



Youth Specific FAQs for Coordinated Entry



Presented by the U.S. Departments of Housing and Urban Development and Health and Human Services

Introduction

This document contains frequently asked questions (FAQs) and answers on the development and implementation of coordinated entry (CE) processes specific to working with runaway and homeless youth populations. HUD and HHS have developed the FAQs and answers in direct response to questions from the field – both Continuums of Care (CoCs) and youth-serving providers. The FAQs and answers are meant to provide guidance to communities in developing and implementing a CE process that is responsive and developmentally appropriate to the needs of youth. These FAQs and responses should be read together, as the responses to one question may be important for understanding the responses to another. HUD and HHS also encourage stakeholders to read the [Coordinated Entry Brief](#) that HUD published in February 2015 for more detail concerning CE.

Question 1: Why should my community develop a CE process for youth?

Federal partners have recently identified CE as a key component of the [coordinated community response](#) to prevent and end youth homelessness in 2020. CE is also required for all housing programs receiving HUD CoC and Emergency Solutions Grants (ESG) funding and strongly recommended for all of a community's homelessness-dedicated resources. In order for these community-wide processes to appropriately serve youth, CoCs need to address the developmental and service needs of unaccompanied homeless youth and ensure that all community stakeholders, including Runaway and Homeless Youth (RHY) providers, child welfare agencies, school systems, systems of justice, workforce systems partners, and other youth-serving organizations, come together for both the planning and implementation of a youth-inclusive CE process.

A youth-inclusive CE process requires CoCs to implement a systems-level, youth-focused approach for youth access, screening and assessment¹, prioritization, and referral to housing and supportive services. The intent of CE is to standardize and streamline the process for youth access to homelessness-dedicated resources across the entire homelessness crisis response system, and to lower the overall burden on youth to receive needed housing and supportive services. This process allows a CoC to make decisions based on the availability of resources across an entire community, not just at an individual

¹ The terms *screening and assessment* are being used in this document in a few different ways. In the context of CE, the terms *screening and assessment* involve tools that specifically measure an individual's vulnerability to harm and continued homelessness and need for housing and related services. In contrast, *behavioral assessment* follows *behavioral screening* if the screening results are positive for a particular behavior or symptom. *Ongoing assessment* can occur both for behavioral services, such as mental health or addiction services, and for other types of services and supports, such as more intensive rental assistance, throughout a youth's involvement in the homelessness system.

program or project, expanding a youth's access to needed community resources. Youth should also be screened and assessed with the same standardized, culturally competent tools as their peers, regardless of who the assessor may be, and expect to be referred according to the same prioritization factors that are used for all youth in the community. An effective, youth-centered process also reduces the number of interviews that require repeating highly personal information, often involving traumatic experiences, and reduces the amount of time it takes to receive housing and supportive services.

Included in the CE process is the implementation of an initial housing-focused assessment of youth needs and strengths, which is used in conjunction with a process (which may be specific to youth) to prioritize housing and supportive services in a timely manner. Prioritization helps to ensure that the highest need, most vulnerable youth, with the most risk factors and fewest protective factors across the community, are prioritized for housing services (see Question 4 for what "Assessment" means in the CE context and Question 5 for more detail on prioritization factors for vulnerable youth and the preliminary intervention model of the [Federal Framework to End Youth Homelessness](#)). Prioritization is critical because the homelessness crisis response system for youth is under-resourced and CoCs need to make tough decisions around prioritizing limited homelessness-dedicated housing and services. The tough decisions that a CoC must make around prioritization are a prime example of why it is critical for a broad set of community stakeholders to be actively involved in the CoC and in the design and implementation of CE.

It is important to note that HUD and HHS believe that no individual should have to sleep on the streets. Therefore, the CE process should never be a barrier to accessing emergency services, such as emergency shelter, respite, and crisis residential assistance. Communities should work to ensure that all individuals seeking emergency services have access to those services without barriers.

The CE process also gives a community a more complete and up-to-date vacancy, turn-away, and overall utilization picture that allows community planners to make better decisions about resource allocation and funding requests. More accurate, research-informed placements and refined pathways to well-coordinated housing and services can reduce burden and redundancies and connect youth experiencing homelessness to mainstream services. The CE development and feedback processes have the potential to serve as a powerful vehicle for additional youth systems-building and innovative collaboration in the community. CE can give your community the power to make more efficient use of the beds and services currently available and the data to argue for new targeted resources.

