



Yolo County Homeless and Poverty Action Coalition (HPAC)

Coordinated Entry Policies and Procedures

Davis/Woodland/Yolo County Continuum of Care (CA-521)

Re-adopted August 28, 2019

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Overview

The United States Department of Housing and Urban Development (HUD) requires local homeless Continuums of Care (CoCs) to establish and operate a “centralized or coordinated assessment system” (referred to as “coordinated entry”) with the goal of establishing a local crisis response system, born out of the existing network of autonomous projects, thus, improving fairness and ease of access to resources. Coordinated entry processes are intended to help “communities prioritize people who are most in need of assistance” by “strategically allocating their current resources and identifying the need for additional resources”.¹ They also provide information to CoCs and other stakeholders about service needs and gaps to help communities strategically allocate their current resources and identify the need for additional resources. The development of a comprehensive crisis response system in each community, including new and innovative types of system coordination, is central to the key objectives and strategies outlined in *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, the approach used by HUD and its Federal partners to address homelessness.²

Both the CoC and Emergency Solutions Grants (ESG) Program interim rules, 24 CFR § 578 and 24 CFR §§ 91 and 576 respectively, require the use of a local coordinated entry process that meets HUD requirements. The CoC Program interim rule set the basic parameters for coordinated entry and left further requirements to be set by HUD notice. Under the authority of 24 CFR § 578.7(a)(8) and through Notice CPD-17-01, HUD established additional requirements that local CoCs and recipients of CoC Program and ESG Program funding must follow related to the development and use of a coordinated entry system.

The ensuing set of Coordinated Entry Policies and Procedures is established by the Yolo County Homeless and Poverty Action Coalition (“HPAC” or “the CoC”) to govern operation of its Coordinated Entry System in compliance with the CoC and ESG Interim Rules and CPD-17-01.

Except as otherwise specified, these Coordinated Entry Policies and Procedures apply to all geographic areas and all subpopulations in the Yolo County Continuum of Care, including individuals, families, and unaccompanied youth. These Policies and Procedures shall be made publicly available and must be applied consistently throughout the CoC areas for all populations.

These Coordinated Entry Policies and Procedures shall be applied to all CoC and ESG funded projects in Yolo County, as well as any other housing and homeless service programs operating within Yolo that choose to participate in the local Coordinated Entry System.

¹ CPD 17-01, Coordinated Entry Notice, p.2. <https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf>

² Amended in 2012 and 2015. <https://www.usich.gov/opening-doors>.

Vision and Core Values

The Vision and Core Values of the HPAC Coordinated Entry System mirror the Vision and Core Values of the Yolo County General and Strategic Plan to End Homelessness. All policies and procedures included in this document are aligned with the vision and core values described below.

Vision

Yolo County should be a community where everyone has the opportunity for a safe and stable place to call home.

Core Values

Value # 1: Preservation of Human Dignity

- All people are worthy of respect, mercy, kindness, and compassion.

Value # 2: Safe, Decent, and Sanitary Housing

- All people deserve an opportunity for stable affordable housing.

Value # 3: Innovation

- Yolo agencies and communities will be receptive to new ideas, methodologies, and technology. They will work to change existing ways of working and will use creativity, new strategies, and collaboration in effective problem solving.

Value # 4: Courage

- Partners will address issues openly and in a timely manner. They will display a willingness to undertake prudent risk.

Value # 5: Success

- Yolo is committed to the principle of achieving success through realistic optimism and dedication to its principles and goals.

System Characteristics

The HPAC Coordinated Entry System utilizes the following concepts of service to ensure fair, equal, and person-centered practices throughout the system.

Cultural and Linguistic Competency

All staff administering assessments shall use culturally and linguistically competent practices. Assessments shall include trauma-informed culturally and linguistically competent questions for special subpopulations, including:

- Immigrants, refugees, and other first-generation subpopulations;
- Youth;
- Persons fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking; and
- Persons who identify as lesbian, gay, bisexual and/or transgender (LGBT).

HPAC shall strive to offer training to participating projects that receive referrals in culturally and linguistically competent practices so that appropriate resources available to participants are as comprehensive as possible.

Organizations shall strive to provide access to translation of verbal and written materials in the three (3) threshold languages of Yolo County, including:

- English
- Spanish
- Russian

Fair and Equal Access

All people in the CoC's geographic area will have fair and equal access to the coordinated entry process, regardless of where or how they present for services. Fair and equal access means that people can easily access the coordinated entry process, whether in person, by phone, or some other method, and that the process for accessing help is well known.

Housing First

Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Use of the Homeless Management Information System (HMIS)

HPAC will use HMIS to collect and manage data associated with assessments and referrals for Coordinated Entry.

Inclusive

HPAC's Coordinated Entry System will include all subpopulations, including:

- People experiencing chronic homelessness;
- Veterans;
- Families;
- Youth; and
- Survivors of domestic violence.

HPAC will continuously evaluate and improve the process to ensure that all subpopulations are well served.

**Incorporating
Mainstream Services**

The coordinated entry process will aim to connect people with non-homeless specific programs and services. Mainstream service providers will act as referral sites within the Coordinated Entry system.

Informing Local Planning

Information gathered through the Coordinated Entry process will be used to guide homeless assistance planning and system change efforts across the CoC.

**Leverage Local Attributes
and Capacity**

HPAC's physical and political geography, including local agency capacity, and the opportunities unique to the CoC's context, shall inform local coordinated entry implementation.

Low Barrier

The CoC's Coordinated Entry System will not screen people out for assistance due to perceived barriers to housing or services, including, but not limited to:

- Too little or no income;
- Active or history of substance use;
- History of domestic violence;
- Resistance to receiving services;
- Type or extent of disability-related services or supports that are needed;
- History of evictions or poor credit;
- Lease violations or history of not being a leaseholder;
- Criminal record—with exceptions for state or local restrictions that prevent projects from serving people with certain convictions.

Participant Autonomy

HPAC's coordinated entry process will allow participants autonomy to freely refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to assistance.

**Person-Centered
Approach**

HPAC shall use a person-centered approach, and incorporate the following principles:

- **Person-Centered Assessments:** Assessments shall be based in-part on participants' strengths, goals, risks, and protective factors.
- **Accessible Tools and Processes:** Tools and assessment processes will be designed to be easily understood by participants. Assessment questions and instructions shall reflect the developmental capacity of the participants being assessed.
- **Sensitivity to Lived Experiences:** Sensitivity to participants' lived experiences shall be incorporated into every aspect of this coordinated entry system, including the ongoing assessment and improvement of assessment tools and delivery protocols that are trauma informed, minimize risk and harm, and address potential psychological impacts.

- **Participant Choice:** Participants’ choices in coordinated entry process decisions, such as location and type of housing, level and type of services, and other program characteristics, shall be accommodated to the fullest extent possible given overriding health and safety concerns and compliance with outstanding legal requirements. The ongoing development of assessment processes that provide options and recommendations similarly shall be guided and informed by participant choice, as opposed to rigid decisions about what individuals or families need.
- **Clear Referral Expectations:** Participants will be able to easily understand to which programs they are being referred to, what the program expects of them, what they can expect of the program, and evidence of the program’s rate of success.
- **Commitment to Referral Success:** The providers in HPAC’s Coordinated Entry System will commit to successfully completing the referral process once a referral decision has been made through Coordinated Entry, including supporting the safe transition of participants from an access point or emergency shelter to housing, and supporting participants in identifying and accessing an alternate suitable project in the rare instance of an eligible participant being rejected by a participating project.

Referral Protocols

Programs that participate in the CoC’s Coordinated Entry process will accept all eligible referrals unless the CoC has a protocol for rejecting referrals documented in these Policies and Procedures, which ensures that such rejections are justified and rare and that participants are able to identify and access another suitable project.

