



## Yolo County Homeless and Poverty Action Coalition (HPAC)

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

### General HPAC Meeting Agenda

Wednesday, August 28<sup>th</sup>, 2019 (9:00-10:30 am)

Yolo County HHS – Gonzales Building – Community Room

#### Meeting Agenda

Agenda Item	Approximate Time	Speaker/Facilitator
1. Review and Approve Meeting Agenda <ul style="list-style-type: none"><li><i>ACTION ITEM: Approve 8/28/19 Agenda</i></li></ul>	9:00-9:03 (3 min)	Ryan Collins, HPAC Chair
2. Approve Meeting Minutes <ul style="list-style-type: none"><li><i>ACTION ITEM: Approve 6/26/19 Minutes</i></li></ul>	9:03-9:05 (2 min)	Ryan Collins, HPAC Chair
3. Introductions and Program Updates	9:05-9:25 (20 min)	All
4. Yolo County Syphilis Task Force Presentation	9:25-9:45 (20 min)	Xee Moua and Happyson Musvosvi, HHS Community Health
5. Technical Subcommittee Policy Recommendations	9:45-10:15 (30 min)	Emily Meza, HHS
5.1. HPAC Governance Charter <ul style="list-style-type: none"><li><i>ACTION ITEM: Approve Revision of Conflict of Interest Policy</i></li></ul>		
5.2. HPAC Policies and Procedures <ul style="list-style-type: none"><li><i>ACTION ITEM: Approve Addition of Appeals Process</i></li></ul>		
5.3. HPAC Coordinated Entry Policies and Procedures <ul style="list-style-type: none"><li><i>ACTION ITEM: Approve Revisions including Case Conference Process</i></li></ul>		
6. County Homeless Plan	10:15-10:25 (10 min)	Ian Evans, HHS
7. Meeting Evaluation and Future Topics	10:25-10:30 (5 min)	Ryan Collins, HPAC Chair
8. Next Meeting & Adjournment	10:30	Ryan Collins, HPAC Chair

#### Upcoming Meetings and Events

- General HPAC Meeting – CoC Public Hearing – September 11<sup>th</sup>, 2019 – 1:00-2:00 pm – Yolo County HHS – Gonzales Building – Community Room – 25 N. Cottonwood St, Woodland, CA, 95695
- General HPAC Meeting – September 25<sup>th</sup>, 2019 – 9:00-10:30 am – Civic Center Galleria – Room 157, 1110 West Capitol Avenue, West Sacramento, CA 95691
- HPAC Technical Subcommittee – September 26<sup>th</sup>, 2019 – 9:00-11:00 am – Yolo County Library – Davis–Blanchard Room – 315 E. 14<sup>th</sup> Street, Davis, CA 95616

## **Supporting Documentation for Item #2**

Meeting Minutes from 6/26/2019



## Yolo County Homeless and Poverty Action Coalition (HPAC)

June 26<sup>th</sup>, 2019 Meeting Minutes

**LOCATION:** Davis – Police Department – Community Room

### MEETING ATTENDEES

1. **Alysa Meyer\***, Legal Services of Northern California
2. Amanda Ekman, County of Yolo – HHSA
3. Ann Marie McNulty, Grace in Action
4. **Bill Pride\***, Davis Community Meals and Housing
5. Carissa Dawson, County of Yolo – HHSA
6. Chris Bulkeley, Yolo County District Attorney
7. Craig Blomberg, Sutter Davis Hospital
8. Dan Maguire, City of Winters
9. **Dan Sokolow\***, City of Woodland
10. Dan Walker, CommuniCare Health Centers
11. Daniel Lam, Hope at Davis
12. Diane Clarke, Yolo Conflict Resolution Center
13. **Doug Zeck\***, Fourth & Hope
14. Elizabeth Correa, Sacramento Veterans Resource Center
15. Emily Meza, Yolo County Health and Human Services Agency – Homeless Services
16. **Erin McEwen\*\***, Yolo County Children's Alliance
17. Geoff Rohde, Interfaith Rotating Winter Shelter – Davis
18. Helen Roland, Davis Opportunity Village
19. Ian Evans, County of Yolo – HHSA
20. Isabel Morales, CommuniCare Health Centers
21. **Janis Holt\***, Yolo County Housing
22. **James McLeod\*\***, Yolo Community Care Continuum
23. **Jeneba Lahai\***, Yolo County Children's Alliance
24. Jennifer Longan, CommuniCare Health Centers
25. Kim Heuvelhorst, County of Yolo – HHSA
26. **Koy Saechao\***, Turning Point Community Programs
27. Liane Moody, Short Term Emergency Aid Committee
28. **Nadia Waggener\*\***, County of Yolo – HHSA
29. **Niomi Michel\*\***, Empower Yolo
30. **Nolan Sullivan\***, County of Yolo – HHSA
31. Patti Hobbs, Interfaith Rotating Winter Shelter – Davis
32. Philip Scott Reed, Veteran's Affairs
33. Rachel Nervo, Veteran's Affairs
34. **Ryan Collins\***, City of Davis – HPAC Chair
35. Sandra Sigrist, County of Yolo – HHSA
36. Steve Smith, Grace in Action
37. **Veronica Williams\*\***, Volunteers of America
38. Zane Hatfield, Yolo Food Bank

***Bold-type** indicates that the individual represented a Voting Board agency as either a primary (\*) or secondary (\*\*) voting designee*



## Yolo County Homeless and Poverty Action Coalition (HPAC)

June 26<sup>th</sup>, 2019 Meeting Minutes

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### 1. REVIEW AND APPROVE 6/26/19 MEETING AGENDA

HPAC unanimously approved the agenda with no amendments.

- **Motion:** Bill Pride
- **Second:** Alyssa Meyer
- **Ayes:** Unanimous
- **Nays:** None
- **Abstentions:** None

### 2. REVIEW AND APPROVE 5/22/19 MEETING MINUTES

HPAC unanimously approved the 5/22/19 meeting minutes with one amendment to correct the location to WSAC.

