

Type	ail (HMIS Field Options) Note: Referral means that a client has been "placed" into an opening. Not intended to reflect referral to waitlist or to indicate that a client was given a list of #s to call.	Who would make this kind of referral? BNL Manager, Diversion Specialist, etc. AND HMIS role type	When/what circumstance would this option be chosen?	Process Triggers (based on CAN outcomes manual and CAN referral and acceptance form. Not all cases have a process trigger but lack of process trigger does not mean that the CE Event is not applicable.)
Access Event	Referral to Prevention Assistance Project	211 Staff Member/CAN - 211	Event is auto-created any time a 211 Eviction prevention enrollment is opened	Event is auto-created, 211 staff do not have to enter an event
Access Event	Referral to scheduled Coordinated Entry Housing Needs Assessment	211 Staff Member/CAN - 211	Event is auto-created any time a 211 enrollment is opened	Event is auto-created, 211 staff do not have to enter an event
		Outreach worker	This option should be selected when an Outreach worker connects a client to a CAN appointment or conducts a CAN appointment in the field	N/A
Access Event	Problem Solving/Diversion/Rapid Resolution intervention or service	Diversion Specialist/Navigator/ Housing Support Specialist	This event is auto-created any time a CAN Diversion enrollment is created, regardless of if the client is a 211 referral or a walk in. Users will still have to select a result. If client completes a CAN/Diversion appointment and they are diverted and rehoused in a safe alternative then the answer to: Problem Solving/Diversion/Rapid Resolution intervention or service result - Client housed/re-housed in a safe alternative = YES.	Client participated in CAN appointment outcome is: Diverted
			This event is auto-created any time a CAN Diversion enrollment is created, regardless of if the client is a 211 referral or a walk in. Users will still have to select a result. If client completes a CAN/Diversion appointment and they are NOT diverted and rehoused in a safe alternative. (Problem Solving/Diversion/Rapid Resolution intervention or service result - Client housed/re-housed in a safe alternative = NO)	Client participated in CAN appointment but was not able to be diverted
Access Event	Referral to scheduled Coordinated Entry Crisis Needs Assessment	Theoretically 211 Staff Member but all their referrals are "Housing Needs Assessment"	Note: HUD standards defines Crisis Needs Assessment as "assessment conducted for immediate, crisis-based needs; initial, short, focused assessment to help case workers identify immediate resolutions to address emergency needs, including shelter." and Housing Needs Assessment is defined as "assessment conducted for housing needs; more in-depth, housing focused assessment to help case workers direct clients to resources for stabilization of their housing situation." Based on my understanding of our system and reading of these definitions I think the auto creation of a Housing Needs Assessment event due to a 211 enrollment still makes the most sense. In either case the crisis or housing needs assessment is happening AT the CAN appointment and therefore the referral event does not need to be noted (the referral to this service was already made).	
Referral Event	Referral to post-placement/follow-up case management	BNL Manager	This option should be selected when a client is discharged from PSH or RRH at a CAN case conference and there is a need to continue to follow the client for a short period of time.	N/A
Referral Event	Referral to Street Outreach project or services	Diversion Specialist/Navigator/ Housing Support Specialist	This option should be selected when an individual is unsheltered, and does not want shelter, but the CAN needs to continue to attempt offering services and CAN staff use local protocols to refer to the outreach team.	Client participated in a diversion appointment where the outcome was referral to outreach.
Referral Event	Referral to Housing Navigation Project or Services	Diversion Specialist/Navigator/ Housing Support Specialist	This option may be selected if Housing Navigation services are offered as part of Diversion. For example to get families to different housing that meets their needs if current housing is too expensive or if they are trying to escape a DV situation.	N/A
		BNL Managers	This option should be selected when a client is matched to RRH or PSH and Housing Navigation is helping to identify an apartment. In practice RRH might be making the referral to Navigation. Might be happening more as more Covid funding comes in there are more housing navigators coming in to meet the need.	N/A
Referral Event	Referral to Non-continuum services: ineligible for continuum services	Diversion Specialist/Navigator/ Housing Support Specialist	This option should be selected if the household is not eligible for homeless services resources at the time of the CAN appointment. Client is reporting different circumstances to CAN staff compared to information provided to 2-1-1. Client may not be presenting for emergency shelter, imminent risk of homelessness may not be within CAN defined timeframe (i.e. 7 days from homelessness, 14 days from homelessness). Other scenarios may include: Looking for security deposit, Not at imminent risk of homelessness, and looking for housing options	This option should be selected if the CAN appointment outcome is: Not Currently Appropriate
Referral Event	Referral to Non-continuum services: no availability in continuum services	Diversion Specialist/Navigator/ Housing Support Specialist	Eligible clients who could not be referred to continuum services because there is no availability in continuum services, or because client was eligible but was not prioritized for continuum services or other local equivalent referral.	N/A
Referral Event	Referral to Emergency Shelter bed opening	Diversion Specialist/Navigator/ Housing Support Specialist	This option should be selected if client was accepted for enrollment in an Emergency Shelter.	This option should be selected if the CAN appointment outcome is: Accepted for Enrollment and follow up indicates that client was enrolled
		Outreach worker	This option should be selected if client is referred by an outreach worker to ES OR the Outreach worker conducts a CAN appt. remotely to refer to ES	N/A
Referral Event	Referral to Transitional Housing bed/unit opening	BNL Manager	This option should be selected when client is matched to TH bed/unit	When "Disposition of CAN Referral" section of CAN referral/acceptance document is completed. Date of CAN referral will be event date and date approved or denied will be event outcome date.
Referral Event	Referral to Joint TH-RRH project/unit/resource opening	BNL Manager	There are currently no programs like this in CT	When "Disposition of CAN Referral" section of CAN referral/acceptance document is completed. Date of CAN referral will be event date and date approved or denied will be event outcome date.
Referral Event	Referral to RRH project resource opening	BNL Manager	This option should be selected when client is matched to RRH project	When "Disposition of CAN Referral" section of CAN referral/acceptance document is completed. Date of CAN referral will be event date and date approved or denied will be event outcome date.
Referral Event	Referral to PSH project resource opening	BNL Manager	This option should be selected when client is matched to PSH project	When "Disposition of CAN Referral" section of CAN referral/acceptance document is completed. Date of CAN referral will be event date and date approved or denied will be event outcome date.
Referral Event	Referral to Other PH project/unit/resource opening	BNL Manager	This option should be selected when a client is match to public Housing, Moving On, Housing Authority Set Aside Unit, One Time Assistance (other outcomes on BNL form)	N/A

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