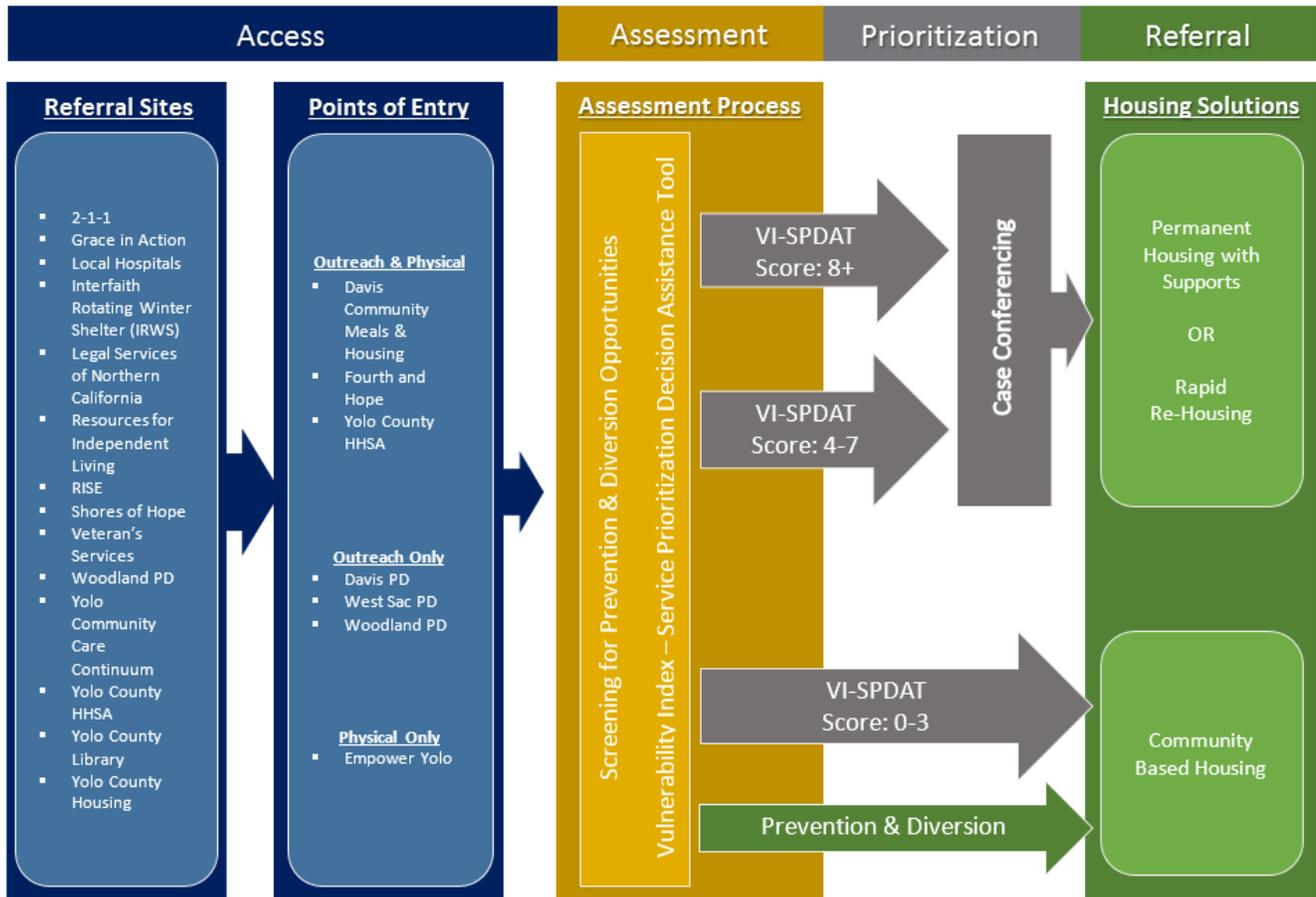
Ongoing Planning and Stakeholder Consultation

HPAC will engage in ongoing planning with all stakeholders participating in the coordinated entry process. This process shall be reviewed as needed, and shall be revised and re-adopted every 3 years by HPAC. Feedback from individuals and families experiencing homelessness or recently connected to housing through the Coordinated Entry process will be routinely gathered and used to improve the process.

Overview of Coordinated Entry Process

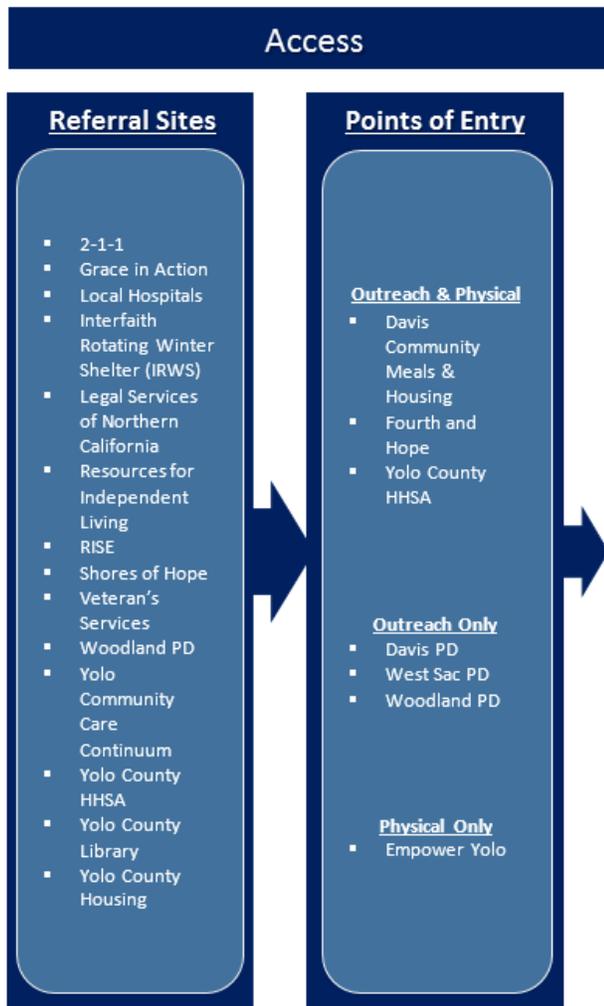
The Coordinated Entry system in Yolo County operates as a multi-site centralized system. This means that though clients may access the system through various sites, they can only be assessed at specific sites known as Entry Points.

YOLO COUNTY COORDINATED ENTRY SYSTEM



1/23/2019

Section 1: Access



Access to the Coordinated Entry System occurs through either points of referral or points of entry when an individual reaches out to a local organization to access mainstream services, or homeless specific services.

Referral Sites

When a participant presents at a Referral Site, staff will gather basic information required to determine whether the individual might be appropriate for inclusion in the Coordinated Entry System. Staff at Referral Sites may use the HPAC Diversion and/or Prevention Tools to assist them in determining whether an individual should be referred for Coordinated Entry. When a Referral Site determines that a participant does not have sufficient resources to be prevented or diverted from entering the homeless system of care, the Referral Site will refer the participant to a Point of Entry for a full assessment.

Referral Sites will be mindful of consumers' unique needs by referring participants to a Point of Entry that specializes in their specific needs if available. For example, Referral Sites can refer families to programs that specialize in family services, or individuals with severe mental health conditions to programs that specialize in mental health services. However, a program's specialization should not necessarily exclude a participant from being referred to the program, as the Referral Site must also be mindful of participants' barriers to accessing the Point of Entry. These barriers might include issues such as transportation, work

and school schedules and childcare. Points of Referral should also consider each participant's personal choice regarding where they wish to be referred for services. As of the date of this document, the following Referral Sites have been identified:

- 2-1-1
- Grace in Action
- Interfaith Rotating Winter Shelter of Davis (IRWS)
- Legal Services of Northern California (LSNC)
- Resources for Independent Living
- Rural Innovations in Social Economics (RISE)
- Shores of Hope
- Sutter Davis Hospital
- Veteran's Services Administration
- Woodland Memorial Hospital
- Woodland Police Department
- Yolo Community Care Continuum (YCCC)
- Yolo County Health and Human Services Agency (HHSA)
- Yolo County Library
- Yolo County Housing

Along with referring participants to the Coordinated Entry System, Referral Sites will also refer participants to other resources related to homelessness and to community providers for mainstream services.

Points of Entry

The role of Points of Entry differs from Referral Sites in that complete vulnerability assessments and Prevention/Diversion assessments are conducted at Points of Entry, whereas only Prevention/Diversion assessments are conducted at Referral Sites.

All local providers of homeless services are eligible to participate as a point of entry to the system, as long as they meet the following minimum requirements:

- Have access to HMIS or a comparable database as permitted by the United States Department of Housing and Urban and Development (HUD) for domestic violence, dating violence, human trafficking, sexual assault, and stalking victim service providers;
- Opt-in to the HPAC Data Sharing Agreement;
- Receive training on use of the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT); and
- Agree to follow all Policies and Procedures set forth in this document.

As of the date of this document, the following providers are designated as Points of Entry:

- City of Davis Police Department
- City of West Sacramento Police Department
- City of Woodland Police Department
- Empower Yolo / Family Resource Center
- Davis Community Meals and Housing (DCMH)
- Fourth and Hope
- Yolo County Children's Alliance
- Yolo County Health and Human Services Agency (HHS)

These access points were chosen to optimize accessibility for as many consumers as possible with respect to geography, language, culture, and subpopulation-specific needs. The agencies listed above are subject to change and HPAC will update and distribute an updated list of Points of Entry as necessary.

Separate Points of Entry for Subpopulations

HPAC has elected not to create access points that are separate and distinct from general entry points for the following six subpopulations:

- Adults without children;
- Adults accompanied by children;
- Unaccompanied youth;
- Veterans;
- Households fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions including human trafficking; and/or,
- Persons at risk of imminent homelessness, for purposes of administering homeless prevention assistance.

However, it is recognized that Points of Entry may specialize in serving particular subpopulations. As such, Referral Points should offer referrals to Points of Entry that are most appropriate for placement according to the participant's specific needs and choice. This does not preclude participants from being referred to Points of Entry that do not specialize in one of the subpopulations to which they belong, as participant choice must be respected.

The CoC also may choose to establish designated Points of Entry for one or more of the six subpopulations at a future date, in which case that change should be documented in a future version of these Policies and Procedures. Should the CoC designate separate Points of Entry for any of the six subpopulations in the future, all Points of Entry shall still be required to follow a uniform decision-making process, including equal access to emergency services, use common assessment approaches and tools, and prioritize persons for available resources using the standardized approach as determined and documented in these Policies and Procedures.

Full Coverage

HPAC's Coordinated Entry System covers the CoC's entire geographic area. Historically, the rural communities in Yolo County are the most difficult to reach due to a lack of providers with physical sites in the rural communities. To combat this, outreach programs operate throughout the community to reach individuals and families that live in the rural areas.