- **Motion:** Bill Pride
- **Second:** Janis Holt
- **Ayes:** Unanimous
- **Nays:** None
- **Abstentions:** None

### 3. INTRODUCTIONS AND PROGRAM UPDATES

Meeting attendees shared updates from their programs:

- Ian Evans, Yolo County HHSA –
  - Carissa Dawson, Substance Use Case Manager is doing a project studying large community organization or bodies that inform policy and decision making. She will be attending some upcoming HPAC meeting as part of this project.
  - Lorena Hettinger is no longer working at HHSA. Contact Nadia or Ian if you need to follow up on anything that was in progress with Lorena.
  - No Place Like Home (NPLH) – Awarded to City of Woodland/Friends of the Mission (6 M) and City of West Sacramento/Mercy Housing (7M)
  - NOFA released for Multi-Family Housing Program. Notify Ian by the end of this week if interested in applying. Application is due August 20th
- Emily Meza –
  - PATH grant application was submitted last week
  - Emily will be out of the office during the first half of July. HMIS needs should be addressed to Lindsay Moss with a copy to Kim Heuvelhorst
- Bill Pride –
  - Recent event to support Paul's Place. It was well attended and they have almost reached their goal of being ready to start construction over the next year and will be starting their planning application this Fall. They hope to start demolition of the current building by January/February 2020 and start construction on their new building which includes 18 permanent supportive housing units, a revised transitional housing program, a bigger resource center, and 4 emergency shelter beds.
  - Halfway through construction of Creekside which will include 90 units of housing (80 one-bedroom and 10 two-bedroom). They anticipate 28 beds will be for homeless/chronically



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homeless and 22 beds for tenants with developmental disabilities. Scheduled to open March 2020.

- Patty Hobbs, Interfaith Rotating Winter Shelter (IRWS) – Davis – St. Martin’s has agreed to provide their campus for IRWS nightly intake. Shelter tentatively plans to operate from December 1 through March 14.
- Zane Hatfield, Yolo Food Bank – Starting a new distribution site in Davis near Sacramento City College campus, and in Winters. Still looking for location in West Capitol area of West Sacramento.
- Veronica Williams, Volunteers of America, Veteran’s Services - Becca Bettis has officially retired. New program director is Julie Baumgartner.
- Diane Clarke, Conflict Resolution Center – Open house will include updates from executive director. The event is August 1<sup>st</sup> from 4 to 6 pm in the Woodland office. She will send flyer to HHSA to distribute to HPAC.
- Helen Roland, Davis Opportunity Village – Hosted a Davis community wide summit on homelessness to discuss prioritizing issues. There was also a follow up summit. They were recently notified that they can present the summit results to the Davis City Council on July 9<sup>th</sup>.
- Dan Sokolow, City of Woodland – Woodland Works, an employment program for homeless individuals, will be extended through late September. The program employs 4 individuals at minimum wage to help clean parks and facilities. YCCC provides a supervisor.
- Sandra Sigrist, County of Yolo – HHSA – Attended NOFA workshop for Housing for a Healthy California. Meeting with City of Woodland regarding their interest in applying. Application is due August 13<sup>th</sup>.
- James McCleod, Yolo Community Care Continuum – Working on filling one PSH bed
- Nolan Sullivan, Yolo County HHSA –
  - CalFresh SSI expansion started 26 days ago. Application volume has tripled, with many coming through electronically. Appointments are currently booked out about 2 weeks. Please keep referring SSI recipients.
  - Received \$500,000 FINI grant (referred to as the ‘double up’ program) for CalFresh recipients. Card allows them to get up to \$30 extra towards fruits and vegetables at Nugget, Food for Less, and La Superior.
- Doug Zeck, Fourth and Hope –
  - Recently awarded the No Place Like Home (NPLH) grant which provides a path to move forward on the East Beamer Project.
  - Starting next week, they won’t be providing day services at the shelter. This is due to funding shortages. They hired a development staff member and they are working on developing volunteer based services.
- Daniel Lam, Hope at Davis (Davis student advocacy group) – The shower program started by IRWS will be continuing from June 23 to August 25<sup>th</sup>. Showers are open every Sunday from 5:45 to 7 PM at the Hickey Gym on campus. Nine showers available. Email [hopeatdavis@gmail.com](mailto:hopeatdavis@gmail.com) for additional details.
- Ryan Collins –
  - The Homeless Plan Executive Commission met for the first time since December 2017. The Board of Supervisors and City Councils are making efforts to educate themselves and more effectively align the public entities around their efforts as a community to address homelessness. Will meet again in a month to update everyone on what is already happening through the CoC.
  - Pathways Day and Night Shelter Update – They delivered a report and met with all the council members individually. Plans to go to the social services commission in July and to the full council meeting in September. The two proposed components include a day shelter and an overnight shelter using a tiny home model or similar, situated on city owned land.
  - HPAC Circling of Services event has been rescheduled to September.



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- Davis Police Department has hired a full time volunteer coordinator and has received some inquiries from people interested in homeless services. They hope to grow a program, provide training for peer supports/case manager extenders, and have volunteers ready within a year.
- City council also approved an assistant position for Ryan and is developing the class specification. They also approved the purchase of a truck.
- Has been taking some leave time so it may take a little longer to return phone messages and emails etc.

#### 4. COC GOVERNANCE – STAKEHOLDER INPUT

Ellen Fitzpatrick and Liz Stewart from Technical Assistance Collaborative, a non-profit consulting firm have been contracted through the CA Department of Housing and Community Development to offer capacity building technical assistance to counties in California. They are working with HPAC to offer assistance related to capacity building and governance structure. They provided a presentation including:

- Details of their engagement with Yolo – Focus on governance structure and aspects of the coordinated entry system for the CoC. The outcome will be recommendations to assist the CoC in being more competitive when applying for grant funding, and enhance the CoCs ability to conduct its work.
- Results of the surveys and stakeholder interviews –
  - Emerging themes related to governance and structure include a lack of understanding of CoC roles and responsibilities, desire for more advocacy for increasing resources for housing and services, desire for more transparency and consistency around project selection/funding awards, desire for participation from those with lived experience, interest in exploring alternate governance structures, interest in system and program-level evaluation, desire for more engagement with real estate brokers and developers, and desire for more regular participation from large healthcare
  - Emerging themes related to coordinated entry include excellent collaboration among service providers, lack of shelter and housing stock, challenges of NIMBYism, delays in filling available units, resistance to participating in coordinated entry, difficulties of housing challenging populations, and data challenges
- Overview of CoC responsibilities and requirements around governance – The four key areas of responsibility include operating the CoC, designating an HMIS, planning for the CoC geographic area, and preparing annual application for CoC funds. Generally, the CoC appears to be in compliance with CoC requirements, but there may be room for improvement related to efficiency, transparency, and effectiveness, resulting in better overall system performance.
- Next Steps – Ellen and Liz will discuss this information more thoroughly at the Technical Subcommittee meeting 6/27/19, and will continue collecting stakeholder feedback and reviewing documentation throughout the summer. The outcome will be strategic recommendations around some or all of the following: governance and structure, decision-making, funding access, and coordinated entry.