Question 2: Can our CE process establish a separate assessment process for youth?

Yes. As described in the February 2015 [HUD Coordinated Entry Brief](#), it may be appropriate, though not required, for communities to establish processes, "including different access points and screening and assessment tools," for four specific groups only:

1. Youth;
2. Families;
3. Individuals; and

4. Victims of Domestic Violence (including trafficked youth, victims of other forms of abuse and exploitation, and youth fleeing or attempting to flee abuse and exploitation).

CoCs are not required to have separate processes and there are many good reasons based on a community's geographic size, population, characteristics of the local crisis response system, etc., for choosing single or separate processes. However, HUD and HHS both recognize that the cultural competencies, resources, safety protocols, service models, and rules and regulations are different enough for these populations that having separate processes may be necessary. For example, youth may have a separate access point, dedicated staff to conduct assessments, special questions and protocols, and a unique prioritization system that accounts for the differences in the experiences of homelessness for youth versus adults. Separate CE processes should be accounted for in the CoC's policies and procedures related to CE, be consistently implemented across each of the four permissible subpopulations, and follow the community's established assessment guidelines.

It is important for all subpopulation-specific systems to align their access and referral processes to account for the significant overlap between populations being served and the resources that should be available to them. For instance, while CE may primarily refer youth to youth-specific resources, there are typically additional non-youth-specific resources to which youth experiencing homelessness should have access. These resources include mainstream services aimed at a broader population than youth and housing interventions that may not specifically target youth, but from which some youth may still benefit. Similarly, a community with a process for families and a separate process for youth needs to be aware that young families may need to access both youth- and family-appropriate housing and services without having to go through two separate processes. Most importantly, the CE process should be developed with the full participation of all stakeholders so that the *entire* process is appropriate for the full breadth of populations.

Question 3: How does a CE process work for youth experiencing homelessness?

A CE process standardizes and coordinates the way youth access the community's homelessness crisis response system and connect with the appropriate resources they need to achieve safety and stability. The process should ensure that youth receive the housing and service supports they need to resolve their homelessness crisis as quickly as possible, with the lowest possible barriers. The CE process should be able to answer the homeless system's guiding question, "Which housing and supportive services best meet the needs of each youth?" The core elements of this process include (1) access, (2) screening and assessment for housing and services, (3) prioritization, and (4) referral, and should be developed by each CoC through a community-wide planning process.

The Guiding Question

Which housing and supportive services best meet the needs of each youth?

The Four Key Elements



- Step 1: Standardized access: Ensures all youth seeking access to their community’s homelessness system engage the system through the same coordinated and standardized process regardless of where or how they present for services.
- Step 2: Standardized screening and assessment: Uses a standardized approach for all youth presenting for homelessness assistance to gather information on factors that can prevent and end their homelessness and inform the types of services and housing that meet their needs and strengths.
- Step 3: Standardized prioritization: Ensures that youth with the most severe service needs and levels of vulnerability are prioritized for limited housing and other non-emergency homelessness assistance resources (does not include emergency shelter, basic centers, street outreach, etc.) that meet their needs.
- Step 4: Coordinated referral: Ensures that youth can be referred to any homelessness dedicated housing and services for which they qualify and are prioritized for across the entire community.

For a more detailed explanation of the core elements of a CE process please refer to HUD’s [Coordinated Entry Policy Brief](#) and to [HUD’s CoC 2.0 Training Material – Coordinated Assessment](#)

Question 4: How can youth providers or other community partners participate as an access point for CE?

There are several models for access points which include, but are not limited to, the following:

- “Single point of access” at one central community location, sometimes referred to as centralized intake;
- “Multisite centralized access” at several locations in a community, sometimes referred to as hubs or a hybrid approach, that can serve all or certain special populations;
- “No wrong door” available on location at any community provider but still standardized and coordinated through one community-wide process; and
- “Virtual or phone access” which allows for mobile access (e.g. 2-1-1, mobile app) to CE and can be combined with any of the processes above.

Youth providers and other community partners can work with their local CoC to serve as an access point in any one of the above models, helping to ensure youth access in a space or manner that is culturally

and developmentally appropriate for youth. In communities where a youth provider may not serve as an access point, they can still be an important partner in planning for the most appropriate access point or points for youth in their community.

Question 5: How is the CE “Assessment” connected to the comprehensive screening and assessment processes often implemented in youth and health service related contexts?

