who meet the project's eligibility criteria. The housing provider must notify households and the Referring Entity as quickly as possible about all denials including the reason for the denial. Any household denied by a project will be referred back to the prioritized list (where a list is in place). Each subsystem's case conferencing team will review denials and work with the Referring Entity to match the household to a program that can meet their needs. The leadership team for each subsystem will review the number of and reason for denials to help identify and respond to gaps in service.

Rent or Occupancy Charge Determination

Permanent Supportive Housing and Transitional Housing

Permanent supportive housing (PSH) and transitional housing (TH) program participants are required to pay a portion of their rent if they are receiving CoC Program rental assistance, unless they have no income. The participant's portion of the rent must be equal to the highest of:

- 30% of the household's monthly adjusted income,
- 10% of the household's monthly gross income, or
- the portion of the household's welfare assistance, if any, that is designated for the payment of rent.

Projects that provide TH or PSH using funds other than rental assistance (e.g. a leasing project), may charge tenants an optional occupancy charge, which may be less than or equal to the maximum amount described above.

CoC programs must assess each program participant's income to determine the amount the recipient will pay toward rent or occupancy charges. If the participant is required to pay for utilities, then a utility allowance must be factored into the rent determination (see "Utility Reimbursement" on page 25).

Rapid Rehousing

Rapid rehousing programs utilize a flexible, individualized approach in determining depth and duration of rental assistance. HUD's CoC Interim Rule allows programs to pay any portion of the assisted household's rent up to the total rent amount, and to provide rental assistance for a duration of 1 to 24 months. The rule also allows for assistance amounts that change over time (e.g. full rent for the first three months, half of the rent amount for the following three months, and 25% of the rent for the last three months). Locally, we do not further restrict either the depth or duration of assistance across rapid rehousing projects in order to maintain maximum flexibility and responsiveness to assisted households' needs. This approach supports client success and maximizes resources by providing the level of assistance needed by the participant to obtain long-term housing stability, with a focus on equity of outcomes (i.e. housing stability), rather than uniformity of assistance. Programs evaluate households at program entry and no less than once annually to determine that the program participant lacks sufficient resources and support networks necessary to retain housing without CoC assistance and the amount of assistance that the program participant needs to retain housing.

Factors programs may take into consideration when determining each assisted household's depth and duration of rapid rehousing assistance include:

- Number of adults and children in household
- Income and income stability
- Non-cash benefits
- Support networks
- Access to childcare
- Medical, mental or behavioral health issues that may impact housing
- Debt that may impact housing
- Other factors that impact housing stability

Determinations of rent assistance amount and duration are made at program entry and reevaluated throughout program participation, no less than once annually. Determinations are clearly communicated to the participant so they can plan accordingly.

Data Management and Privacy Protections

The Homeless Management Information System (HMIS) is a database used to record and track client information that is shared among providers of assistance to people experiencing and at risk of homelessness, in order to increase efficiencies and better meet client needs. The Portland Housing Bureau (PHB) is the HMIS Lead and ServicePoint is the designated HMIS for Multnomah County.

Coordinated Access prioritized lists along with assessment and referral information is managed in HMIS. Within the Domestic Violence Continuum, data is managed in a HMIS Comparable database. DV assessment and referral information is tracked outside of this database.

There are various HMIS Releases of Information (ROI) used in the CoC including the All Multnomah ROI, the Veteran By-Name List ROI, and the Coordinated Access for Adults and Families ROI. Coordinated Access ROI's are available at ahomeforeveryone.net/coordinatedaccess, and other HMIS and data sharing resources are available at portlandoregon.gov/phb/74787.

A provider must have a ROI signed by the participant before sharing personal information for Coordinated Access in HMIS or the HMIS Comparable database. Providers are responsible for updating

participant information to support the Coordinated Access process (e.g. updating contact and provider information needed to get in touch with a participant who reaches the top of a prioritized list).

The CoC prohibits denying services to participants if the participant refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of program participation. In instances where a Prioritized List is used to connect people to housing resources and a participant refuses to sign a ROI, the provider should reach out to the Joint Office of Homeless Services to ensure the person can be connected to the Coordinated Access process.

Special Populations

People Fleeing Domestic Violence, Dating Violence, Sexual Assault, or Stalking

When a household experiencing homelessness is identified to be in need of domestic violence (DV) services, they are immediately referred to an Access Point designated for survivors of domestic violence. If the household does not wish to seek DV services, the household will have full access to the Coordinated Access processes in place for youth, families with minor children, and adults unaccompanied by minor children, in accordance with all protocols described in this document.

If the DV Access Point determines that the household seeking DV services is either not eligible for or cannot be accommodated by the DV subsystem, the DV Access Point will refer the participant to an appropriate Access Point for youth, families with minor children, or adults unaccompanied by minor children.