The slides from today's presentation were sent out with the agenda packet for tomorrow's Technical Subcommittee meeting. Additionally, TAC will share the full survey results.

#### 5. 2019 POINT-IN-TIME COUNT

The 2019 PIT Count Report has been shared previously in various venues, but needs to be approved by HPAC so it can be formally finalized. HPAC unanimously approved the 2019 PIT Count report with no amendments.

- **Motion:** Bill Pride
- **Second:** Dan Sokolow



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- **Ayes:** All except for the abstention noted below
- **Nays:** None
- **Abstentions:** Jeneba Lahai

#### 6. COUNTY PLAN TO ADDRESS HOMELESSNESS

Ian Evans provided a brief review of the history of this document. This plan was needed for the NPLH grant application, and the General and Strategic Plan to Address Homelessness was used as the starting point. A lot of community engagement, input and feedback opportunities were utilized and this County Plan to Address Homelessness is the end result. Pages 33 and 34 list the identified goals and strategies, but the lead(s), were intentionally left blank, with the intention that HPAC and possibly the Homeless Plan Executive Commission would help inform those decisions. The lead would be responsible to help move the work forward, not necessarily completing the work themselves. One option is to have a subcommittee review and make recommendations. The leads could be HPAC members, Homeless Plan Executive Commission members, individuals or agencies. A commitment of time, energy and resources will be needed from both the leads as well as from the elected officials. The Homeless Plan Executive Commission is composed of representatives from each of the cities, one Board of Supervisors member, one HPAC representative and possibly one consumer representative. The meetings are posted and open to the public. There are minutes taken and posted. Ryan stated that the Homeless Plan Executive Commission meetings set aside some time for public input and encouraged HPAC to attend and share information and stories about the clients served by our programs. Suggestion to include this item as an ongoing agenda item to discuss the CoCs role and activity related to the County Plan to Address Homelessness.

#### 7. HOMELESS AND HEALTH SYSTEMS COLLABORATION

There is a meeting planned with Sutter, Dignity Health and housing and homeless services providers to discuss SB 1152, coordination, and collaboration related to hospital discharge planning and homeless services intake processes. The meeting is scheduled for July 10<sup>th</sup> from 8 am to 10 am at the Yolo County Administration building (625 Court Street in Woodland). Anyone wanting to attend who did not already receive an invite can contact Ian Evans.

#### 8. CESH ROUND 2 – PROJECT SELECTION RESULTS

The project selection subcommittee recommendations were shared by email on 5/30/19 and an email vote was conducted. The result of the vote was shared by email on 6/10/19 (Ayes: 11, Nays: 1, and Abstentions: 5) and the funding recommendations were approved as proposed. The two approved projects were Fourth and Hope (emergency shelter services) and YCCC (operating reserve and housing subsidies). If an agency didn't respond, it was counted as a yes vote, consistent with past practice. There was a suggestion to change a non-response to an abstention, but this would need to be discussed by Technical Subcommittee and would require a revision to governance charter. There was a lot of discussion at the last meeting that ties into the current technical assistance being provided around governance structure, how HPAC prioritizes funding, and how HPAC makes decisions around funding etc.



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### 9. TECHNICAL SUBCOMMITTEE RECOMMENDATIONS – APPEALS PROCESS, DEFINITION OF CONFLICTED

The draft document from Technical Subcommittee was shared. The draft will be reviewed and revised further by Technical Subcommittee and the final version will be brought to HPAC in August for a formal vote. Additional suggestions include developing a process to identify priorities prior to soliciting project proposals for grants, and developing a general project selection process that can be applied to all funding sources, unless a particular funding source has differing requirements. This would also reduce administrative work. These suggestions can be discussed further at Technical Subcommittee.

### 10. VOTING MEMBER AGENCY ATTENDANCE STATUS UPDATE

Emily Meza is reviewing HPAC agency attendance and will provide email updates to agencies regarding their attendance history, indicating whether they are on track to achieve or maintain voting status. To qualify for voting member status during the 2019-2020 year, an agency must attend at least 6 General Meetings and 1 Subcommittee meeting between November 1, 2018 – October 31, 2019.

### 11. MEETING EVALUATION AND FUTURE TOPICS

**Future Topics:** County Plan to Address Homelessness (ongoing agenda item requested by Ryan)

**Meeting Evaluation:**

- Plus – appreciated TAC's presentation and guidance; not shying away from hard topics, high attendance
- Delta – new white board markers needed, no coffee or donuts

### 11. NEXT MEETING & ADJOURNMENT

The meeting was adjourned at 10:32 by Ryan Collins. The next meeting is scheduled for August 28<sup>th</sup>, 2019.





## **Supporting Documentation for Item #4**

Syphilis Task Force Presentation

**Yolo County Syphilis Task Force  
2018**

Ron Chapman, MD, MPH  
Yolo County Public Health Officer



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**Syphilis**

- Bacteria, spirochete
- Sexually transmitted
- Stages
  - Primary-genital, rectal, oral sores; 3-6 weeks
  - Secondary-rash, nodes, fever; few weeks
  - Latent-no signs or symptoms; years
  - Tertiary-severe heart, brain, organ damage; 10-30 years



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### Congenital Syphilis

- Pregnant woman to unborn baby-prenatal screen
- Impacts:
  - Prematurity
  - Miscarriage
  - Stillbirth
  - Low birth weight
  - Brain and nerve problems, deafness/blindness
  - Deformed bones
  - 40% of babies born to untreated moms will die
- Early detection and treatment are critical!



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### Syphilis Treatment

- Single intramuscular injection of long acting Benzathine Penicillin for primary, secondary, and early latent.
- Three doses at weekly intervals for late latent and latent of unknown duration.
- Pregnancy strict 7 day interval between injections.