Outreach

Outreach strategies are a primary method of making contact with and engaging people experiencing homelessness in Yolo County, especially for those living in the rural and/or hard to reach areas. The majority of HPAC's Points of Entry have outreach programs in place and will continue to develop them.

When an outreach worker encounters a person during street outreach, the person shall be prioritized for assistance in the same manner as any other person who accesses and is assessed through Coordinated Entry. The outreach worker shall complete a VI-SPDAT, if appropriate, or arrange for a VI-SPDAT to be completed with the individual, ideally within 30 days or as soon as rapport is established.

Emergency Services

HPAC is committed to ensuring that the coordinated entry process allows for people experiencing a housing crisis to access emergency homeless and housing services with as few barriers as possible. These services include homeless prevention assistance, domestic violence and emergency services hotlines, drop-in service programs, emergency shelters and other short-term crisis residential programs.

Low barrier: The emergency services listed above shall operate with as few barriers to entry as possible. Designated Points of Entry shall provide "unqualified" emergency access, meaning access is not limited to certain populations.

Not subject to prioritization: Regulation 576.400(e)(3)(iv) states that emergency services funded with ESG funds "must include policies and procedures for assessing, prioritizing, and reassessing individuals' and families' needs for essential services related to emergency shelter". As such, emergency housing and homeless services in Yolo County shall not be prioritized based on severity of service need or vulnerability.

Twenty-four hour connection to emergency system: Persons shall be able to access emergency housing and homeless services independent of the operating hours of the coordinated entry's intake and assessment processes. This ensures that when coordinated entry staff are unavailable to complete a full assessment (VI-SPDAT), participants are still able to receive the emergency services they need. People receiving emergency services after hours will be connected with Coordinated Entry staff within 48 hours of being admitted to the shelter and/or having received services, Coordinated Entry staff shall complete a VI-SPDAT, if appropriate, or arrange for a VI-SPDAT to be completed with the individual, ideally within 30 days or as soon as rapport is established.

- Emergency service providers, including all domestic violence hotlines, emergency service hotlines, drop-in service programs, emergency shelters, domestic violence shelters, and other short-term

crisis residential programs, will receive and care for participants including during hours when Points of Entry may be closed for business.

- Emergency service providers must notify coordinated entry staff regarding new homeless consumers who have been served within 48 hours, so that those consumers can be integrated into the Coordinated Entry system as soon as possible.

Standardized Access, Assessment and Prioritization

Standardized Access and Assessment: These Policies and Procedures establish the same assessment process at all access points and all access points must be usable by all people who may be experiencing homelessness or at risk of homelessness. Households who present at any Point of Entry, regardless of whether it is an entry point dedicated to the population to which the household belongs, shall be afforded easy access to the assessment process as outlined in the Policies and Procedures. This shall be described in more detail in Section 2 of this manual.

Standardized Prioritization in the Referral Process: Once assessed, individuals and families shall be prioritized for available services in the Coordinated Entry System through a standardized process that shall be applied consistently throughout the CoC areas for all populations. This shall be described in more detail in Section 3 of this manual.

Affirmative Marketing and Outreach

HPAC shall affirmatively market its housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, sexual orientation, gender, age, familial status, history of domestic violence, or disability, who are least likely to apply in the absence of special outreach. HPAC shall maintain records of those marketing activities. Housing funded by HUD and made available through the CoC will also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105 (a)(2). Additionally, HPAC shall follow the nondiscrimination and affirmative outreach requirements for the ESG program in accordance with 24 CFR § 576.407(a) and (b).

HPAC's Coordinated Entry System shall also be linked to street outreach efforts so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the coordinated entry process.

Non-Discriminatory Access

HPAC does not tolerate discrimination based on actual or perceived membership in any protected class. The entirety of HPAC's Coordinated Entry process shall be conducted in compliance with the nondiscrimination provisions of federal civil rights laws, including the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II and III of the Americans with Disabilities Act, as well as HUD's Equal Access and Gender Identity Rules. Under these laws and rules, the following classes are protected from discrimination:

- Race
- Color
- Religion
- National origin
- Sex
- Actual or perceived sexual orientation or gender identity
- Disability
- Familial status

- Marital status

Some programs may be forced to limit enrollment based on requirements imposed by their funding sources and/or state or federal law. For example, a HOPWA-funded project might be required to serve only participants who have HIV/AIDS. All such programs will avoid discrimination to the maximum extent allowed by their funding sources and their authorizing legislation.

All aspects of the HPAC Coordinated Entry process will comply with all Federal, State, and local Fair Housing laws and regulations. Participants will not be “steered” toward any housing facility or neighborhood because of race, color, national origin, religion, sex, sexual orientation, gender, disability, marital status, history of domestic violence, or the presence of children.

Locations where persons are likely to access or attempt to access the CoC’s Coordinated Entry System shall display signs or brochures in prominent locations, informing participants of their right to file a non-discrimination complaint and containing the contact information needed to file a non-discrimination complaint. Requirements associated with filing a non-discrimination complaint, if any, will be included on the signs or brochures.

When a non-discrimination complaint is received, HPAC will complete an investigation of the complaint within 60 days by attempting to contact and interview a reasonable number of persons who are likely to have relevant knowledge, and by attempting to collect any documents that are likely to be relevant to the investigation. Within 30 days after completing the investigation, HPAC will write an adequate report of the investigation’s findings, including the investigator’s opinion about whether inappropriate discrimination occurred and the action(s) recommended by the investigator to prevent discrimination from occurring in the future. If appropriate, the investigator may recommend that the complainant be re-assessed or re-prioritized for housing or services. The report will be kept on file for two years.

Safety Planning

Pursuant to 24 CFR Subpart B Section 578.7³, HPAC shall implement a separate coordinated entry process for victims of domestic violence, dating violence, human trafficking, sexual assault, stalking, and any other dangerous or life-threatening conditions that relate to violence against a homeless individual or family.

To protect the safety and maintain the confidentiality of such survivors, HPAC prohibits victim service providers from using HMIS. Rather, HPAC requires that victim service providers use a comparable database as permitted by HUD.

To ensure that homeless survivors receive the same opportunities afforded by the region’s coordinated entry system as all others, HPAC implements the following process:

1. If an individual or family experiencing homelessness presents to a non-victim service provider and either self-identifies herself, himself, or a family member, as a victim or reveals any information that implies dangerous or life-threatening conditions that relate to violence, the provider must offer a referral to a victim service provider. The individual or family then has the choice whether to accept the referral to the victim service provider or to not accept the referral.
2. When a household accepts the referral to a victim service provider:
 - The victim service provider shall perform an intake assessment of the individual or family to determine if the survivor is eligible for shelter entry based on lethality as well as bed availability.

³ 24 Code of Federal Regulations (CFR) Part 578 Continuum of Care Program Interim Rule: http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=5d030234903ffc25ad85a1fe4656bff7&mc=true&n=pt24.3.578&r=PART&ty=HTML#se24.3.578_165

- If the victim service provider deems that the individual or family does not have adequate resources to exit homelessness on her, his, or their own, the provider shall conduct a VI-SPDAT.
 - Once complete, the provider shall send a de-identified VI-SPDAT to the County Homeless Manager. The only personal identifying information shall be the unique identification number indicating the appropriate record within the victim service provider's comparable database.
 - HPAC will then integrate the anonymous victim service referrals into its community queue.
 - HPAC shall require training specifically related to this process for all Referral Sites and Points of Entry into the Coordinated Entry System. In particular, HPAC shall provide training to coordinated entry staff on the confidentiality and privacy rights of survivors protected by the Health Insurance Portability and Accountability Act (HIPAA) as well as the Violence Against Women Act (VAWA).
3. If the household rejects the referral to the victim service provider:
- The non-victim service provider must either:
 - i. Complete the assessment process, ensuring confidentiality standards are followed; or,
 - ii. Arrange with another point of entry to complete an intake assessment with the household within 48 hours of the household's contact with the non-victim service provider.
4. In either case, every attempt to provide the victim with case management services that ensure all appropriate safety measures are being met will be made. This includes aiding the victim or connecting the victim with another provider, to acquire applicable legal services including but not limited to, the establishment of restraining orders and the initiation of family law actions including marriage and child custody and/or support legal proceedings.

People fleeing or attempting to flee domestic violence and victims of trafficking will have safe and confidential access to the Coordinated Entry System and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelter.

Privacy

All HPAC providers that will act as points of entry to the Coordinated Entry System also participate in an open information sharing system via the local HMIS, in compliance with Section 4 of the HPAC HMIS Policies and Procedures Manual. Existing protocols for obtaining, sharing, and storing participant personal information meet the requirements specified in the 2004 HMIS Data and Technical Standards Final Notice⁴. The following subsections explain each requirement and HPAC's standards for compliance.

Privacy Statement

The Privacy Statement describes how an agency collects, uses, and discloses client information. The Privacy Statement must also describe how a client can access his or her information. HPAC requires that each agency either adopt HPAC's standard Privacy Statement or adopt their own agency-specific Privacy Statement, which

⁴ 2004 HMIS Data and Technical Standards Final Notice:
<https://www.hudexchange.info/resources/documents/2004HUDDataandTechnicalStandards.pdf>

meets all of the minimum requirements set forth in HUD's 2004 HMIS Data and Technical Standards Final Notice⁵ (see Additional Information about the Privacy Statement).