VAWA Emergency Transfer

The Violence Against Women Act (VAWA) provides certain protections for victims of domestic violence, dating violence, sexual assault, or stalking, as well as to those who are affiliated with a victim. VAWA protections are not limited only to women, but are available equally to all qualifying individuals regardless of sex, sexual orientation, or gender identity. VAWA protections explicitly state that a program participant cannot be discriminated against on the basis of being a survivor of violence when they are otherwise eligible for services. Participants may not be denied or terminated from housing services solely based on their protected class. CoC-funded providers are among those responsible for implementing these protections.

One of VAWA's protections is the Emergency Transfer, which allows survivors to move to another safe and available unit if they face an imminent threat of harm by remaining in their current unit. If a participant requests and is eligible for an Emergency Transfer, the housing provider should first attempt to move the participant to another unit within their program. If this is not possible, the participant will be prioritized for the next available and appropriate housing opening through Coordinated Access.

The Joint Office of Homeless Services is working with community partners to develop additional resources and guidelines related to the VAWA Emergency Transfer. In the meantime, please direct questions to johns@multco.us.

Veterans

While we do not have a separate Coordinated Access Access Point and assessment process for veterans, we do have a robust, community-wide system in place to identify veterans experiencing homelessness, immediately connect them with support services, and quickly connect them to permanent housing.

Service providers from across the community add veterans to a Veteran By-Name List (VBNL), which is maintained in HMIS. Our SSVF grantee reviews and manages the VBNL and contacts each veteran to determine their eligibility for Supportive Service for Veteran Families (SSVF), HUD-Veterans Affairs Supportive Housing (HUD-VASH), and other local programs. The Veteran Coalition, a group of housing and veteran direct-service providers, also reviews the VBNL at monthly case conferencing meetings.

Additional information about our work to end homelessness among veterans is available on the A Home for Everyone (AHFE) website at ahomeforeveryone.net/ahfev.

Training

The CoC provides training opportunities at least once annually to staff at organizations that serve as an Access Point and/or administer Coordinated Access assessments. All staff who administer assessments must attend a training. Trainings provide information about how Coordinated Access functions, the assessors' role in Coordinated Access, and the methods by which assessments are conducted. Trainings also incorporate information and skills related to Assertive Engagement, trauma-informed care, and culturally responsive services.

Survivors of Domestic Violence

The Continuum provides an annual Domestic Violence Coordinated Access training which provides advocates with the proper tools to conduct the Safety and Stabilization Assessment (SSA), connect participants to shelter services, and refer participants to the Resource Coordination Team for housing placement. Additionally, all DV advocates are mandated to complete a 40-hour domestic and sexual violence training.

Youth

A training plan is in place for all youth continuum staff. Training is provided upon hire and annually. Assessors receive training on trauma informed practice, de-escalation, adolescent brain development, Positive Youth Development practices, and administering the assessment tool to ensure consistency and equity. All youth provider agencies have staff trained to perform the assessment.

Families with Minor Children and Adults Unaccompanied by Minor Children

There is a joint assessment training for families with minor children and adults unaccompanied by minor children. The joint training was created in response to the fact that the F-VI-SPDAT and VI-SPDAT are very similar tools, and many organizations serve as Access Points for both subpopulations. The training includes information related to Coordinated Access; how to complete each tool; trauma-informed and culturally responsive services; assertive engagement-based approaches to use when administering the assessment; and Coordinated Access HMIS data entry. Trainings are offered quarterly.

Termination

Housing providers can terminate assistance to a program participant who violates program requirements or conditions of occupancy. As required by HUD, housing providers must have a formal termination process in place that, at a minimum, consist of:

- Providing the participant with a written copy of the program rules and the termination process before the participant begins to receive assistance;
- Providing written notice to the participant containing a clear statement of the reasons for termination;

- Conducting a review of the decision in which the participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of the person) who made or approved the termination decision; and
- Providing prompt written notice of the final decision to the program participant.

Appeal

Participants have the right to appeal determinations made by the Referring Entity or the Housing Provider. All housing providers must have a written grievance/appeal process in place that is provided to the participant, and the participant must first exhaust this process at the agency level. Once this process is exhausted, the appeal can be referred to the Joint Office of Homeless Services (JOHS). The Housing Provider’s contract manager at the JOHS will review the appeal and work with the provider and the participant to resolve it. A participant who is dissatisfied with the determination made by the housing provider or the JOHS may submit a written request for review of that determination to the local HUD field office.

For discrimination based complaints, see the Non-Discrimination section on page 21.