The primary purpose of the CE standardized assessment process is to gather information necessary to determine the severity of a youth’s needs and their eligibility for housing and services in a way that utilizes their strengths and is based on evidence of the risk of becoming or remaining homeless. The CE assessment should gather information on factors that can help systems prevent youth from experiencing homelessness or end their current homelessness experience as quickly as possible. This is in contrast to clinical assessment common within the youth-serving field that looks at more in-depth service needs on an ongoing basis throughout a youth’s involvement in the homelessness system. The CE standardized assessment may be a phased assessment utilizing more than one assessment tool, allowing the assessment process to occur over time and only as necessary. For example, a standardized screening and assessment process may have separate tools to:

- Screen for diversion or prevention (such as supportive services, early intervention, and family reunification support)
- Assess shelter and other emergency needs
- Identify housing and service resources and barriers
- Evaluate vulnerability to prioritize for assistance (which may include evaluating risk and protective factors to make placements as effective as possible)
- Screen for program eligibility
- Facilitate connections to mainstream resources (including adult resources when appropriate)

CE assessment will likely occur over a period of days or weeks, as needed, depending on the progress a youth experiencing homelessness is making. The different assessments build on each other so a participant does not have to repeat their story. Periodic ongoing assessment should occur to ensure interventions are meeting a youth’s needs, particularly if a youth remains homeless for a long period of time. Federal partners are working together to release more detailed guidance later in 2016 on the use of youth screening and assessment tools within the CE process that can help guide placement decisions for housing and services.

Once youth receive a housing and service intervention through CE, a service provider may assess for additional or more intensive service needs on an ongoing basis while youth are being served in the youth homelessness system. Utilizing screening and assessment is equally as important after a youth has entered into a homelessness program in order to determine if the placement and services are meeting youth needs, or to determine if the youth needs other types of interventions and services. HHS recently released a document identifying examples of these additional [Screening and Assessment Tools](#).

Question 6: How does prioritization account for the unique experiences and vulnerabilities of youth?

Prioritization ensures that youth with the most severe service needs and levels of vulnerability are prioritized for limited housing and homeless assistance resources that meet their needs and strengths and is the process by which a youth is placed in a relative order for referral to different types of housing and services. As discussed in question 11, RHY and other youth providers should play an active role in the CoC's development of the prioritization process to ensure vulnerable youth have access to resources. Prioritization principles must be consistently applied and may reflect the following vulnerability factors:

- significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing;
- high utilization of crisis or emergency services, including emergency rooms, jails, and psychiatric facilities to meet basic needs;
- the extent to which people, especially youth and children, are unsheltered;
- vulnerability to illness or death;
- risk of continued homelessness;
- vulnerability to victimization, including physical assault, trafficking, or sex work; or
- other factors determined by the community and based on severity of needs.

Assessment tools will capture some of these factors and yield an "assessment score." The other factors identified by the community, including those that account for the unique experiences and vulnerabilities of youth, will be combined with the assessment score to determine a prioritization "ranking" for housing and services. It is important to note that the "ranking" does not necessarily equal the "assessment score" produced by popular assessment tools. CoCs can choose to prioritize a certain vulnerability factor over another, which would allow an individual to be placed at a higher priority for the next available and appropriate resource than their assessment score dictates. For example, a pregnant or parenting youth might have a moderate risk and vulnerability "assessment score" based on the assessment tools used in the community, but their CoC may determine that all pregnant and parenting youth should be considered at higher risk. Therefore, a pregnant or parenting youth in that community with only a moderate assessment score would be ranked as a higher priority for the next available, appropriate resource. If a youth meets multiple factors prioritized by the community (e.g. a youth is pregnant or parenting, has serious behavioral health needs, and is fleeing domestic violence), the multiple vulnerabilities should contribute to a higher prioritization ranking than if the youth only meets a single factor prioritized by the community. These examples emphasize the importance of setting priorities that consider the vulnerabilities of youth and the limitations of assessment tools. Prioritization ranking must ensure that CE prioritizes youth for housing and supportive services when they meet the factors prioritized by the community, even when assessment scores do not indicate a relatively high risk.