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### Yolo County Syphilis

- 2013 18 cases 8.8 per 100k
- 2014 34 cases 16.4 per 100k
- 2015 56 cases 26.8 per 100k
- 2016 53 cases 25.0 per 100k
- 2017 55 cases 25.0 per 100k
- 2018 91 cases 46.2 per 100k (so far)



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**Yolo County Syphilis 2018**

- Male = 71
  
- Female = 20



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**Yolo County Syphilis 2018**

- NH White 28
- Hispanic 20
- Unknown 20
- Asian 10
- Black 7
- NH Other 6



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**Yolo County Syphilis 2018**

- 15-19 = 3
- 20-24 = 19
- 25-29 = 17
- 30-34 = 16
- 35-44 = 14
- 45+ = 22



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### Yolo County Syphilis 2018

- Male w/male sex partner = 35 40.7%
- Male w/unk = 22 25.6%
- Female w/male = 11 12.8%
- Male w/female = 9 10.5%
- Female w/unk = 6 7.0%
- Male w/male & female = 3 3.5%
- Female w/female = 0 0%

NOTE: Of 36 cases in age groups 20-24 and 25-29, 88% were male w/male sex partner.



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### Yolo County Syphilis 2018

- West Sacramento 30
- Woodland 27
- Davis 23
- Esparto 2
- Clarksburg 1
- Clovis 1
- Dunnigan 1
- Winters 1



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### Yolo County Syphilis and Pregnancy 2018

- Six cases (2017=1, 2016=3, 2015=1, 2014=2)
- Ave age 25.6 years
- Age range 21-31 years
- 5/6 unstable housing
- 5/6 substance use
- 5/6 latent unknown and 1/6 primary



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**Yolo County Syphilis 2018  
Pregnancy Case Presentation**

- 9/4/18, 26 year old woman tested positive Syphilis and Gonorrhea reported to county.
- 9/4/18 Salud clinic first treatment.
- 9/6/18 Interview attempt unsuccessful, client requested reschedule to next day.
- 9/17/18 Unsuccessful contact attempts.
- 9/27/18 Salud unable to contact client who missed follow-up treatment and prenatal care appointments.
- 9/27/18 Referred to Yolo County Nurse Home Visitation.
- 10/11/18 NHV unable to contact, requested assistance from Yolo County Homeless Services.



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**Yolo County Syphilis 2018  
Pregnancy Case Presentation**

- 10/11/18 Client received Syphilis and Gonorrhea treatment at Salud.
- 10/23/18 Call w/ client on new phone number. Declined Syphilis interview.
- 10/25/18 Yolo County Homeless Services confirms assistance with housing assistance and transportation to Salud appointments.
- 10/30/18 and 11/6/18 Treatment continued with assistance from Yolo County Homeless Services.
- 11/17/18 Client had a seizure, delivered infant by C-section at 36 weeks gestation.
- Baby bone X-rays abnormal = Probable Congenital Syphilis (CS).

NOTE: First Yolo County case of CS since 2009.



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**High Risk Populations**

- MSM
- Age 20-30 years old
- Homeless
- Substance Use
- Incarcerated
- Pregnant women



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### Syphilis Public Health Response

- Prioritization by age, gender, pregnancy status.
- Ensure timely treatment of pregnant women.
- Contact tracing, partner testing, and treatment.
- Field testing sexual/social contacts.
- Ensure adequate work up and treatment of neonates.
- Partnerships across many organizations-multi-disciplinary teams.
- Sex education, condoms, birth control.



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### Syphilis Next Steps

- How to prevent cases?
- How to identify high risk populations?
- How to communicate with high risk populations?
- Who needs to be at the table?
- More, more, more....



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### Rapid Syphilis Testing

- *Trinity Biotech Syphilis Health Check™* is a qualitative rapid assay for the detection of *Treponema pallidum* antibodies in blood (whole, serum, plasma).
- It is a **screening test**, thus, positive results **require a confirmatory test** (ie. RPR).
- Results in 10 minutes.
- FDA approved, CLIA-waived for fingerstick sample only.



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## Rapid Syphilis Testing

The following materials are needed to perform the test.





**The Syphilis Health Check™ Kit contains:**

- a) 20 Test Devices (individually pouched)
- b) Diluent (5.0ml)
- c) 20 Disposable plastic fixed volume pipettes
- 1 Package Insert

**Materials required but not provided:**

- Test site with adequate lighting • Syphilis Health Check™ Kit Controls, catalog number VSC-11-02 • Timer or stopwatch • Biohazard disposal container • Disposable gloves • Adhesive bandages • Sterile Lancet to obtain fingerstick whole blood sample or materials required to obtain a venipuncture whole blood sample • Alcohol wipes and Sterile gauze pads





\*Photos from Trinity Biotech. "Quick Reference Guide for Syphilis Health Check Kit."

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## Who Can Perform Rapid Syphilis Testing in California?

- For non-licensed staff:
  - Must operate under the authority of the **Public Health Laboratory Director** for the LHD.
  - Test must be used according to the manufacturer's instructions.
  - Fingerstick sample only.
  - Testing is performed on-site and reported directly to the person requesting the test.
  - Must complete a **minimum of 20 hours of basic phlebotomy didactic training** approved by the CDPH Laboratory Field Services.



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**Supporting Documentation for Item #5.1**

HPAC Governance Charter

*Revision of Conflict of Interest Policy*



**Yolo County Homeless and Poverty Action Coalition (HPAC)**  
Governance Charter

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

*Draft Revision as of August 21, 2019*

## Overview

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In accordance with the 24 Code of Federal Regulations (CFR) Part 578 Continuum of Care Program Interim Rule, this document shall serve as the governance charter for the Davis/Woodland/Yolo County Continuum of Care (CA-521), hereafter known as the Homeless and Poverty Action Coalition (HPAC). The charter includes information regarding HPAC's tenets, membership, meetings, leadership structure, code of conduct, Homeless Management Information System (HMIS) designation, and Collaborative Applicant designation. HPAC's Policies and Procedures Manual contains all other relevant information required by 24 CFR Part 578 Subpart B.

## Tenets

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- Mission:** Provide leadership on homelessness and poverty in Yolo County.
- Vision:** Create and sustain a comprehensive, coordinated, and balanced array of human services for homeless and low-income individuals and families within Yolo County.
- Coordination:** Achieve a synergistic relationship with the Strategic Plan to End Homelessness Executive Commission to achieve all of the goals in the Yolo County General and Strategic Plan to End Homelessness and to address issues of homelessness and poverty countywide.