Non-Discrimination

Coordinated Access complies with the non-discrimination requirements of the Federal Fair Housing Law, the City of Portland Fair Housing Ordinance, and the Oregon Revised Statutes. The U.S. Fair Housing Amendments Act of 1988 prohibits discrimination in all housing transactions on the basis of race, color, religion, sex, disability, familial status, or national origin. The State of Oregon adds further protection that makes it illegal to discriminate against any person on the basis of marital status. The Code of the City of Portland, Oregon, adds further protections that make it illegal to discriminate against any person on the basis of sexual orientation, source of income, or age.

In addition, HUD’s Equal Access Rule prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status.

All Coordinated Access partner agencies take full accountability for complying with Fair Housing and all other funding and program requirements.

Wrongful Discrimination Complaints

At any time during the Coordinated Access process, participants have the right to file a wrongful discrimination complaint. The following contacts will be provided to address discrimination related concerns:

- The Fair Housing Council of Oregon: (503) 223-8197 Ext. 2 or (800) 424-3247 Ext. 2 (translation available)
- U.S. Department of Housing and Urban Development (HUD): (800) 877-0246 or at hud.gov/program_offices/fair_housing_equal_opp/online-complaint
- For complaints with Coordinated Access policies or procedures, contact the Joint Office of Homeless Services at johs@multco.us
- For housing program related complaints, contact the specific housing provider

Governance

A Home for Everyone Coordinating Board

The AHFE Coordinating Board is the governing body for the Portland/Gresham/Multnomah County Continuum of Care. The Coordinating Board guides the community's work to respond to the crisis of homelessness in Multnomah County, and holds the Coordinated Access system (and the CoC more broadly) accountable to the [AHFE vision and principles](#), and performance outcomes.

Among other responsibilities, the Coordinating Board and its Executive Committee charters ongoing and ad hoc committees and task forces, including those that provide ongoing oversight to Coordinated Access subsystems. Changes to this document must be reviewed and approved by the AHFE Coordinating Board on an annual basis.

Coordinated Access Oversight

Each subsystem has a leadership team that regularly reviews process and outcome data, seeks and shares meaningful input from staff and participants regarding experiences with the system, creates Coordinated Access policies and procedures, and identifies and implements necessary changes.

The Joint Office of Homeless Services will make minor updates to this document as necessary to reflect process improvements recommended through ongoing engagement with these leadership teams, and the Coordinating Board will review and approve changes annually. Significant changes to policy or intent may be considered by the Coordinating Board at any time, at the request of the Coordinating Board, a subsystem leadership team, or the Joint Office of Homeless Services. The most updated version of this document, along with related resources, will always be available at ahomeforeveryone.net/coordinatedaccess.

Survivors of Domestic Violence

The Coordinated Access Implementation Team, comprised of members from each partner DV agency, meets monthly to work on ongoing design and development of the subsystem's assessment tool and Coordinated Access process. Multnomah County Against Domestic and Sexual Violence (MCADSV), also comprised of members from each partner DV agency, meets monthly to address broader system-level issues including coordination and easing access to safe, confidential shelter and permanent, stable housing.

Youth

The Homeless Youth Oversight Committee (HYOC) is comprised of a broad-based community coalition that includes: Oregon Department of Human Services, City of Portland, Multnomah County, Police, County & City Commissioner staff, nonprofits, and interested community members. This committee is an advisory body to Multnomah County and the Homeless Youth Continuum (HYC). The HYOC provides support, advocacy, and system collaboration between the different governmental and nonprofit agencies serving youth. Youth agency executive directors also meet regularly to identify and address major system and funding issues. Implementation planning and execution occur at the Continuum Planning Meeting (CPM). Members of the CPM determine specific HYC policies and procedures, integration of staff and services between agencies, and implementation of any decision-making made at other subsystem meetings and levels.

Families with Minor Children

The Homeless Family System of Care Leadership Team meets monthly to guide the work of the family system by providing opportunities to share fiscal and contract updates, evaluate data and program outcomes, share local and national best practices, engage in system process improvement planning, and continuously improve services for homeless families and their children.

Adults Unaccompanied by Minor Children

The Coordinated Access for Adults Leadership Team is comprised of staff from adult partner agencies including housing, shelter, health, mental health, culturally specific, community justice, and domestic violence service providers. The team leads ongoing system evaluation, process improvement, implementation and expansion. The team regularly reviews process and outcome data and uses this information to help identify necessary system changes.

Evaluation

The CoC consults with participating projects and project participants at least annually to evaluate the intake, assessment, and referral processes associated with Coordinated Access. Solicitations for feedback address the quality and effectiveness of the entire Coordinated Access process for both participating projects and households, with a focus on racial equity in process and outcomes.