Communities should incorporate processes to connect youth who are not ranked high enough for a dedicated homelessness resource to other types of resources in the community. Referrals to services not targeted exclusively to homeless and runaway youth should include family counseling, community-

based mental health services, Temporary Assistance to Needy Families (TANF), early childhood supports, education-based supports, and other mainstream services that may be able to help address youths' needs. RHY providers have experience in making these types of youth-appropriate referrals and links, and can help CoCs develop methods that ensure these types of connections are made through the CE process. Finally, the prioritization process should not limit access to emergency services such as HUD funded emergency shelter or RHY Basic Center Programs, and every attempt should be made to ensure that young people are off the streets as quickly as possible.

Question 7: How can the CE referral process ensure that youth are referred to appropriate housing and services?

In order to ensure that youth are referred to appropriate housing and services, a broad array of youth focused housing and services need to be included among all of the resources available to the CE process. Youth who have been assessed for housing and services need to know exactly which program they are being referred to, what will be expected of them, and what they should expect from the program. Providers and caseworkers knowledgeable of a youth's experiences should provide input on referrals most appropriate for their developmental stage, needs, and strengths, through processes such as case conferencing. The CE process should also incorporate individual project eligibility requirements and current availability because project participants must be eligible for the projects to which they are referred, and the participants may need to meet additional project-specific eligibility requirements that are independent of the assessment and prioritization process. For example, a transitional housing project may be funded to serve individuals with HIV/AIDS. In order for the dedicated project to accept the youth being referred, the youth must meet the priority population that the project is funded to serve, in addition to being prioritized for the type of resource through the CE process. Armed with the best available information, youth can make an informed and supported choice to enroll in their preferred intervention among a comprehensive array of available options that address their needs and for which they are eligible.

CE referrals may occur throughout a young person's involvement with the homelessness system, usually connected with ongoing assessment. For example, a youth living on the streets may be connected to emergency shelter after an initial triage interaction with a street outreach worker. The youth may receive a more comprehensive assessment once in shelter, and based on the prioritization process described in Question 4, be referred to an intervention that can help to resolve their homelessness, such as family reunification, transitional living programs, rapid re-housing, or other placements and supportive services. Additional referrals may occur after a young person begins participation in a homelessness program if they need additional or different housing and supports to address their homelessness, and may include connections to mainstream services.

HUD and HHS acknowledge that the description above for a youth-focused CE process has not been fully realized by many communities and that communities are in different stages of planning and implementing youth processes in their CE. The hope is that these FAQs, as well as upcoming detailed guidance and technical assistance, will enable communities to develop a more robust CE process that is responsive to the needs and strengths of homeless youth and is inclusive of all youth providers.

Question 8: How can we make sure that the CE process is appropriate for youth?

Regardless of whether it is through a youth-specific CE process or a single CE process serving all populations, including youth, there are critical youth factors for communities to consider when developing a CE process to ensure it is appropriate for youth. Several of these considerations are:

- **Youth-Centered:** The CE process should be built on relationships between adults and youth that are empowering to youth and based on [positive youth development principles](#).
- **Safe, Inviting, and Accessible Access Points:** Access point locations—physical and virtual—should be safe, inviting, and easily accessible for youth, taking into account where youth congregate and other important aspects of local youth culture. CoCs must decide whether they will operate a youth-specific access point for CE with dedicated and specially trained staff or make sure that all general access points have the cultural and linguistic competency to meet youth needs. The important decisions involved in establishing access points highlight why a broad range of stakeholders, including youth providers, should be involved in the CoC and in the planning and implementation of the CE process.
- **Comprised of Knowledgeable and Trained Staff:** Any staff involved in the CE process who will interact with youth – whether at a standalone access point, emergency shelter, or through street outreach – should be adequately trained, meaning they are knowledgeable about topics such as, developmentally appropriate solutions, the eligibility and documentation requirements for the dedicated homeless resources and applicable mainstream resources available through a referral from the CE process.
- **Developmentally-Appropriate and Trauma-Informed:** The CE process and those working directly with youth should be aware of youth brain development, positive youth development frameworks, and trauma frameworks in order to ensure that the CE process as a whole is developmentally appropriate and [trauma informed](#).
- **Culturally-Appropriate and Inclusive:** The CE process, including any assessment tool used with youth, should be responsive to the characteristics and needs of youth, including age, race, ethnicity, sexual orientation, gender identification, and language. The definition of “culturally appropriate” for all youth includes youth who have been victims of human trafficking or domestic violence, LGBTQ youth, and pregnant or parenting youth.
- **Built on Provider Expertise and Capacity:** The CE process for youth should be informed by the expertise and capacity of all youth-serving providers and organizations in a community. Stakeholder engagement in the development, implementation, and process improvement of CE is critical for success.
- **Informed by the Youth Intervention Model:** The CE process, should be grounded in risk and protective factors as noted in the [USICH Youth Framework’s Preliminary Intervention Model](#).

