**Supportive Housing Referral Policy**

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| **CONTEXT** | Below is one example of a policy to support outreach workers referring the people they serve to their community's Coordinated Entry System. Below is one example of such a policy for outreach workers, but this policy will need to be adapted to fit your community's Coordinated Entry system's referral procedures. |
| **POLICY** | Outreach workers can apply for supportive housing services for clients, where appropriate. |
| **PURPOSE** | To connect Outreach clients to housing resources in your community. |
| **PROCEDURE** | 1. Outreach worker engages client. 2. Outreach worker completes the screening tools chosen by your community. Commonly communities are using the Vulnerability Index- Service Prioritization Assistance Decision Tool or VI-SPADT. 3. The completed VI-SPADT is submitted to the community's Coordinated Entry (CE) System. Outreach worker notifies their supervisor of submission. 4. The team's supervisor tracks all submission and follows up with appropriate CE staff to ensure that the application was completed properly and is being considered. 5. The Continuum of Care or designated entity will review the application and decide if the person is appropriate for PSH services and if so, will authorize PSH services. 6. If the Continuum authorizes PSH services, they will notify the appropriate supervisor and the designated outreach worker. They will also note in the online software that the person has been authorized PSH services. 7. The Continuum will decide who is responsible for submitting the online PSH referral (this will not be the outreach worker)and that person will be who the Coordinated Entry system reaches out to with questions about the client. 8. The Coordinated Entry system will match the client with housing that they are eligible for. 9. The Outreach Worker is responsible for following client via the priority list until other case management services are obtained and a transfer has been completed. Clients placed on priority list will be reviewed monthly with team to monitor continuity of care. |