The Joint Office of Homeless Services solicits feedback in collaboration with the subsystem leadership teams. Each leadership team determines how project participants from their designated subpopulation will be selected to provide feedback, and uses the evaluation to guide improvements and updates to existing policies and procedures.

Each subsystem leadership team additionally reviews Coordinated Access data from HMIS or the HMIS Comparable database at least quarterly. Data is disaggregated by race and ethnicity and used to identify gaps in service and inform planning.

Operating a Continuum of Care Funded Program

Overview

The purpose of this section is to highlight some key requirements and responsibilities related to operating a project that receives HUD CoC funding. This is not comprehensive and CoC projects are strongly encouraged to review CoC resources provided by HUD.

General HUD CoC Resources:

- **CoC Program Interim Rule:** Establishes the regulations of the Continuum of Care program. hudexchange.info/resource/2033/hearth-coc-program-interim-rule
- **CoC Program Page:** HUD's landing page for all things CoC. hudexchange.info/programs/coc
- **CoC Program Toolkit Page:** Provides guides, tools, webinars and other resources. hudexchange.info/programs/coc/toolkit
- **CoC Program Frequently Asked Questions:** A compilation of HUD's answers to commonly asked questions about the CoC Program. hudexchange.info/coc/faqs

- **Join a Mailing List:** subscribe to email updates about the CoC and other HUD programs. hudexchange.info/maillinglist

A longer list of HUD CoC resources is available at ahomeforeveryone.net/coordinatedaccess.

With questions related to operating a CoC-funded project, you can submit a question on HUD Ask A Question at hudexchange.info/program-support or contact the Portland Field Office at (971) 222-2600.

Rent Reasonableness and Fair Market Rent

CoC recipients and subrecipients may only pay rents for units after the rent has been determined to be reasonable when compared to other rents in the community. In order to determine if this is the case, the CoC project must conduct a rent reasonable review.

The rent reasonable review determines whether the rent to the owner is a reasonable rent compared to the rent for comparable unassisted units. Things to consider include: unit location, quality, size, type, age, amenities, housing services, maintenance, and utilities paid by the owner.

Recipients and subrecipients must establish their own written policies and procedures for documenting comparable rents and ensure that they are followed when documenting rent reasonableness in the case file. A common process in our CoC looks like this:

- **Step 1:** Use Home Forward's Rent Reasonableness Worksheet to determine if the unit's rent is reasonable compared to other, similar units in the zip code. Make sure you are using the most updated version of the worksheet, available on Home Forward's website at homeforward.org/landlords/landlord-forms. If the worksheet demonstrates that the unit's rent is reasonable, skip to step three.
- **Step 2:** If the unit rent is more than the rent reasonableness amount calculated using Home Forward's worksheet (even by a dollar), conduct a survey of at least three comparable units. You should consider the gross rent of the unit and the location, quality, size, type, and age of the unit, and any amenities, maintenance, and utilities provided by the owner. The gross rent includes rent plus the cost of any utilities that are, according to the lease, the responsibility of the tenant. Utility costs may include gas, electric, water, sewer, and trash. To conduct the survey, look at similar units in the area. You can find a sample rent reasonableness checklist and certification form on HUD's website at hudexchange.info/resources/documents/RentReasonableChecklist.pdf.
- **Step 3:** Document the rent reasonableness determination process and evidence in the client file. Include a note in the file about the process you used to determine rent reasonableness. Evidence of rent reasonableness can include:
 - The unit's rent and description, and
 - A copy of the Rent Reasonableness Worksheet, or
 - A printout of three comparable units' rents and evidence that these comparison units share the same features (i.e. location, size, amenities, quality, etc.), or
 - Written verification signed by the property owner or management company, on letterhead, affirming that the rent for a unit assisted with CoC Program funds is comparable to current rents charged for similar unassisted units managed by the same owner.

Rent reasonableness is different from Fair Market Rent (FMR). HUD establishes FMR amounts for each region. These amounts are published on HUD’s website each fiscal year and used to calculate CoC rental assistance awards.

A CoC project can pay rents up to the rent reasonable amount even if it is higher than the FMR. In other words, **unit rents can exceed FMR but cannot exceed rent reasonableness**. If rent reasonable rates are lower than FMR, the maximum allowable rent amount is capped at the rent reasonableness rate. If the recipient pays rent above FMR for some units, they must ensure they have sufficient funding to serve the contracted number of program participants.