In addition to having a Privacy Statement, HPAC requires that HMIS Partner Agencies, who have a website, post a link to the Privacy Statement online. HPAC also requires that Partner Agencies post the Privacy Statement at each intake desk(s) or a comparable location(s). Lastly, HPAC requires that all staff have access to hard copies of the Privacy Statement when out in the field.

Privacy Statement and Protected Personal Information (PPI) Disclosure

As stated above, every HMIS Partner Agency must have a Privacy Statement that describes how and when the agency will use and disclose a client's Protected Personal Information (PPI). PPI includes name, Social Security Number (SSN), date of birth, zip code, project entry and/or exit date.

Partner Agencies may be required to collect a client's PPI by law or by funders. Partner Agencies also collect PPI to monitor project operations, to better understand the needs of persons experiencing homelessness, and to improve services for persons experiencing homelessness. HPAC only permits agencies to collect PPI with a client's written consent.

Partner Agencies may use and disclose PPI to:

- Verify eligibility for services
- Provide clients with and/or refer clients to services that meet their needs
- Manage and evaluate the performance of programs
- Report about program operations and outcomes to funders and/or apply for additional funding to support agency programs
- Collaborate with other local agencies to improve service coordination, reduce gaps in services, and develop community-wide strategic plans to address basic human needs
- Participate in research projects to better understand the needs of people served

Partner Agencies may also be required to disclose PPI for the following reasons:

- When the law requires it
- When necessary to prevent or respond to a serious and imminent threat to health or safety
- When a judge, law enforcement or administrative agency orders it

Partner Agencies are obligated to limit disclosures of PPI to the minimum necessary to accomplish the purpose of the disclosure. Uses and disclosures of PPI not described above may only be made with a client's written consent. Clients have the right to revoke consent at any time by submitting a request in writing.

Clients also have the right to request in writing:

- A copy of all PPI collected
- An amendment to any PPI used to make decisions about the client's care and services (this request may be denied at the discretion of the agency, but the client's request should be noted in the project records)
- An account of all disclosures of client PPI
- Restrictions on the type of information disclosed to outside partners
- A current copy of the agency's Privacy Statement

⁵ 2004 HMIS Data and Technical Standards Final Notice:

<https://www.hudexchange.info/resources/documents/2004HUDDataandTechnicalStandards.pdf>

Partner Agencies may reserve the right to refuse a client’s request for inspection or copying of PPI in the following circumstances:

- Information compiled in reasonable anticipation of litigation or comparable proceedings
- The record includes information about another individual (other than a health care or homeless provider)
- The information was obtained under a promise of confidentiality (other than a promise from a health care or homeless provider) and a disclosure would reveal the source of the information
- The Partner Agency believes that disclosure of the information would be reasonably likely to endanger the life or physical safety of any individual

If an agency denies a client’s request, the client should receive a written explanation for the denial. The client has the right to appeal the denial by following the established HPAC Partner Agency Agreement grievance procedure. Regardless of the outcome of the appeal, the client will have the right to add to his or her project records a concise statement of disagreement. The agency must disclose the statement of disagreement whenever it discloses the disputed PPI.

All individuals with access to PPI are required to complete formal training in privacy requirements at least annually.

Partner Agencies can amend their Privacy Statements at any time. Amendments may affect information obtained by the agency before the date of the change. An amendment to the Privacy Statement regarding use or disclosure will be effective with respect to information processed before the amendment, unless otherwise stated. The agency must make available a record of all amendments to the Privacy Statement upon a client’s request.

As stated previously, a Privacy Statement must reflect, at a minimum, the baseline requirements outlined within HUD’s 2004 HMIS Data and Technical Standards Final Notice. In any instance where an agency’s Privacy Statement is not consistent with HUD standards, HUD standards will take precedence.

Consumer Notice

The Consumer Notice explains the reason for asking for personal information and notifies the client of the Privacy Statement. The Consumer Notice shall be available in each of the County’s threshold languages: English, Spanish, and Russian. HPAC requires that agencies either adopt HPAC’s standard Consumer Notice or adopt their own Consumer Notice, which meets all of the minimum requirements set forth in HUD’s 2004 HMIS Data and Technical Standards Final Notice⁶.

In addition to having a Consumer Notice, HPAC requires that participating HMIS agencies post the Consumer Notice at each intake desk or a comparable location. Lastly, HPAC requires that all staff have access to hard copies of the Consumer Notice when out in the field.

List of Participating Agencies

The List of Participating Agencies names all current HMIS using providers, which allows clients to see which organizations have access to their information. Participating Agencies must sign the HPAC Interagency HMIS Data Sharing Agreement to be included on the list.

HPAC requires that participating HMIS agencies post the List of Participating Agencies at each intake desk or a comparable location. Lastly, HPAC requires that all staff have access to hard copies of the List of Participating Agencies when out in the field.

As of the date of this document, the participating agencies are:

⁶ 2004 HMIS Data and Technical Standards Final Notice:

<https://www.hudexchange.info/resources/documents/2004HUDDataandTechnicalStandards.pdf>

- City of Davis
- City of West Sacramento
- City of Woodland
- CommuniCare Health Centers
- Davis Community Meals and Housing
- Downtown Streets Team
- Empower Yolo
- Fourth and Hope
- Interfaith Rotating Winter Shelter – Davis
- Yolo Community Care Continuum
- Yolo County Children’s Alliance
- Yolo County Health and Human Services Agency

This list is subject to change, and the HMIS Daily Operator will provide updated lists when necessary. For the most up to date list, please visit the [Provider Resources](#) section of the HPAC website.

Informed Consent and Release of Information Authorization

The Informed Consent and Release of Information Authorization must be signed by all adult clients and unaccompanied youth. This gives the client the opportunity to refuse the sharing of his or her information to other agencies within the system. HPAC requires client signatures prior to inputting their information in HMIS. HPAC also requires agencies to update Informed Consent and Release of Information Authorization forms every five years.

Language Access and Forms

Generally, clients should not sign any form that is not printed in their preferred written language, unless absolutely necessary. The HMIS administrator aims to make all HMIS forms available in the three threshold languages of Yolo County: English, Spanish, and Russian. However, HMIS forms are currently only available in English, with translations into Spanish and Russian in development. Meanwhile, should a client’s preferred written language be one other than English, it is acceptable for the client to sign an English version, provided a complete and accurate verbal translation of the document is provided to the client prior to signing.

Accessibility to Local Subpopulations

The homeless population in Yolo County spans the complete range of subpopulations as identified by HUD.

1. Adults without children
2. Adults accompanied by children
3. Unaccompanied youth
4. Households fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions including human trafficking
5. Persons at imminent risk of homelessness, for purposes of administering homeless prevention assistance

Participants shall not be denied access to the Coordinated Entry process on the basis of belonging to any given subpopulation. Persons included in more than one of the subpopulations may be served at all points of entry for which they qualify as a target population, as well as points of entry not specializing in a particular subpopulation.

Should a household who identifies as part of a particular subpopulation present to a point of entry that does not specialize in their subpopulation and that has limited resources, the household must be referred to another point of entry and have an assessment completed within 48 hours.

To achieve this, referring agencies will coordinate with the point of entry to which the household is being referred, to schedule an appointment for assessment falling within 48 hours of when the household made initial contact with the referring agency.

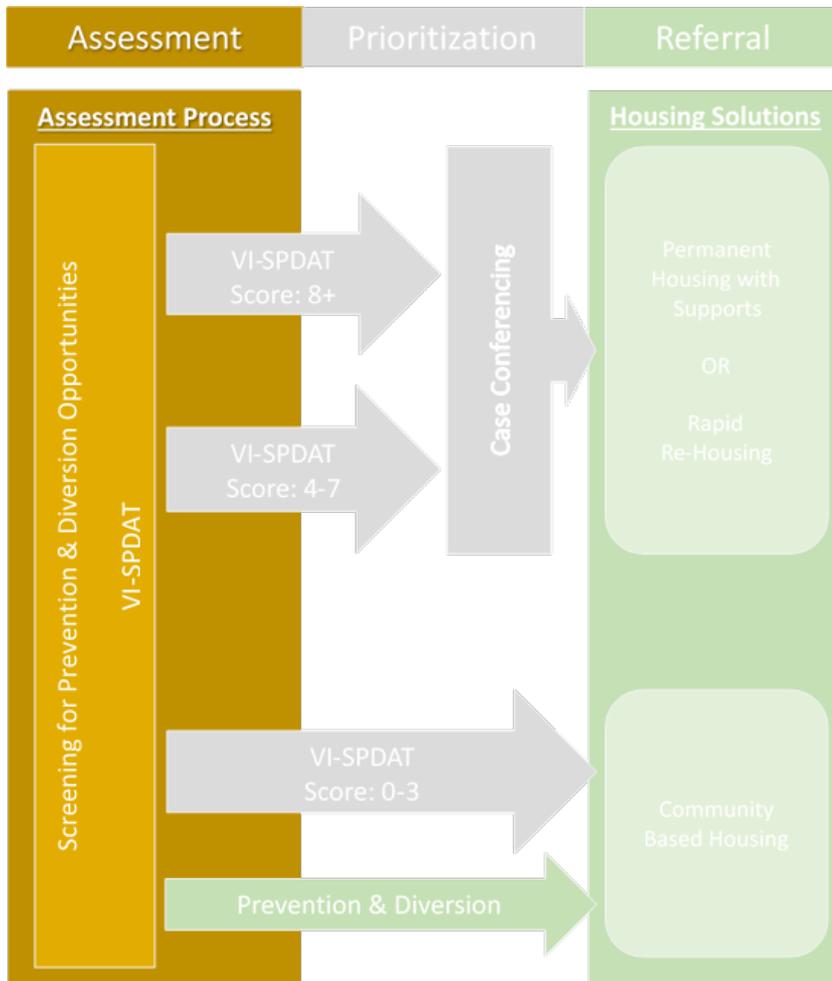
Physical Accessibility

All providers in the Coordinated Entry System must be compliant with ADA standards. No individual shall be excluded from the Coordinated Entry process due to physical accessibility barriers.