Question 9: What populations of youth experiencing homelessness and who have runaway should be part of the CE process?

Under current regulations, CE, at a minimum, *must* serve youth defined as homeless and at-risk of homelessness by HUD. However, HUD and HHS strongly encourage communities to also include youth considered homeless or runaway by other federal definitions². The CE process will encounter youth when they are in various stages of experiencing a housing-related crisis and should be designed to accommodate a broad range of youth who are experiencing homelessness, have runaway, and who are at-risk of homelessness. Through the CE process, CoCs can coordinate non HUD-funded housing and supportive services, as well as HUD-funded ESG and non-homelessness dedicated HUD programs that may be able to serve those youths who are considered “homeless,” “runaway,” or “at-risk” by other federal definitions. It is important for CoCs to work towards building a broad range of resources that include homelessness prevention, family interventions, an array of housing interventions that include supportive services, and connections to mainstream resources in order to best serve a broad range of youth who are experiencing homelessness, have runaway, and are at-risk of homelessness. The inclusion of a broad range of stakeholders in the CoC, and the implementation and development of the CE process, will help ensure this goal is met.

When working with the broad range of youth, communities may pay particular attention to the unique needs of vulnerable subpopulations including youth who are either overrepresented in the unaccompanied homeless youth population or are particularly vulnerable to the effects of homelessness, such as:

- Youth under the age of 18
- Pregnant and parenting youth
- Youth involved or formerly involved in the child welfare system
- Youth involved or formerly involved in the juvenile justice system
- Youth fleeing or attempting to flee from trafficking or other unsafe living environments
- Youth who identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ)
- Native American youth
- Youth with special needs or disabilities, including severe behavioral and mental health needs
- Youth who are sharing the housing of others due to loss of housing or economic hardship
- Youth who have run away from home without parental consent
- Youth of color

Coordination with non-youth partners is critical when considering subpopulation approaches as their resource and support needs overlap with non-youth specific providers. For example, pregnant and

² Definition of Runaway and Homeless Youth as defined by the Runaway and Homeless Youth Act: <http://www.acf.hhs.gov/programs/fysb/resource/rhy-act>

Definition of Homeless Children and Youths as defined by Subtitle VII-B of the McKinney-Vento Homeless Assistance Act: <http://www2.ed.gov/policy/elsec/leg/esea02/pg116.html#sec725>

parenting youth should have access to and may be better served by family-specific resources and youth fleeing unsafe situations may be better served by domestic violence or trafficking-specific resources.

Question 10: How can CoCs ensure that they are taking the needs of all youth into consideration during the development of a CE process? What is the role of stakeholders that are not exclusively dedicated to serving youth experiencing homelessness, such as schools, justice, health, and behavioral health providers in CE?

An inclusive and responsive CE process for all youth can only be achieved through widespread stakeholder participation in planning and implementing CE. To ensure that the CE process incorporates the needs of youth, the planning and implementation process needs to include:

- youth experiencing homelessness;
- youth homeless assistance providers including those funded by the Runaway and Homeless Youth Act;
- child welfare systems and their providers including independent living programs;
- school district McKinney-Vento liaisons;
- representatives from the juvenile and adult justice systems;
- employment programs;
- human trafficking providers;
- law enforcement;
- health providers;
- out-of-school time programs; and
- early childhood providers for pregnant and parenting youth.

Early and ongoing participation by these organizations in communities that have successfully integrated youth experiencing homelessness into their CE processes is credited with building trust in CE for youth-serving providers and other key stakeholders, and with sharing critical knowledge among youth and non-youth stakeholders that has ensured the entire process is youth-appropriate. CoCs should also consider taking inventory of local youth resources beyond traditional homelessness housing and services as there may be more youth resources available to the community than the CoC realizes, including family reunification services and youth homelessness prevention services.