## Membership

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HPAC membership is open to all parties interested in issues of homelessness and poverty in Yolo County. Relevant parties include, but are not limited to nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement agencies, organizations that serve veterans, people experiencing homelessness, and formerly homeless individuals.

HPAC shall invite new members by posting an annual public notice on its website in the month of November, but shall accept new members all year. Interested parties may join at any time, but members who would like to obtain voting rights must complete a membership application and meet the criteria specified in the Board of Voting Members section below.

## Meetings

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HPAC shall convene eight (8) meetings of the full membership each year in rotating locations among Davis, West Sacramento, and Woodland. HPAC shall also establish two subcommittees, including a data subcommittee and a technical subcommittee. HPAC may also convene ad hoc subcommittees on an as-needed basis per the recommendation of the full HPAC body. All meetings and subcommittee meetings shall be open to the public.

**HPAC Full Membership:** Shall meet on eight (8) occasions during the course of the year. Shall focus on community-wide homeless issues, new requirements from the federal or state government, discussion of best practices, and coordination across providers. All decisions requiring a vote shall be made at meetings of the full membership.

**Data Subcommittee:** Shall meet on a quarterly basis, for a total of four (4) meetings each year. Shall be responsible for monitoring and addressing issues related to the local HMIS system, and for reviewing any countywide data to be used for public information and/or grant writing purposes.

**Technical Subcommittee:** Shall meet on a quarterly basis, for a total of four (4) meetings each year. Shall focus on federal funding issues pertaining to the Continuum of Care (CoC) and Emergency Solutions Grant (ESG).

The Homeless Coordinator shall create the meeting schedule, in coordination with the HPAC leadership team. The HPAC voting membership shall approve the meeting schedule for the following year at the October meeting.

## Leadership

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HPAC leadership shall consist of an elected Chair, Vice-Chair, and Secretary, as well as a Board of Voting Members. The County's Homeless Coordinator shall act as staff to HPAC. Only the voting designees of a member agency may run for Chair or Vice-Chair.

HPAC shall hold elections in October with newly elected officers serving a one (1) year term from November 1 through October 31. If an elected officer needs to vacate the position prior to the expiration of his or her term, HPAC shall convene a special election at the next regularly scheduled general meeting.

**Chair:** The Chair shall serve as HPAC's primary spokesperson. The Chair shall facilitate all meetings in accordance with Robert's Rules of Order. The Chair may also convene executive committee meetings prior to general meetings to prepare agendas. The Chair shall provide feedback on the selection and performance of the Homeless Coordinator.

**Vice-Chair:** In the Chair's absence, the Vice-Chair shall assume meeting facilitation duties and assist with meeting preparation.

**Secretary:** The Secretary shall record minutes and submit them for approval at the following meeting. The Secretary is also responsible for verifying the voting status for eligible members. In the Chair and Vice Chair's absence, the Secretary shall assume meeting facilitation duties and assist with meeting preparation.

**Homeless Coordinator:** The Homeless Coordinator shall act as staff to HPAC, and shall be a non-elected and non-voting member of the group. The Coordinator shall staff the body by coordinating all meetings, conducting research and analysis, and presenting findings. A full description of the Coordinator's tasks and responsibility can be found on the County of Yolo website.

**Board of Voting Members:** In addition to the four positions listed above, HPAC leadership shall also consist of a board of voting members.

Membership on the Board shall be set each year on October 31, and shall remain in place for a full year (November 1 to October 31). To become a member of the Voting Board, a member must have attended at least six (6) of the general meetings in the previous year (November 1 to October 31) and have participated on at least one (1) standing or ad hoc subcommittee in the previous year. Voting members must also represent one of the following parties:

- Community based organizations whose mission pertains to issues of homelessness and poverty;
- The County of Yolo;
- Cities within the County of Yolo;
- Homeless and/or formerly homeless persons; and
- Private companies whose interests pertain to issues of homelessness and poverty.

In the event that more than one representative from a given agency/government entity regularly participates in HPAC meetings, the agency's leader may delegate one primary voting representative and one secondary representative as the voting member for their agency/government entity. HPAC only authorizes the secondary

representative to vote should the primary representative not be present. If no representatives are present, the agency forfeits their vote. Homeless and/or formerly homeless persons can retain their individual voting status.

Other HPAC advisors that shall provide valuable input, but may not necessarily be voting members include:

- Elected officials representing participating jurisdictions; and
- Members of the Yolo County Strategic Plan to End Homelessness Executive Commission.

### **Decision Making Process**

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HPAC shall transact business using majority rule. HPAC shall require any action to be decided through a majority vote of those on the Board of Voting Members (excluding those with a conflict of interest), when a quorum is present. A quorum shall be established by the presence of 51% or more of the Board of Voting Members, including those with a conflict of interest and those who abstain for any other reason.

HPAC may conduct electronic votes when failure to act would prevent or substantially impair HPAC’s compliance with governing regulations and/or funding. Electronic votes shall be conducted under the assumption that a non-response means a “yes” vote. Voting members are required to respond in order to cast a “no” vote. If the majority of non-conflicted members of the voting board do not respond with a “no” vote, then the item in question shall be approved. Voting members are not required to “reply to all” and may “reply” only to the sender/facilitator of the vote.

### **Code of Conduct**

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HPAC officers and voting board members shall abide by the following stipulations.

**Conflict of Interest and Recusal Policy:** No HPAC officer or voting board member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents. It is the responsibility of HPAC officers and voting board members to recuse themselves from the evaluation and decision-making process when a personal or organizational conflict of interest exists. [For processes regarding funding governed by HPAC, a conflicted agency is defined as:](#)

- [1\) an agency that directly benefits financially from the grant \(recipient or sub-recipient\); or,](#)
- [2\) an agency committing resources, goods, or services \(other than meeting space/service location\) to the proposed project.](#)

In addition, HPAC prohibits officers and voting board members from the acceptance of personal gifts that provide benefit in excess of nominal value (less than \$15) from persons, organizations, or corporations with a stake in the outcome of HPAC decisions. As long as the nominal gifts are unsolicited and do not occur more than twice annually, a conflict of interest does not exist.