Connection to Mainstream Resources

Coordinated Entry marketing materials shall be available to all providers offering mainstream resources. Providers offering mainstream resources shall act as Referral Sites in the Coordinated Entry System.

Section 2: Assessment



The objective of assessment is to establish an individual's or family's degree of vulnerability to becoming or remaining homeless in order to best match them with resources that meet their needs.

Standardized Access and Assessment Tools

The assessment process shall begin with an initial triage period where diversion and prevention options are evaluated first. Participants will only be fully assessed and enrolled in emergency homeless and housing services and the Coordinated Entry System after all other safe and appropriate alternatives have been exhausted. A full assessment shall be completed within 48 hours of the household's contact with the Coordinated Entry system, if it is determined that the household's homelessness or risk of homelessness cannot be resolved by resources outside of the homeless system. The primary assessment tool utilized to determine vulnerability will be the

Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT).

Prevention

An individual or family may present at a referral or entry point while they are currently housed, but at risk of losing their housing. In this case, prevention services may be the most appropriate course of action. Prevention services would work towards mitigating the reason for housing loss. This may be through a community resource paying rent owed, mediation with landlord to prevent eviction for issues unrelated to nonpayment, and/or financial planning counseling for the individual or family, among others. Prevention services will attempt to keep the household in their current housing situation.

Diversion

When an individual or family presents at a referral or entry point in circumstances where they are already homeless or homelessness is imminent, diversion to community-based housing or other resources may occur. Diversion services would assist potential program participants in exploring all safe and appropriate alternative housing options that are immediately available. If appropriate, the individual or family may be functionally diverted from the Coordinated Entry System when their housing need has been met. This will most often take the form of the individual or family moving in with a family member or friend, to an affordable housing unit, or to other community-based housing. Diversion moves the household into safe and appropriate alternative housing.

Housing Needs Assessment

The Coordinated Entry System will consistently assess all persons using the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT). For a full description of the VI-SPDAT see Appendix A.

HPAC will use two different versions of the VI-SPDAT to assess adults without children and adults accompanied by children. HPAC will not use a separate assessment tool for any of the following subpopulations:

- Unaccompanied youth
- Households fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking)

Application of the VI-SPDAT may not produce the entire body of information necessary to determine a household's prioritization, either because of the nature of self-reporting, withheld information, or circumstances outside the scope of assessment questions. Therefore, case workers and others who work with households may provide additional information, through case conferencing or otherwise, that appears relevant to the CoC's written prioritization policies. For example, although a separate formal assessment for Transition Aged Youth (TAY) is available, it will not be used in the assessment process, but questions from that assessment tool specific to Transition Aged Youth may be integrated into Case Conferencing for TAY individuals.

Timeliness of Assessment Data Entry

Every assessment shall be entered in HMIS within three (3) days of the assessment being completed, regardless of whether the individual or family being assessed formally enrolls in a project. This is consistent with the HMIS data standards and timeliness requirements previously established in the HPAC HMIS Policies and Procedures Manual. To meet this requirement, services providers are *strongly encouraged* to utilize only live data entry methods when conducting the VI-SPDAT, rather than completing the VI-SPDAT on paper and entering the data into HMIS at a later time.

Assessment across Stages of Coordinated Entry

Coordinated Entry providers will use a progressive and phased process in order to capture information on an as-needed basis as participants navigate the process, recognizing that trauma-informed approaches are necessary throughout these phases. The assessment process, including information gathered from assessment tools, case workers, and others working with households, shall provide sufficient information to make prioritization decisions.

Assessment phases may include:

- Screening for diversion or prevention;
- Assessing shelter and other emergency needs;
- Identifying housing resources and barriers; and,
- Evaluating vulnerability to prioritize for assistance.

Assessments conducted in different phases shall build on each other and limit the frequency with which a participant must repeat a personal story so as to reduce trauma and improve system efficiency. Information collection related to prioritization ranking and program eligibility may also occur concurrently with these different phases, even though assessment generally occurs before referral.

Once connected to housing and services, project staff may conduct more sophisticated assessments to evaluate a participant's need for specialized services or resources.

The phased assessment process used during coordinated entry is not intended to replace more specialized assessment approaches but rather to connect participants to the appropriate housing solution as quickly as possible. Similarly, the assessment process does not preclude the use of complementary assessments designed

to support access to mainstream services that are made available during assessment or otherwise conveniently accessed.

All of the following assessment approaches shall be considered when assessing a participant:

- **Progressive and Phased Assessment:** As discussed above, this approach is essential to building trust with participants that may be otherwise reluctant to share sensitive information such as substance use disorders, health status, past trauma, and others.
- **Trauma-informed Assessment:** All Coordinated Entry providers and assessors shall utilize trauma-informed techniques with all populations regardless of a person's history. All assessors shall be trained in how to conduct trauma-informed assessments with subpopulations to reduce the chance of re-traumatization.
- **Safety Planning:** Assessors shall be trained on safety planning and other "next-step" procedures if the assessment uncovers safety issues pertaining to domestic violence, sexual assault, child abuse or neglect, stalking, and trafficking.
- **Private Space for Assessments:** The assessment space and experience shall be designed to allow people to safely reveal sensitive information or safety issues. The space shall allow for both visual and auditory privacy. Assessors are allowed to gather information from each adult in the household in separate interviews, if appropriate.
- **Skip-logic for Unnecessary or Irrelevant Assessment Questions:** Assessment questions shall be adjusted to be appropriate for specific subpopulations, for example:
 - For unaccompanied youth aged 17 or younger, questions relating to veterans can be skipped.
 - For men, questions regarding pregnancy and prenatal care can be skipped.
- **Accessible Language:** Assessment instructions and questions for children and youth shall reflect their level of development and be administered in a culturally competent manner.
- **Translation Services:** Multiple language options shall be available. Confidential phone interpreters or translators may be utilized if face-to-face language options are limited.

The aforementioned assessment approaches shall guide the assessment process for every individual. Providers shall be cognizant that a change in a participant's circumstances may precipitate further assessment.

Participant Autonomy

All participants in the coordinated entry process will be freely allowed to decide what information they provide during the assessment process and to refuse to answer assessment questions. Although participants may become ineligible for some programs based on a lack of information, a participant's refusal to answer questions will not be used as a reason to terminate the participant's assessment, nor will it be used as a reason to refuse to refer the participant to programs for which the participant appears to be eligible. Participants may refuse to answer assessment questions and to reject housing and service options offered without their suffering retribution or limiting their access to assistance.

Assessment staff shall engage participants in an appropriate and respectful manner to collect only necessary assessment information. Should a consumer choose not to provide a piece of requested information, coordinated entry staff shall communicate to those participants the impact of incomplete assessment responses. Staff shall also discern whether the consumer's hesitance to provide information is due to them not wanting to speak with a particular assessor and provide an alternate assessor if necessary. Assessment staff shall make every effort to assess and resolve the person's housing needs based on a participant's responses to assessment questions no matter how limited those responses.

The assessment process will not require disclosure of any specific disabilities or diagnoses. The assessment process may attempt to collect specific information about a person's diagnoses or disabilities, but only in so far as is necessary to determine program eligibility to make appropriate referrals, or in so far as is necessary to provide a reasonable accommodation for the person being served.