You can find FMR amounts for Multnomah County here: huduser.gov/portal/datasets/fmr.html

You can find Home Forward’s Rent Reasonableness Calculator here: homeforward.org/landlords/landlord-forms

You can learn more about FMR and rent reasonableness here: hudexchange.info/resources/documents/CoC-Rent-Reasonableness-and-FMR.pdf

Utility Reimbursement

CoC recipients and subrecipients must incorporate the reasonable cost of utilities paid separately when calculating rent contributions or occupancy charges, and reimburse program participants for any amount that this utility cost exceeds their rent contribution or maximum occupancy charge. This utility reimbursement may be paid using CoC rental assistance or operating funds. For the purpose of this requirement, “utilities” exclude telephone but include gas, oil, electric, sewage, water, and trash removal. You can find information about determining the participant’s rent contribution or maximum occupancy charge on page 17.

Determining the program participant’s rent contribution, occupancy charge or utility reimbursement is a three-step process:

1. Calculate the program participant’s rent contribution or maximum occupancy charge (see “Rent or Occupancy Charge Determination” on page 17 for information on this)
2. Determine the reasonable utility consumption amount (recipients or subrecipients must use Home Forward’s current Utility Allowances Schedule, available here: homeforward.org/landlords/landlord-forms)
3. Determine the rent contribution, occupancy charge or utility reimbursement amount (see examples below)

The CoC recipient or subrecipient can either pay a utility reimbursement directly to the program participant or to the utility company on behalf of the program participant. To pay the utility company, the recipient or subrecipient must have permission from the program participant, notify the participant in writing of the amount paid to the utility company, and maintain documentation of this in the participant file.

Example 1:

A.	Contract rent	\$500
B.	Participant rent contribution before utility adjustment	\$80
C.	Reasonable monthly utility allowance	\$30

	Calculate B - C	\$50
D.	Program participant rent paid to landlord or property owner	\$50
E.	CoC recipient or subrecipient rental assistance payment paid to landlord or property owner	\$450 (A - D)
F.	Utility reimbursement paid to program participant	\$0

In example 1 above, the program participant owes the landlord or property owner rent because the calculation of their rent contribution minus the utility allowance is a positive number (\$50). This also means that the CoC recipient or subrecipient does not owe the program participant a utility reimbursement.

Example 2:

A.	Contract rent	\$600
B.	Participant rent contribution before utility adjustment	\$30
C.	Reasonable monthly utility allowance	\$50
	Calculate B - C	-\$20
D.	Program participant rent paid to landlord or property owner	\$0
E.	CoC recipient or subrecipient rental assistance payment paid to landlord or property owner	\$600 (A - D)
F.	Utility reimbursement paid to program participant	\$20

In example 2 above, the CoC recipient or subrecipient pays the full contract rent to the landlord or property owner because the calculation of the participant’s rent contribution minus the utility allowance is a negative number (-\$20). The CoC recipient or subrecipient also owes the program participant a utility reimbursement of \$20.

You can find additional information about utility reimbursements along with more calculation examples and documentation requirements in HUD Notice CPD-17-11: Determining a Program Participant’s Rent Contribution, Occupancy Charge or Utility Reimbursement in the CoC Program when the Program Participant is Responsible for the Utilities, available at hudexchange.info/news/hud-publishes-notice-cpd-17-10-and-notice-cpd-17-11.

Housing Quality Standards

Before any CoC Program leasing or rental assistance is provided, the recipient or subrecipient must physically inspect each unit to ensure it meets Housing Quality Standards (HQS). Units must undergo inspection to ensure compliance with HQS before assistance can be paid. If a unit fails to meet HQS, assistance will not be provided for the unit unless the owner corrects any deficiencies within 30 days from the date of the initial inspection and the recipient or subrecipient verifies that all deficiencies have been corrected.

Recipients or subrecipients must inspect all units at least annually during the grant period to ensure that the units continue to meet HQS, and maintain documentation of compliance with the housing standards.

A sample HQS Checklist is available at ahomeforeveryone.net/coordinatedaccess.

HQS requirements can be found in section § 578.75(b) of the CoC Interim Rule.

Environmental Review

All new and renewal projects receiving CoC funds require some level of environmental review, which must occur before funds are committed. As outlined below, there are four levels of environmental review depending on the project type. Most projects in our CoC are exempt or categorically excluded from environmental review by a “Responsible Entity”, and can simply complete an exemption form. The Responsible Entity for our CoC is Portland Housing Bureau. If you believe your project may require a Limited Scope Review or an Environmental Assessment, contact the Joint Office of Homeless Services at johs@multco.us.

Exempt or categorically excluded projects include: tenant-based leasing and tenant-based rental assistance projects in which program participants determine the location of their unit; projects that contain only operating costs that are not used as a reserve for replacement costs; projects that contain only supportive services costs; and projects that contain only HMIS costs not used for leasing office space are categorically exempt. **The vast majority of local CoC projects fall into this category.** Exempt or categorically excluded projects can document this using a form provided by HUD called “Environmental Review for Activity/Project that is Exempt or Categorically Excluded Not Subject to Section 58.5”, available here: hudexchange.info/resource/3141/part-58-environmental-review-exempt-or-censt-format.