**Termination Policy:** HPAC reserves the right to temporarily ban or terminate an officer or voting board member who does not comply with the stipulations described above. HPAC must receive majority approval before taking any disciplinary action.

### **Homeless Management Information System (HMIS) Designation**

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HPAC shall designate Sacramento Steps Forward (SSF) as the region’s HMIS System Administrator; Yolo Community Care Continuum (YCCC) as the region’s HMIS Lead Agency; and the County of Yolo as the region’s HMIS Daily Operator.

**HMIS System Administrator:** As the HMIS System Administrator, SSF will serve as the primary liaison between the HMIS software provider and the partner agencies. SSF will also oversee all technical aspects of HMIS administration including issuing new user accounts and passwords.

**HMIS Lead Agency:** As the HMIS Lead Agency, YCCC will serve as the primary liaison between the U.S. Department of Housing and Urban Development (HUD) and the partner agencies. YCCC will also manage all HMIS-related invoicing and payment processing.

**HMIS Daily Operator:** As the HMIS Daily Operator, the County of Yolo will serve as the primary liaison between SSF and the partner agencies. The County of Yolo will also convene quarterly users meetings and provide technical support related to HMIS daily usage.

In collaboration with each other, the three agencies shall provide system administration to ensure the viability and success of HMIS.

### **Collaborative Applicant Designation**

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HPAC shall annually designate an eligible legal entity to complete HUD’s Continuum of Care (CoC) Program application, referred to as the Collaborative Applicant. The Collaborative Applicant is responsible for collecting and submitting the application on behalf of HPAC. The Collaborative Applicant is the only organization eligible to apply for HUD planning funds to support HPAC in carrying out all of its responsibilities. The Collaborative Applicant must seek final approval from HPAC prior to submitting the final CoC Program application.

### **Provisions to Amend and Ratification**

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HPAC, in consultation with the HMIS Lead, the HMIS Daily Operator, and the Collaborative Applicant, shall review, amend as necessary, and re-ratify this governance charter once each year upon a majority vote of the Board of Voting Members.

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Ryan Collins, HPAC Chair

Date

## **Supporting Documentation for Item #5.2**

HPAC Policies and Procedures

*Addition of Appeals Process*



## **Yolo County Homeless and Poverty Action Coalition (HPAC)**

### **Policies and Procedures Manual**

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

*Revised 8/22/2019*



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## Overview

Pursuant to 24 Code of Federal Regulations (CFR) Part 578 Continuum of Care Program Interim Rule<sup>1</sup>, this document shall serve as the policies and procedures manual for the Davis/Woodland/Yolo County Continuum of Care (CA-521), hereafter known as the Homeless and Poverty Action Coalition (HPAC). As a counterpart to HPAC's Governance Charter, this manual shall be reviewed, revised, and re-ratified with the Governance Charter every October upon a majority vote of all voting members present during the scheduled meeting.

This manual shall contain most relevant information required by 24 CFR Part 578 Subpart B that is not included in HPAC's Governance Charter. The only exception is information pertinent to the region's local Homeless Management Information System (HMIS). HPAC's HMIS Policies and Procedures Manual shall contain this information, which includes a privacy, security, and data quality plan.

## About HPAC

HPAC is a local planning body that provides leadership and coordination on the issues of homelessness and poverty in Yolo County. HPAC serves numerous roles and responsibilities, many of which fulfill federal, state and local government mandates. Such activities include, but are not limited to:

- Implementing the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act
- Implementing the region's Homeless Management Information System (HMIS)
- Maintaining a coordinated response among service providers to ensure continuity of services
- Assessing needs and identifying gaps in services for persons facing homelessness in Yolo County on an ongoing basis
- Supporting the planning, funding, and development of services to meet prioritized needs within Yolo County
- Planning, developing, and sustaining options to meet the housing needs of people facing homelessness
- Promoting access to and effective utilization of mainstream human services programs

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<sup>1</sup> 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](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=5d030234903ffc25ad85a1fe4656bff7&mc=true&n=pt24.3.578&r=PART&ty=HTML#se24.3.578_165)

## Coordinated Entry

On January 17, 2018, HPAC adopted its Coordinated Entry Policies and Procedures in compliance with the CoC and ESG Interim Rules and Notice CPD-17-01. A summary of the Coordinated Entry system follows, refer to the HPAC Coordinated Entry Policies and Procedures for the complete set of policies and procedures.

### Points of Entry

HPAC has selected a “no wrong door” approach to its coordinated entry system. 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 the HPAC Coordinated Entry Policies and Procedures.

### Assessment, Referral and Placement Process

Each point of entry to the system uses the following three steps to assist homeless individuals and families in connecting with appropriate services based on their unique needs and vulnerability.

1. **Assessment:** Each homeless individual and family is first evaluated for Prevention and Diversion strategies to resolve their housing crisis. Each homeless individual and family is assessed using the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT). The VI-SPDAT is used to (1) determine the chronicity and vulnerability of homeless individuals (including critical health and safety needs), and (2) identify which type of permanent housing solution (permanent supportive housing, rapid re-housing or affordable housing) is most appropriate. Each individual receives a score based on the assessment, with a higher VI-SPDAT score indicating that the individual or family is more vulnerable. For individuals who receive a lower VI-SPDAT score and indicate that they have other safe and appropriate housing options or resources, HPAC shall link them to homeless prevention assistance as needed and available. This may also include linkage to other appropriate services from various providers based on individual need.
2. **Referral:** HPAC uses the results from the VI-SPDAT to refer the individual or family to the most appropriate type of housing and services. HPAC continues to develop its community queue, where HPAC maintains and prioritizes all referrals on one list.
3. **Placement:** Those individuals or families who have the highest VI-SPDAT scores (meaning they are the most vulnerable) are prioritized first for housing and services through a Case Conference model as slots become available. Individuals or families who cannot immediately be placed in permanent housing continue to receive services from outreach workers or other providers while they wait for a bed.

## Process for Victims of Domestic Violence, Dating Violence, Human Trafficking, Sexual Assault, and Staking

Pursuant to 24 CFR Subpart B Section 578.7<sup>2</sup>, HPAC shall implement a separate coordinated entry process for victims of domestic violence, dating violence, human trafficking, sexual assault, staking, 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 refer the individual or family to a victim service provider.
2. Upon connecting, 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. 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.
4. Once complete, the provider shall send an anonymous VI-SPDAT to the County Homeless Program Coordinator. The only personal identifying information shall be the unique identification number indicating the appropriate record within the victim service provider's comparable database.
5. HPAC will then integrate the anonymous victim service referrals into its community queue. In addition, HPAC shall require training specifically related to this process. In particular, HPAC shall train 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).