Protocols for When a Participant Refuses to Provide Information

Participants are allowed to refuse to answer some or all of the questions. If they do not want to give information, providers shall:

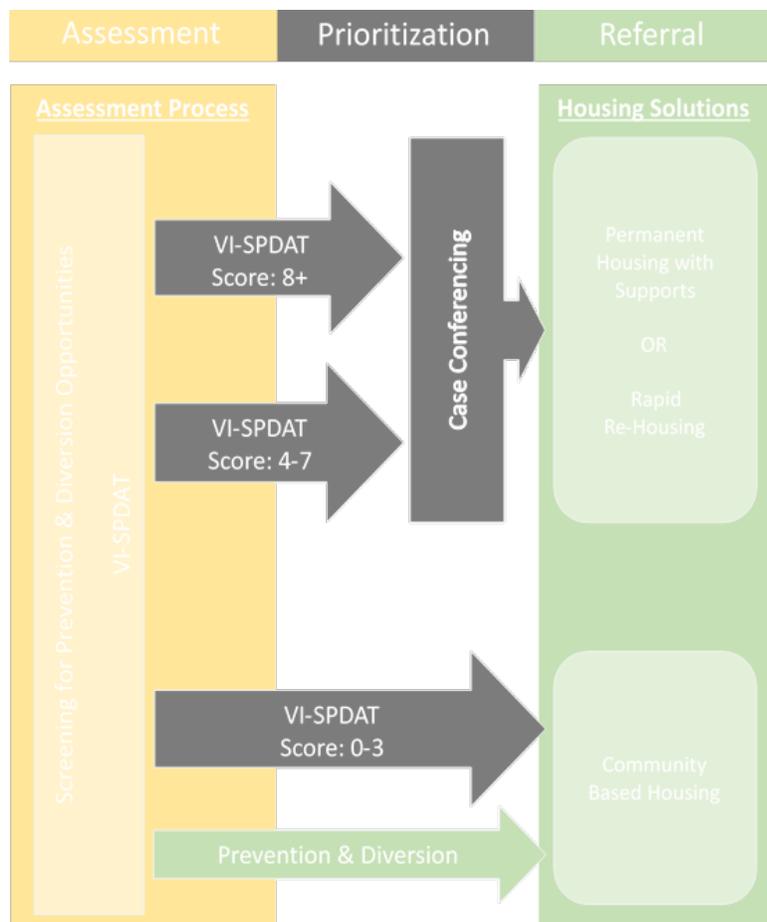
- Explain the impact of incomplete responses and continue to perform outreach and engagement activities to build the relationship.
- Offer a different assessor or environment in which to complete the assessment.
- Consider participants that cannot be placed in housing because of a lack of information during Case Conferencing.
- Track how often participants are unable to be housed due to lack of information and evaluate further staff training needs to reduce occurrences.

Assessment Training

Training opportunities for all agencies and persons authorized by HPAC to serve as Coordinated Entry Points of Entry or to administer VI-SPDATs shall be available at least once annually. Training curricula and protocols shall be updated and distributed annually, and shall include the following topics:

- Review of HPAC's Coordinated Entry Policies and Procedures, including any adopted variations for specific subpopulations;
- Requirements for use of assessment information to determine prioritization;
- Completion of the VI-SPDAT assessment and entry into HMIS;
- Criteria for uniform decision-making and referrals;
- Cultural and linguistic competency;
- How to conduct trauma-informed assessments, including for special populations;
- Safety planning and how to identify safety issues during the assessment process; and,
- Personal and data privacy considerations and procedures to protect confidential information.

Section 3: Prioritization



Individuals and families are prioritized for a full continuum of housing and service interventions according to HPAC’s CoC and ESG Written Standards, which prioritize those who are most vulnerable and with the most immediate needs for referral and placement into appropriate housing interventions. Those with the highest VI-SPDAT scores are prioritized highest for longer-term housing solutions. HPAC shall use the Coordinated Entry System to prioritize homeless persons within the CoC’s geographic area for access to housing and supportive services.

The Coordinated Entry prioritization process combines the individual person’s assessment results to determine each person’s level of vulnerability. The person’s assessed vulnerability, in combination with consideration of HPAC’s prioritization policies and procedures will establish his or her level of priority for resources in the homeless system. Persons with the highest priority shall be referred to projects connected to the Coordinated Entry System as vacancies become available.

While it is recognized that a participant’s fitness for housing will also inform housing placement decisions, prioritization is the core of the housing placement process. As such, the prioritization process will identify a pool of the most vulnerable individuals to be considered first for placement when permanent housing becomes available, rather than identifying a single individual who is the top priority. Final decisions regarding who will be referred to a new vacancy will be made during the case conferencing process at the time the vacancy first occurs. This prioritization method requires ongoing coordination and cooperation of service providers throughout the community, facilitated by regularly occurring case conferencing meetings.

Determining a Priority Level

Priority decisions will be made based on the severity of the following factors:

- VI-SPDAT Score
- Chronic Homelessness and/or Length of Time Homeless
- Disabling Conditions

Four priority levels have been identified that will guide housing placement decisions. The CoC shall make decisions of prioritization based on the following scheme:

YOLO COUNTY COORDINATED ENTRY PRIORITIZATION SCHEME

	DECIDING FACTORS	REFERRED TO
PRIORITY 1	<ol style="list-style-type: none"> 1) VI-SPDAT Score: 8+ 2) Chronic Homelessness and Length of Time Homeless <ol style="list-style-type: none"> a) Participants who are chronically homeless and with the longest length of time homeless will be prioritized first. 3) Co-Occurring Disabling Conditions <ol style="list-style-type: none"> a) Those with co-occurring disabling conditions will be prioritized first. <ol style="list-style-type: none"> i) Physical Health ii) Mental Health iii) Substance Use Disorder iv) Developmental Disability 	<ul style="list-style-type: none"> – Case Conferencing – Permanent Housing with Supports (includes HUD funded PSH) – Rapid Re-Housing
PRIORITY 2	<ol style="list-style-type: none"> 1) VI-SPDAT Score: 8+; 2) Length of Time Homeless <ol style="list-style-type: none"> a) Longest length of time homeless but not chronically homeless. 3) Disabling Conditions <ol style="list-style-type: none"> a) Those without co-occurring disabling conditions but with at least one. <ol style="list-style-type: none"> i) Physical Health ii) Mental Health iii) Substance Use Disorder iv) Developmental Disability 	<ul style="list-style-type: none"> – Case Conferencing – Permanent Housing with Supports (includes HUD funded PSH) – Rapid Re-Housing
PRIORITY 3	<ol style="list-style-type: none"> 1) VI-SPDAT Score: 4-7 2) Chronic Homelessness and/or Length of Time Homeless <ol style="list-style-type: none"> a) Participants that are chronically homeless and with the longest length of time homeless will be prioritized highest within Priority Level 3. 3) Disabling Conditions <ol style="list-style-type: none"> a) Participants with co-occurring disabling conditions will be prioritized the highest within Priority Level 3, followed by participants with at least one. <ol style="list-style-type: none"> i) Physical Health ii) Mental Health iii) Substance Use Disorder iv) Developmental Disability 	<ul style="list-style-type: none"> – Case Conferencing – Permanent Housing with Supports (includes HUD funded PSH) – Rapid Re-Housing
PRIORITY 4	<ol style="list-style-type: none"> 1) VI-SPDAT Score: 0-3 	<ul style="list-style-type: none"> – Community Based Housing
NOTE	All priorities are subject to change as needed and decided on by HPAC.	

Case Conferencing

Case Conferencing is the continuous process by which a multi-disciplinary team of providers meet to designate a housing and/or case management high-priority list. Case Conferences shall occur at least monthly, even when there are no permanent housing beds available, in the form of Multi-Disciplinary Teams (MDT) in each of the three major cities: Davis, West Sacramento, and Woodland. In addition to the monthly MDT meetings, Case Conferences for Housing Placement will occur when needed to fill available permanent housing beds.

Each Case Conference shall strive to include the participation of at least one representative from each CoC- and ESG-funded housing project, as well as representatives involved in street outreach, veteran service organizations, emergency shelters, hospitals and other physical and behavioral health providers.

Participation in case conferences may be done in person, over the phone or through use of other participatory technology, or some combination thereof.

If during Case Conferencing it becomes clear that a participant's assessment score is inconsistent with their actual vulnerability, the case conferencing team may request that an individual be re-assessed. Each such instance shall be tracked by Coordinated Entry staff and shall be used to inform Coordinated Entry evaluation procedures. The Case Conferencing process will also attempt to meet the housing needs of participants who are not eligible for housing due to a lack of information provided by the participant.

Managing the Priority List

To manage prioritization for referral and placement into CoC resources, Coordinated Entry staff shall use HMIS to prepare and maintain a single priority list, known as the Community Queue. The priority list shall include persons by name and/or identification code, their assigned VI-SPDAT scores, and their placement ranking level according to the aforementioned prioritization scheme.

Coordinated Entry staff shall utilize the Community Queue function in HMIS to refer individuals and families for housing. To ensure that the Community Queue is representative of those individuals and families currently homeless and searching for housing in the community, an individual or family that has no interaction in HMIS for 120 days will be removed from the list. As such, case managers and other Coordinated Entry shall regularly update HMIS records for individuals and families with whom they are interacting, to ensure that active clients are not erroneously removed from the list and that clients are appropriately removed from the list once housed.

Using the Priority List to fill all Vacancies

While Case Conferencing meetings will occur regularly, they may also be convened when needed to fill a new housing vacancy. Based on the Community Queue, Case Conferences shall determine which individual or family is the most appropriate to fill the vacancy. While it is permissible to place a participant of lower vulnerability prior to a participant with higher vulnerability, due to that individual's better fitness with the housing placement option, Case Conferences shall only consider participants with lower vulnerability after all of the most vulnerable participants have been considered for housing.

The Yolo County Health and Human Services Agency (HHS) will facilitate the **Case Conference for Housing Placement**, in its capacity as staff to the Davis/Woodland/Yolo County Continuum of Care (CoC), in compliance with the process detailed below:

1. Housing provider notifies HHS of vacant units as soon as conditions permit.
2. HHS schedules a Case Conference to take place within 1-2 weeks.
3. HHS notifies participating Coordinated Entry service providers of the vacancy and solicits referrals through targeted outreach to community service providers that serve the project's target populations, for a specified "referral period". This ensures that any potentially eligible individuals who are not already

on the existing countywide Community Queue in HMIS, have the opportunity to be assessed and considered for the vacancy.