Many stakeholders may not be solely focused on youth homelessness, but will still play an important role. Stakeholders such as child welfare agencies, school district McKinney-Vento liaisons, and juvenile justice programs should be key partners in the development of CE, and once implemented, their roles within the CE process will vary widely based on the program's specific interactions with youth and the programs' specific population focus. The key is to generate a mutual understanding between CoCs and community stakeholders early on regarding how youth access CE from non-homelessness dedicated programs and how these programs' resources are accessed by youth through the CE process. In general, programs and system partners will fall into three categories:

1. **Programs that can connect youth to the CE process** - Programs that ask basic questions about housing status and have a protocol for connecting youth to the CE process when a housing or homelessness service need is identified that cannot be provided by the provider or program. These programs may vary greatly in their capacity to connect youth. For example, a program may have limited capacity to add questions to their intake and use a single indicator or observation to trigger a phone call to the CE access point. Another program may have extensive capacity to identify youth experiencing homelessness and at-risk youth and so may ask a series of questions concerning housing status to increase their referral accuracy to the CE process, which is made electronically and seamlessly.
2. **Programs to which the CE process connects youth** - Programs that offer resources that are relevant for youth experiencing homelessness and for whom a protocol has been established to connect youth from CE to the intake process for those resources. Programs will vary in their capacity to make themselves available to the CE process. Some may have a simple protocol that allows for a coordinated connection from CE to their services, whether through an electronic connection or even a warm hand off made with the help of staff navigators. Another program with a lot of flexibility may be able to co-locate programming with CE operations ensuring youth can go through the referral and intake process for their services at the same location and time as they go through the CE process.
3. **Programs that are fully integrated into the CE process** - Programs that are fully integrated into the CE process where they either participate as an access point for all CE resources or their resources are accessed directly through CE referrals without an additional intake. Full integration for mainstream services will be rare as their expanded population focus and mission often makes full integration burdensome for both parties; although in some circumstances and in some communities it may still be appropriate.

Involving systems and programs that serve youth early in the development process of CE and in an ongoing manner is the best way to ensure that these partners are both identifying and referring youth from their programs to the CE process and that CE process is able to refer to their programs when appropriate.

Question 11: What is the role of Runaway and Homeless Youth (RHY) providers in the development and implementation of a CE entry process?

RHY programs, whether they are funded federally or privately, are an integral part of many communities' efforts to prevent and end homelessness. It is therefore vitally important for all RHY providers to be integrated into their community's CoC, to be at the table to provide input, and to help ensure that the CE process is fully responsive to the needs of youth experiencing homelessness.

In addition to their experience working with youth experiencing homelessness in their respective programs, RHY providers bring with them a wealth of knowledge about the network of social, behavioral health, and other community services vital to ensuring youth experiencing homelessness are able to transition to stability and independence. Because of this specialized knowledge and experience, RHY providers should be involved in general needs assessment planning committees, in addition to the

planning, development, and implementation of the CE process. RHY providers should fully participate in: 1) the decision-making process to identify access procedures and locations; 2) designing and informing youth-appropriate screening and assessment tools and related staff training; 3) the development of the prioritization process to ensure vulnerable youth have access to resources; and 4) the development of the referral process, particularly around matching youth needs and strengths to appropriate housing and services.

RHY providers contribute invaluable homelessness prevention and intervention resources to the community through the Basic Center, Transitional Living, Maternity Group Home, and Street Outreach Programs. RHY resources should be fully integrated in the implementation of the CE process by aligning their access, assessment, and prioritization processes with the policies and procedures developed by the full community of stakeholders through CE. Integrating RHY resources is critical to creating a single CE process for youth experiencing homelessness. Beyond the specific CE process, RHY providers can continue to help ensure that resources offered to youth are developmentally appropriate, promote [positive youth development](#), incorporate [trauma-informed care](#), and are culturally and linguistically competent. Federal partners are working together to release more detailed guidance later in 2016 on the important role of RHY providers in the CE process.

Question 12: Is family reunification an appropriate referral within CE?

Yes. In many situations, family reunification is an appropriate referral within CE, provided that the family home is a safe and stable environment. Family reunification should be a primary referral option for youth under 18, where only a small percentage may be most appropriately served by an independent, safe, and stable housing situation, and many youth 18 and older will also benefit from family reunification services. The CE assessment process should consider family dynamics and the possibility of youth reuniting with family members or caring adults in a safe and stable environment; and “family” options should be broadly defined to include adults who may not be biological parents or biologically related, but whom youth consider to be family members. The CE process should also have access to family reunification service referral options, including non-HUD funded projects, for those youth who are identified as having the potential of returning home before entering the crisis response system or who may quickly exit with the assistance of family interventions. The need for access to family reunification and a broad array of family engagement services in the community is another example of why it is important for the CE process to be linked to mainstream services and other non-HUD funded services.