Projects requiring a Limited Scope Review include: project-based leasing, project-based rental assistance and sponsor-based rental assistance projects; and acquisition projects without any associated repairs or rehabilitation require “Limited Scope” Review by Portland Housing Bureau.

Projects requiring an Environmental Assessment include: projects that include major rehabilitation, conversion or land use, new construction of more than 4 units, or demolition of more than 4 units require Environmental Assessment by Portland Housing Bureau. There are currently no such projects in our CoC.

All other projects: If none of the above apply, the project is Categorically Excluded. Categorically Excluded projects can document this using a form provided by HUD and available here: hudexchange.info/resource/3139/part-58-environmental-review-cest-format

A flowchart to determine the level of environmental review needed for a CoC project is available here: hudexchange.info/resource/4045/coc-program-environmental-review-flow-chart

Geographic Mobility

In June 2016, HUD published a CoC Program Interim Rule Amendment to increase mobility options for individuals and families experiencing homelessness who are receiving tenant-based rental assistance (TBRA). The Amendment allows CoC program participants to choose housing or move outside of a CoC’s geographic area. Locally, this means that CoC program participants can move outside of Multnomah County as long as the CoC recipient or subrecipient can comply with all CoC program requirements (e.g. make supportive services available for the duration of the program participant’s residence in the project). The CoC program can only decline a participant’s request to choose housing outside of Multnomah County if the program cannot reasonably meet all statutory and regulatory program requirements.

You can find more information about this amendment including a HUD Webinar here: hudexchange.info/resource/5064/coc-program-interim-rule-amendment-to-578-51-c

Recordkeeping Requirements

CoC recipients and subrecipients must obtain documentation from qualified sources in accordance with the requirements in the CoC Interim Rule.

The Internal Wellness Checklist for the CoC Program provides a checklist of records that CoC projects are required to maintain. The CoC Program Internal Wellness “Top Ten” List highlights ten critical recordkeeping areas in the operation of the CoC Program. Both of these resources are available at ahomeforeveryone.net/coordinatedaccess.

Glossary of Key Terms

Assertive Engagement

Assertive engagement is a synthesis of evidence-based practices including Motivational Interviewing, Strength Based Practice, and Assertive Community Treatment. It is a social service approach to working with people that honors them as experts in their own lives.

Chronic Homeless

As stated in HUD’s [Defining “Chronically Homeless” Final Rule](#), a chronically homeless household is:

- An individual who:
 - Has a qualifying disability, and
 - Is staying in a shelter or place not meant for human habitation, and
 - Has been doing so continuously for 12+ months or has had 4+ episodes of homelessness in the last 3 years for a period that adds up to at least 12 months (each break in homelessness separating the occasions must include at least 7 consecutive nights)
- Or an individual in an institution (e.g. jail, hospital, rehab facility, etc.) for 90 days or less who met all of the above criteria before entering the institution (such stays in institutional care facilities are included in the total time homeless)
- Or an individual participating in a Rapid Rehousing project who met all of the above criteria before entering the project (HUD’s [Rapid Rehousing \(RRH\) Rule](#) expanded the definition to include this)
- Or a family with a Head of Household who meets all of the above criteria

You can find more information and resources related to chronic homelessness at hudexchange.info/homelessness-assistance/resources-for-chronic-homelessness.

Sample forms to verify homelessness, chronic homelessness and a disabling condition are available at ahomeforeveryone.net/coordinatedaccess.

Continuum of Care (CoC) Program

A HUD grant program that provides competitive funding to agencies for permanent supportive housing, rapid rehousing, transitional housing, safe havens, supportive services, and HMIS.

Portland/Gresham/Multnomah County CoC

The collective membership body of representative stakeholders engaged in ending homelessness in Multnomah County. This includes any individual interested in productively

shaping the delivery of housing or homeless services in Multnomah County who annually attends at least one recognized meeting of the CoC and provides basic contact information. The A Home for Everyone Coordinating Board is the governing body of the CoC. The CoC's scope of responsibilities include oversight, organization, and implementation of a comprehensive, integrated approach to service delivery for people experiencing homelessness or at risk of becoming homeless in Multnomah County.

Coordinated Access

HUD requires communities to coordinate access, for people experiencing homelessness, to appropriate housing and related services. This includes coordinating system-wide intake, assessment and provision of referrals. The intent of Coordinated Access is to provide streamlined and equitable access to shelter and housing interventions. Regardless of where someone first seeks services, access is based on vulnerability, eligibility and choice.