4. Service providers review previous referrals and make new referrals to the Community Queue.
 - a. For providers who are not HMIS Partner Agencies, HHSA will facilitate completion of the VI-SPDAT and referral to the Community Queue in HMIS.
5. After the referral period has ended, HHSA screens all referrals active on the Community Queue for eligibility to the housing project:
 - a. Referrals that meet eligibility requirements for the housing project move on to Step 6.
 - b. Referrals that are ineligible to the housing project remain on the Community Queue to be considered for other housing options.
6. HHSA compiles eligible referrals into a list prioritized by highest vulnerability as indicated by the VI-SPDAT numerical score.
7. HHSA facilitates the Case Conference attended by the housing project Case Manager(s) and representatives from Yolo County HMIS Partner Agencies. Attendees of the Case Conference review the list and select five (5) individuals or families to refer to the housing project. As the facilitator, HHSA ensures that those individuals with the highest need for Permanent Supportive Housing and the most barriers to housing retention are prioritized first.
8. HHSA communicates the results of the Case Conference:
 - a. By providing the housing provider with the list of those referred to housing ranked by prioritization and with a point of contact indicated for each individual or family, and
 - b. By notifying Case Conference attendees of the results and ongoing service coordination needs of those referred to housing and those not referred to housing.
9. The housing provider offers available units to the most vulnerable individuals and families first, in compliance with the CoC and ESG Interim Rules and CPD-17-01.
 - a. The housing provider and case managers are responsible for collaborating to ensure the following activities are completed: preparation of program related documents, complete interviews as part of tenant selection process, and other actions needed to facilitate the client's housing placement.
 - b. In the event the client is not connected to a case manager, the housing provider will work through direct client engagement to ensure the above items are completed.
10. Housing provider then reports back to HHSA within 1 week with the status of referrals and documents the following:
 - a. Attempt at contact, and
 - b. Whether the individual or family will be placed in housing, or
 - c. Reason why an individual is not placed in housing.
11. If all of the selected individuals or families are inaccessible, ineligible, or otherwise unable to be housed at that time, steps 2-10 will be repeated as quickly as possible.

Using the Case Conference to Facilitate Linkage to Resources

During any **Case Conference for Housing Placement**, the needs of individuals not selected for referral to housing shall still be considered. By the end of the Case Conference, every individual or family discussed shall have at least one action to address their barriers to housing identified.

Such actions may include, but are not limited to:

- Case managers re-engaging the individual or family,
- Convening a Multi-Disciplinary Team meeting to establish a care coordination plan for the individual, or

- Referral to other mainstream services that the individual or family is eligible to.

Using Multi-Disciplinary Teams (MDTs) as Ongoing Service Coordination

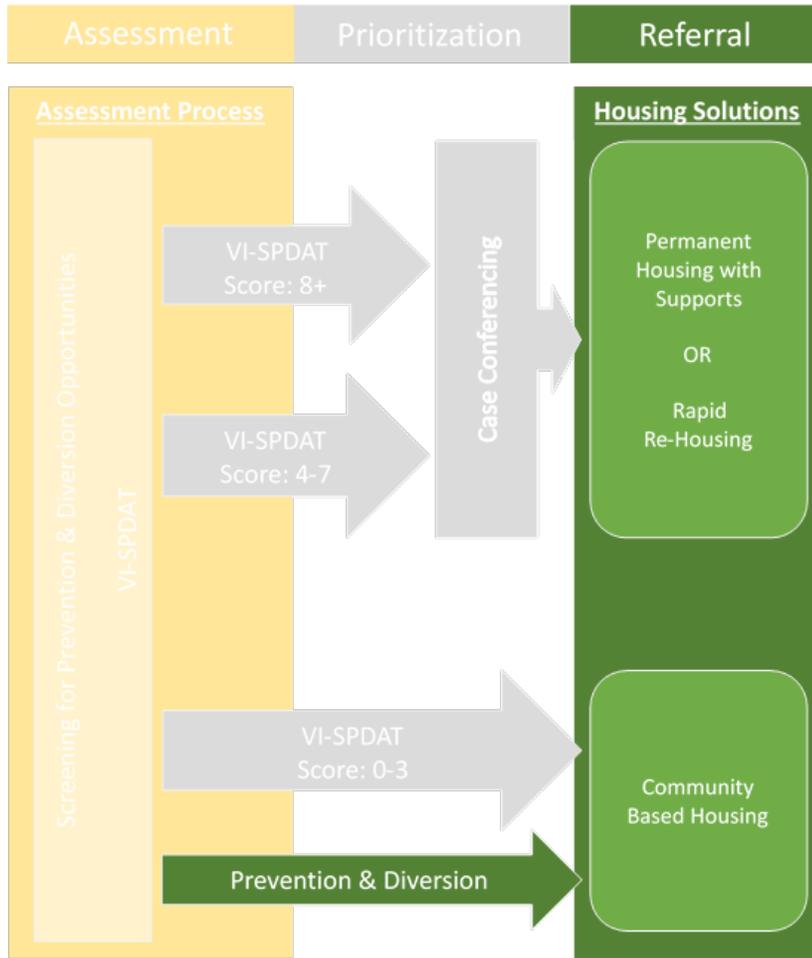
Recognizing that ongoing services coordination is a vital component in assisting individuals and families living homeless resolve their barriers to housing, HPAC will utilize **Multi-Disciplinary Teams (MDTs)** for coordination of ongoing services. MDTs generally meet monthly in each of the three major cities in Yolo County and include participation from a variety of stakeholders including, but not limited to: homeless services, behavioral healthcare, and physical healthcare providers; criminal justice system representatives; and mainstream benefit providers.

An individual or family does not have to be active on the Community Queue, nor registered in HMIS, for their care to be discussed at the MDT. However, an MDT Release of Information must be signed by the client prior to discussing their case. When an individual or family's care is discussed at an MDT who is not already in HMIS, the case manager will identify housing needs and facilitate completion of the VI-SPDAT and referral to the Community Queue.

Cases will be identified for discussion at MDTs by direct referral from case managers and by utilizing the Community Queue. Before every MDT meeting, HHSA will send out a list of the Top 5 individuals on the Community Queue to HMIS agencies, requesting that an MDT release of information be acquired. Action steps identified during MDTs include, but are not limited:

- Case managers re-engaging the individual or family in services,
- Referral to other mainstream services,
- Referral to specialized programs to address housing, behavioral and physical healthcare, and criminal justice related needs,
- Facilitating warm hand-offs to additional services whenever possible.

Section 4: Referral



All CoC-program and ESG-program recipients must use the Coordinated Entry System established by HPAC as the only referral source from which to consider filling vacancies in CoC- or ESG-funded housing and/or services.

Participating Project List

Coordinated Entry staff shall maintain and annually update a Participating Project List to identify all resources that may be accessed through referrals from the coordinated entry process. This list shall provide information on required eligibility criteria for each participating project.

Eligibility Screening and Determination

Each CoC-funded project must establish specific eligibility criteria that the project will use to make enrollment determinations, and these criteria must be made available to the public.

Projects within the Coordinated Entry

System may not use the coordinated entry process to screen people out due to perceived barriers related to housing or services, including, but not limited to:

- Too little or no income;
- Active or past substance abuse;
- Domestic violence history;
- Resistance to receiving services;
- Type or extent of a disability;
- Services or supports that are needed because of a disability;
- History of evictions or of poor credit;
- History of lease violations;
- History of not being a leaseholder;
- Criminal record;
- Sexual orientation or gender identity and expression.

Exceptions are state or local restrictions that prohibit projects from serving people with certain criminal convictions or other specified attributes.

Referral Rejection Protocols

Providers should rarely reject a referral from the Coordinated Entry System. CoC or ESG programs may reject a client referred by the Coordinated Entry System only if:

- That client is ineligible to participate in the program because of restrictions imposed by government regulations or outside funding sources; or
- The program lacks the capacity to safely accommodate that client.

Whenever a program rejects a referral, the program must document the time of the rejection and the reason for the rejection, and communicate that information to both the client and to Coordinated Entry staff.

All CoC and ESG providers are expected to adopt a Housing First approach that continually lowers the barriers to entry for prospective clients, and that avoids screening out clients based on real or perceived barriers to success. A provider that repeatedly rejects referrals of high-needs clients based on an inability to safely accommodate those clients must attempt to improve its capacity to serve high-needs clients. HPAC will provide training and technical assistance on this topic upon request. HPAC's Project Selection Committee is encouraged to reallocate the funding of low-capacity providers that cannot or will not make diligent efforts to improve their capacity to serve high-needs clients.

When a client has been rejected from a program, Coordinated Entry staff shall consider the reasons provided, attempt to determine whether the client can be safely and lawfully placed in that program or a different program in the future, and raise the client's case again at the next case conference to locate alternative housing for the client. A household shall not lose its priority or be returned to a general waiting list simply because he or she was rejected by a provider.

When Appropriate Beds Are Not Available

When a household is recommended for Permanent Supportive Housing but no beds are currently available, the household may be referred to "bridge housing" in other program types, and/or for any other available resource that would be of use to the household. In referring households to bridge housing, case conference participants shall attempt to balance the need to provide immediate care for the community's most vulnerable households against the need to match tenants with safe, adequately supported housing situations that will promote the community's long-term ability to increase its supply of available and affordable housing.