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<sup>2</sup> 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](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=5d030234903ffc25ad85a1fe4656bff7&mc=true&n=pt24.3.578&r=PART&ty=HTML#se24.3.578_165)

## HPAC Election Procedure

Pursuant to its Governance Charter, HPAC shall hold an election each year in October with newly elected officers serving a one (1) year term from November 1 through October 31. The election shall include HPAC's three officer positions of Chair, Vice-Chair, and Secretary. HPAC shall use the following election process:

### Election Process

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1. At the August or September meeting, convene a Nominating Subcommittee consisting of volunteer members who do not wish to seek an elected position.
  - a. The Subcommittee shall be composed of a minimum of three (3) volunteers from three (3) different member organizations. The Homeless Coordinator shall also participate as a non-voting member.
  - b. The role of Nominating Subcommittee members will be to assist the Homeless Coordinator in accepting nominations and answering candidate questions.
  - c. If the Nominating Subcommittee does not receive at least one (1) nomination for each position, it is also the role of Nominating Subcommittee members to recruit candidates.
2. Establish, announce, and publicize a process and timeline for how and when the Nominating Subcommittee will accept nominations.
  - a. Nominations shall be accepted for at least a minimum of seven (7) days.
  - b. Both self-nominations and nominations of others shall be accepted.
  - c. Nominations shall be accepted in both a public and private setting. Nomination period will open during the September HPAC meeting, where nominations will be accepted publicly. Following the meeting, nominations will be accepted privately via email, phone, or in-person.
  - d. Individuals may choose to run for more than one (1) position
  - e. Nominees must be affiliated with an active HPAC member. The individual must be designated on the HPAC membership application as the primary or secondary voting representative for their organization if they are running for Chair or Vice-Chair.
3. Following the nomination period, the Nominations Subcommittee shall give each candidate the opportunity to provide an optional written biography with the candidate's experience relevant to HPAC. The biography may not exceed  $\frac{1}{2}$  page in length. The Nominations Subcommittee shall make these biographies available to the voting members for use during voting.
4. The Nominations Subcommittee shall then create and disseminate an online poll for any positions with more than one (1) nominee.
  - a. The poll shall be made available for at least a minimum of seven (7) days.
  - b. Pursuant to its Governance Charter, member agencies have voting status if they have a representative present during at least six (6) full HPAC meetings in the current year (November through October) and had a representative participate in at least one HPAC subcommittee.
  - c. Each member agency with voting status may cast one (1) vote for their preferred candidate in each position. Votes must be cast by one of the two voting representatives designated on the agency's HPAC membership application.
  - d. The candidate with the highest number of votes in each position shall be recommended for the position.
    - i. In the event of a tie, voting shall be opened to HPAC member agencies that do not have voting status, so long as they sent a representative to at least two (2) general HPAC meeting in the previous year.
  - e. Each member agency with voting status shall be asked to identify themselves during the poll to ensure that all votes come from eligible member agencies.
  - f. However, the poll shall remain confidential and no information regarding individual votes shall be shared outside of the Nominating Subcommittee.

5. Once the poll is complete, the Nominating Subcommittee shall determine the recommended officer slate (based on the results of the poll) and seek a simple majority approval from member agencies with voting status who are present during the October meeting.

### **Early Vacation of Term Procedure**

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Pursuant to its Governance Charter, if an elected officer needs to vacate the position prior to the expiration of his or her term, the officer shall submit a written resignation to the Homeless Coordinator and other HPAC Officers.

Upon receiving the written resignation, the Coordinator shall inform the full HPAC body. HPAC shall then convene a special election at the next regularly scheduled general meeting. HPAC shall use the election process established in the previous section for the special election.

Prior to the special election, any vacant positions shall be filled as follows:

- Chair: The Vice Chair shall assume the duties of Chair until after the special election.
- Vice-Chair: The Secretary shall assume the responsibilities of Vice Chair until after the special election.
- Secretary: The Homeless Coordinator shall assume the responsibilities of Secretary until after the special election.

### **Election Grievance Policy**

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HPAC encourages candidates and/or member agencies to report grievances using the following procedure without fear of reprisal.

1. Submit a written grievance to the Homeless Coordinator and Nominating Subcommittee.
  - a. The Nominating Subcommittee shall respond within seven (7) days of receiving the written grievance.
2. If the Nominating Subcommittee is unable to resolve the grievance, the candidates and/or member agencies shall submit a written grievance to the full HPAC body.
  - a. The full HPAC body shall consider the matter at the next meeting of the full membership, and determine any necessary actions through a simple majority vote of all member agencies with voting status who are present during the meeting.

### **Appeals Process for Local Funding Competitions**

These requirements specify the form and manner of submission for appeals from organizations seeking funding through all local competitions as necessitated by local, state, and federal funding opportunities governed by the CoC. This appeals process is void where a specific funding opportunity has its own appeals process (e.g. CoC Program, etc.).

Appeals not submitted in accordance with this Appeals Process will not be considered, unless the Appeals Committee determines there is good cause to consider the appeal. Decisions made through this Appeals Process are final. Appeals are only allowed on funding decisions made through the initial project selection process.

### **Who May Appeal**

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Applicant organizations are eligible to appeal if they:

1. Submitted a Letter of Intent to the Administrative Entity and met proposal submission requirements by the established deadlines in the relevant Project Selection Process, and
2. Whose application was rejected, or funding amount reduced by the CoC Voting Board.