Culturally Responsive Services

General services that have been adapted to honor and align with the beliefs, practices, culture, and linguistic needs of diverse consumer client populations and communities whose members identify as having particular cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, or preferred language or language spoken at home. Culturally responsive services also refer to services provided in a way that is culturally responsive to the varied and intersecting biological, social and cultural categories such as gender identity, class, ability, sexual orientation, religion, caste, and other axes of identity. Culturally responsive organizations typically refer to organizations that possess the knowledge and capacity to respond to the issues of diverse, multicultural communities at multiple intervention points. Culturally responsive organizations affirmatively adopt and integrate the cultural and social norms and practices of the communities they serve. These agencies seek to comprehensively address internal power and privilege dynamics throughout their service delivery, personnel practices, and leadership structure.

Culturally Specific Services

Services provided for specific populations based on their particular needs, where the majority of members/clients are reflective of that community, and use language, structures, and settings familiar to the culture of the target population to create an environment of belonging and safety in which services are delivered. Culturally specific organizations typically refer to organizations with a majority of members/clients from a particular community. Culturally specific organizations also have a culturally focused organizational identity and environment, a positive track record of successful community engagement, and recognition from the community served as advancing the best interests of that community.

Disabling Condition

For the purpose of qualifying for permanent supportive housing, a disabling condition is a physical, mental or emotional impairment that:

- is expected to be of long, continued, and indefinite duration;
- substantially impedes the ability to live independently; and
- is of a nature that such ability could be improved by more suitable housing conditions.

A disabling condition also includes a developmental disability and HIV/AIDS.

Sample forms to verify homelessness, chronic homelessness, and a disabling condition are available at ahomeforeveryone.net/coordinatedaccess.

Diversion

A strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements (such as staying with friends or family members) and, when necessary, connecting them with services and financial assistance to help them return to permanent housing. (Adapted from the National Alliance to End Homelessness.)

Emergency Shelter (ES)

ES provides individuals and families with a safe place to sleep. It is meant to be short in duration and offer connection to housing options. The level of services available depends on the model. ES may be structured as a mat on the floor of a community space, an individual unit in which a household resides for a limited period of time, a private room with shared community space in a building, or other models.

Emergency Solutions Grants (ESG) Program

A HUD formula grant program that provides funding for street outreach, emergency shelter, homeless prevention, rapid rehousing, and HMIS.

Grant and Per Diem (GPD) Program

A U.S. Department of Veteran Affairs (VA) program that funds community agencies providing supportive housing (up to 24 months) and/or supportive services to homeless veterans.

Homeless

HUD's Homeless Definition includes four categories of homelessness: literally homeless, imminent risk of homelessness, homeless under other federal statutes, and fleeing/attempting to flee domestic violence. Our local definition of homelessness includes households who are "couch surfing" or doubled up with family or friends and lack housing permanence, a secure place to stay the next night or legal recourse if asked to leave. See Eligibility on page 10 for more information about eligibility by project and funding type.

HUD's homeless definition and recordkeeping requirements for documenting participant eligibility are available on the HUD Exchange at:

hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf.

Sample forms to verify homelessness, chronic homelessness and a disabling condition are available at ahomeforeveryone.net/coordinatedaccess.

Homeless Management Information System (HMIS)

A web-based software application designed to record and store person-level information regarding the service needs and history of households experiencing homelessness throughout a Continuum of Care (CoC), as mandated by HUD.

Household

Includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, the following:

- A single person, who may be an elderly person, displaced person, disabled person, near elderly person, or any other single person; or,
- A group of persons residing together, and such group includes, but is not limited to: a family with or without children; an elderly family; a near-elderly family; a disabled family; a displaced family; and a tenant family.

For the purpose of Coordinated Access, there are subsystems in place for four subpopulations that fall within the above definition of household:

- Survivors of domestic violence: single or parenting individuals actively fleeing or attempting to flee intimate partner violence, or experiencing homelessness as a result of an incident of violence
- Youth: unaccompanied youth under the age of 25
- Families with minor children: adults with minor children, pregnant adults, or adults without custody of their minor children but with a reunification plan
- Adults unaccompanied by minor children: adults, adults in couples and households with adult children

Housing First

An approach to homeless assistance that prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions such as sobriety or a minimum income threshold. Projects using a housing first approach often have supportive services; however, participation in these services is based on the needs and desires of the program participant. Specific steps to support a community-wide Housing First approach include removing barriers to program entry, using a Coordinated Access system, using client-centered service delivery models tailored to meet the unique needs of each individual or family presenting for services, prioritizing households most in need, and demonstrating inclusive decision-making that ensures that service delivery is both client-centered and culturally competent. Recovery Housing can be Housing First if it aligns with HUD's guidance in the [Recovery Housing Policy Brief](#) and the [2017 CoC NOFA](#).