When Clients Are Difficult to Locate or Refuse Housing

When a client is referred for housing, Coordinated Entry staff should see to it that a diligent attempt is made to locate that client and persuade the client to enter the housing program. However, some homeless households may require significant engagement and contacts prior to entering housing. Accordingly, programs are not required to allow units to remain vacant indefinitely while waiting for an identified homeless person to accept an offer of housing. Instead, if a referral remains unfilled after five business days of attempts to engage the intended tenant(s), the housing placement may be considered open again, and returned to the coordinated entry system for additional referral attempts with new client(s). Coordinated Entry staff shall complete a standardized form with case notes recording when and how attempts were made to contact the client during the five-business day period. Such records shall be kept for five years following the end of the five-business day contact attempt period.

The fact that a client could not be located or persuaded to enter housing should not be used to remove or cancel the client's priority for receiving housing or services. However, if a client cannot be found, or refuses a housing opportunity matched for him or her on three consecutive occasions, then Coordinated Entry staff shall convene a case conference to re-evaluate that client's appropriateness for housing placement. Decisions

in these cases shall be made on a case-by-case basis, and may include continued efforts to enroll in housing through the Coordinated Entry System, referral to alternate project types, and reclassification in the Coordinated Entry System as “inactive.” Case conference participants also shall determine which agency is best suited to reach out to the client to engage them in the discussion and report back to the group at the next case conference.

Some prospective tenants may explicitly reject a housing placement. When this happens, Coordinated Entry staff should attempt to determine the reason for the clients’ refusal to accept the offered housing and to communicate during a case conference. Whenever possible, case conferencing participants should take clients’ known preferences into account when generating referrals.

If case conference participants believe that a client no longer resides in the CoC’s geographic area, and the CoC has no effective means of contacting that client, then Coordinated Entry staff may remove the client from the priority list.

Section 5: Evaluation

HPAC will consult with each participating project and project participants annually to evaluate the intake, assessment, and referral processes associated with the Coordinated Entry System. Solicitations for feedback shall address the quality and effectiveness of the entire coordinated entry experience for participating projects and households.

Feedback will be collected utilizing multiple strategies, including:

- Surveys designed to reach the entire population or a representative sample of participating providers and households,
- Focus groups of five or more participants that approximate the diversity of the participating providers and households, and,
- Individual interviews with participating providers and enough participants to approximate the diversity of participating households.

The data collected through the evaluation process will inform needed updates to the existing policies and procedures manuals governing HPAC, the use of HMIS, and the Coordinated Entry system. All existing protocols governing the privacy and confidentiality of participant information shall govern the collection and use of data collected for evaluation purposes.

APPENDIX A: Key Terms

Affirmative Marketing and Outreach

The CoC Program interim rule at 24 CFR 578.93(c) requires recipients of CoC Program funds to affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities. Housing assisted by HUD and made available through the CoC must also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105 (a)(2).

Nondiscrimination and affirmative outreach requirements for the ESG program are located at 24 CFR § 576.407(a) and (b).

Assessment

In the context of the coordinated entry process, HUD uses the term *Assessment* to refer to the use of one or more standardized assessment tool(s) to determine a household's current housing situation, housing and service needs, risk of harm, risk of future or continued homelessness, and other adverse outcomes. HUD does not intend that the term be confused with assessments often used in clinical settings to determine psychological or physical health, or for other purposes not related to preventing and ending the homelessness of persons who present to coordinated entry for housing-related assistance.

Community Based Housing

Housing that is not directly related to a homeless services program within the Coordinated Entry System. It may take the form of housing with family, roommate arrangements, affordable housing units not restricted to a particular program, among other options.

Coordinated Entry

The CoC and ESG Program interim rules, 24 CFR § 578 and 24 CFR §§ 91 and 576, respectively, use the terms "*centralized or coordinated assessment*" and "*centralized or coordinated assessment system*;" however, HUD and its Federal partners have begun to use the terms "*coordinated entry*" and "*coordinated entry process*." "*Centralized or coordinated assessment system*" remains the legal term but, for purposes of consistency with phrasing used in other Federal guidance and in HUD's other written materials, these Policies and Procedures uses the terms "*Coordinated Entry*" or "*Coordinated Entry System*" ("CES").

The CoC Program interim rule at 24 CFR § 578.3 defines centralized or coordinated assessment as a "*centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.*"

Crisis Response System	All the services and housing available to persons who are homeless or at imminent risk of experiencing literal homelessness.
Diversion	The process of diverting a participant from the homeless system by resolving their housing need outside of the system. This most often takes on the form of a Referral Site or Point of Entry aiding the consumer in securing community based housing. It differs from <i>prevention</i> in that <i>diversion</i> is utilized once an individual or family is already homeless or homelessness is imminent, while <i>prevention</i> effectively prevents the individual from becoming homeless and keeps the individual or family in their current housing situation.
Domestic Violence	In the context of these Policies and Procedures, the term <i>domestic violence</i> will be used to refer to victims of domestic violence, dating violence, human trafficking, sexual assault, or stalking.
Eligibility	In the context of the Coordinated Entry System, determining eligibility is a project-level process governed by written standards as established in 24 CFR § 576.400(e) and 24 CFR § 578.7(a)(9). Eligibility information may not be used as part of prioritization and ranking, e.g. using documentation of a specific diagnosis or disability to rank a person. Projects or units may be legally permitted to limit eligibility, e.g., to persons with disabilities, through a Federal statute which requires that assistance be utilized for a specific population, e.g., the HOPWA program, through State or local permissions in instances where Federal funding is not used and Federal civil rights laws are not violated.
Emergency Solutions Grant (ESG)	<p>HUD funded program that provides grants to fund projects that:</p> <ol style="list-style-type: none"> 1. Engage homeless individuals and families living on the street 2. Improve the number and quality of emergency shelters for homeless individuals and families 3. Help operate these shelters 4. Provide essential services to shelter residents 5. Rapidly house homeless individuals and families; and, 6. Prevent families/individuals from becoming homeless.
Homeless System	Refers specifically to the services and housing available only to persons who are literally homeless.
U.S. Department of Housing and Urban Development (HUD)	The U.S. Department of Housing and Urban Development oversees the implementation of the Continuum of Care Program, an aspect of which is the Coordinated Entry System.
Participants	Once a person is enrolled in a housing or supportive services program they are called program <i>participants</i> .
Permanent Supportive Housing (PSH)	Official HUD housing type characterized by an indefinite lease or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.

Prevention	The process of preventing a consumer’s homelessness by resolving the issue that would make them homeless. It differs from <i>diversion</i> in that <i>prevention</i> keeps an individual or family in their current housing, preventing them from becoming homeless, while <i>diversion</i> meets the consumer’s need by securing new housing.
Points of Entry	<i>Points of Entry</i> are the places in the Coordinated Entry system where an individual or family experiencing homelessness is formally assessed and prioritized for housing and/or connected with an appropriate housing solution.
Prioritization	The coordinated entry-specific process by which all persons in need of assistance who use coordinated entry are ranked in order of priority, in accordance with written standards established under 24 CFR 576.400(e). In addition, the coordinated entry process must, to the maximum extent feasible, ensure that people with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability. Regardless of how prioritization decisions are implemented, the prioritization process must follow the requirements in Section II.B.3. and Section I.D. of this Notice.
Projects or Programs	Housing or supportive services intended to help a program participant to rapidly exit homelessness and remain stably housed.
Rapid Re-Housing (RRH)	An intervention, informed by a Housing First approach that rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.
Referral Site	<i>Referral Sites</i> are the places – either virtual or physical – where an individual or family in need of assistance accesses the coordinated entry process. Assessments beyond simple prevention/diversion evaluations are not conducted, rather the individual or family is referred to a <i>Point of Entry</i> for a complete assessment.
Scoring	In the context of the Coordinated Entry System, the term <i>scoring</i> is used to refer to the process of deriving a numerical indicator of risk, vulnerability, or need based on responses to assessment questions. The output of most assessment tools is often an <i>Assessment Score</i> for potential project participants, which provides a standardized analysis of risk and other objective assessment factors. While assessment scores generally reflect the factors included in the prioritization process, the assessment score alone does not necessarily determine the relative order of potential participants for resources. Additional consideration, including use of case conferencing, is often necessary to ensure that the outcomes of the assessment more closely align with the community’s prioritization process by accounting for unique population-based vulnerabilities and risk factors.
Suitability	<i>Suitability</i> gauges the appropriateness of a match between a consumer and a program based on that match being right for a particular person given the case at hand and resource limitations. <i>Suitability</i> will be considered in the

matching process, but may not conflict with any other system characteristics, including the system's Housing First orientation, low barriers, or client choice.

VI-SPDAT

The *Vulnerability Index – Service Prioritization Decision Assistance Tool* is the primary assessment tool utilized in the Yolo County Coordinated Entry system to inform prioritization and referral. It is an evidence-informed tool that combines both medical and social science research consisting of approximately 30 questions meant to quantify the vulnerability of homeless persons with a numeric score. The score not only allows providers to link clients with appropriate services and housing, but it also assists informs prioritization based upon the acuity of need.