HUD-Veterans Affairs Supportive Housing (HUD-VASH)

The HUD-VASH program combines Housing Choice Voucher rental assistance for homeless veterans with case management and clinical services provided by the U.S. Department of Veteran Affairs (VA).

Permanent Supportive Housing (PSH)

Permanent housing with supportive services to assist persons experiencing homelessness who have a disability to live independently. Supportive services are designed to meet the needs of participants and must be offered for the entire duration of program participation. PSH may be single site, scattered site, or clustered, and can be integrated with affordable or market-rate units. Housing assistance can be project-based (tied to a unit) or tenant-based (tenant must secure a unit in the market). Our community currently has PSH funded by both Continuum of Care (CoC) and non-CoC resources.

Prevention

Financial assistance or supportive services to help a household at risk of homelessness remain housed.

Progressive Engagement

A model in which households receive the minimum assistance necessary to gain housing stability and frequent reassessment occurs to determine additional need.

Racism

Racism refers to a variety of practices, beliefs, social relations, and phenomena that work to reproduce a racial hierarchy and social structure that yield superiority, power, and privilege for some, and discrimination and oppression for others. Racism takes representational, ideological, discursive, interactional, institutional, structural, and systemic forms. At its core, racism exists when ideas and assumptions about racial categories are used to justify and reproduce a racial hierarchy and racially

structured society that unjustly limits access to resources, rights, and privileges on the basis of race. Racism also occurs when this kind of unjust social structure is produced by the failure to account for race and its historic and contemporary roles in society. Racism is just as damaging in obvious forms as it is in less obvious and subtle forms, and is still called racism whether intentional or unintentional.

Institutional Racism

Policies, practices, and procedures that work better for white people than for people of color, whether overtly or covertly. Institutional racism preserves and fuels racial gaps in wealth, education, and social status, and serves to perpetuate white supremacy and privilege.

*(These definitions combine definitions developed by: Nicki Lisa Cole, Ph.D., presented in *Definition of Racism in Sociology: A System of Power, Privilege, and Oppression*, 2017, www.thoughtco.com/racism-definition-3026511; Government Alliance on Race and Equity (GARE) presented in [Advancing Racial Equity and Transforming Government: A Resource Guide to Put Ideas into Action](http://AdvancingRacialEquityandTransformingGovernment.org), 2015, racialequityalliance.org/wp-content/uploads/2015/02/GARE-Resource_Guide.pdf; and Tina Lopes and Barb Thomas presented in *Dancing on Live Embers: Challenging Racism in Organizations*, 2006.)*

Rapid Rehousing (RRH)

Designed to help currently homeless households achieve and maintain permanent housing stability as quickly as possible. RRH offers flexible funding, rental assistance, and supportive services, and ranges from one-time financial assistance through a maximum of 24 months of rental assistance and/or supportive services. Our community values multiple approaches, including pre-determined time frames for assistance as well as the Progressive Engagement model in which households receive the minimum assistance necessary to gain housing stability and frequent reassessment occurs to determine additional need.

Recovery Housing

Housing in an abstinence-focused, peer-supported community for people recovering from substance use issues. Participants choose this type of housing based on personal preference to support their personal goals. The program operates as low barrier in a peer-supported environment.

Supportive Services for Veteran Families (SSVF) Program

A U.S. Department of Veteran Affairs (VA) grant program that funds rapid rehousing and supportive services for veterans, including adults unaccompanied by minor children and families with minor children.

Transitional Housing (TH)

Temporary housing with supportive services to facilitate a household's successful move into permanent housing, typically within 24 months. Participants choose whether to participate in services offered. It may be facility based or scattered site, although all publicly funded TH in Portland and Multnomah County is currently facility based.

Trauma Informed Care (TIC)

An approach that recognizes that traumatic experiences terrify, overwhelm, and violate the individual. TIC is a commitment not to repeat these experiences and, in whatever way possible, to restore a sense of safety, power, and self-worth. (Trauma Informed Oregon)

Trauma Informed Practices (TIP)

An approach that realizes the widespread impact of trauma and the role of housing services in promoting resiliency; recognizes the signs and symptoms of trauma in individuals, families and staff;

responds by fully integrating knowledge about trauma into policies, procedures, and practices; and strives to actively resist retraumatization of program participants and staff and foster resiliency. TIP and racial equity work cannot be pulled apart. Trauma informed practices are inherently culturally responsive and recognize the impacts of historical trauma. TIP is both an individual, organizational, and system wide change process, not a canned set of practices. Agencies understand that experiencing poverty, being a student of color and/or marginalization in systems, can be traumatizing and result in inequitable access to protective factors. TIP work must be undertaken at all levels – individual, institutional, and systemic – to be fully transformative for housing service providers.