## Procedure

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1. The applicant (Appealing Party) must submit an appeal in writing, no later than 5:00 pm on the fifth (5<sup>th</sup>) calendar day after being notified of the funding decision. The written appeal must include specific information relating to the disposition of the application. The Appealing Party must specifically identify the grounds for the Appeal and provide evidence that demonstrates an error on the part of the CoC Voting Board in rejecting or reducing the grant. Documentation submitted by the applicant must include:
  - a. Evidence from the application supporting the applicant's claim that the project application met the eligibility and quality thresholds set forth in the notice of funding availability;
  - b. Documentation that the application was improperly scored or ranked, or;
  - c. Evidence that the applicant believes the CoC Voting Board failed to follow its selection priorities set forth in the notice of funding availability which resulted in the project not being funded (e.g., selecting a lower-ranked similar project).
2. Within seven (7) calendar days from receipt of the Appeal, CoC staff shall convene a meeting of an Appeals Committee comprised of at least three (3) non-conflicted voting members. Members of the Project Selection Subcommittee may participate on the Appeals Committee.
  - a. The Appeals Committee will determine whether the appeal is valid, and CoC Staff shall inform the Appealing Party of the Appeals Committee decision in writing, no later than eight (8) calendar days following the receipt of the appeal.
3. If the appeal is found to be valid, the Selection Subcommittee will reconvene to reconsider the funding recommendations based on the evidence presented during the appeal. The new funding recommendations will be voted on by the full CoC Board, and that decision is final and not subject to appeal.

## **Service Standards**

This section of the manual shall define HPAC's expected service standards for local projects receiving funding from HUD, including projects funded by the Continuum of Care (CoC) and/or Emergency Solutions Grant (ESG) programs. This section shall define the different categories of homelessness as well as define the recordkeeping and reporting requirements and shall provide written standards for applicable projects providing services in any of the following areas:

- Prevention
- Street Outreach
- Emergency Shelter
- Rapid Re-Housing
- Transitional Housing
- Permanent Supportive Housing

## Definitions of Homelessness

HPAC shall expect all CoC and/or ESG funded programs to use the following definitions of homelessness, as determined by 24 CFR Parts 91, 578, 582, and 583<sup>3</sup> and <sup>4</sup>. The definitions are also pursuant to federal ESG regulations 24 CFR Subpart A Section 576.2<sup>5</sup>.

<p><i>Literally Homeless</i></p>	<p>An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> <li>• <b>Unsheltered Homelessness:</b> The individual or family has a primary nighttime residence that is a public or private place not meant for human habitation;</li> <li>• <b>Sheltered Homelessness:</b> The individual or family is living in a publicly or privately operated shelter designated to provide temporary living arrangements—including congregate shelters and hotels and motels paid for by charitable organizations or by federal, state, and local government programs; or</li> <li>• <b>Institutional Homelessness:</b> The individual is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution</li> </ul>
<p><i>Imminent Risk of Homelessness</i></p>	<p>An individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> <li>• The individual or family has an annual income below 30 percent of the median family income for the geographic area; and</li> <li>• The individual or family has insufficient resources or support networks immediately available to attain housing stability</li> </ul> <p>In addition, the individual or family must also meet one of the following risk factors:</p> <ul style="list-style-type: none"> <li>• Has moved two or more times during the 60 days immediately preceding the application for homelessness prevention assistance because of economic reasons;</li> <li>• Is living in the home of another because of economic hardship;</li> <li>• Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;</li> <li>• Lives in a hotel or motel not paid for by federal, state, or local government programs for low-income individuals or charitable</li> </ul>

<sup>3</sup> 24 CFR Parts 91, 582, and 583 Final Rule on Homeless Definitions:

[https://www.hudexchange.info/resources/documents/HEARTH\\_HomelessDefinition\\_FinalRule.pdf](https://www.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf)

<sup>4</sup> 24 CFR Parts 91 and 578 Final Rule on Chronically Homeless Definition:

<https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf>

<sup>5</sup> 24 CFR Parts 91 and 576 Homeless Emergency Assistance and Rapid Transition to Housing: Emergency Solutions Grants Program and Consolidation Plan Conforming Amendments:

[https://www.hudexchange.info/resources/documents/HEARTH\\_ESGInterimRule&ConPlanConformingAmendments.pdf](https://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRule&ConPlanConformingAmendments.pdf)



	<p>organizations;</p> <ul style="list-style-type: none"> <li>• Lives in a single-room occupancy or efficiency apartment unit in which more than two persons, on average, reside or another type of housing in which there reside more than 1.5 persons per room as defined by the U.S. Census Bureau;</li> <li>• Is exiting a publicly funded institution or system of care, such as a healthcare facility, mental health facility, foster care, or other you facility, or correction program or institution; or</li> <li>• Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness</li> </ul>
<p><i>Homeless under other Federal Statutes</i></p>	<p>Unaccompanied youth under 25 years of age or families with children and youth, who do not otherwise qualify as homeless under the definition stated above, but who:</p> <ul style="list-style-type: none"> <li>• Are defined as homeless under the other listed federal statutes;</li> <li>• Have not signed a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;</li> <li>• Have experienced persistent instability as measured by two moves or more during the preceding 60 days; and</li> <li>• Can be expected to continue in such status for an extended period of time due to special needs or barriers</li> </ul>
<p><i>Fleeing/Attempting to Flee Domestic Violence</i></p>	<p>An individual or family who:</p> <ul style="list-style-type: none"> <li>• Is fleeing or is attempting to flee domestic violence;</li> <li>• Has no other residence; and</li> <li>• Lacks the resources or support networks to obtain other permanent housing</li> </ul>
<p><i>Chronically Homeless</i></p>	<p>An individual or family who:</p> <ul style="list-style-type: none"> <li>• Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and</li> <li>• Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least one year or on at least four separate occasions in the last three years, where the cumulative total of the four occasions is at least one year. Stays in institutions of 90 days or less will not constitute as a break in homelessness, but rather such stays are included in the cumulative total; and</li> <li>• Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic</li> </ul>

	<p>physical illness or disability; or</p> <ul style="list-style-type: none"> <li>An individual who has been residing in an institutional care facility, including a jail, substance use or mental health treatment facility, hospital, or other similar facility for fewer than 90 days and met all of the criteria listed in paragraph 1 before entering the facility; or</li> </ul> <p>A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria listed in paragraph 1 including a family whose composition has fluctuated while the head of household has been homeless</p>
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**Recordkeeping and Reporting Requirements**

Pursuant to 24 CFR Parts 91 and 576 Section 576.500 (b-e) <sup>6</sup>, HPAC shall expect that all CoC and/or ESG funded projects comply with federal recordkeeping and reporting requirements.

HPAC shall require that agencies upload the documentation specified in 24 CFR Parts 91 and 576, Section 576.500 (b-e) <sup>7</sup> into the region’s HMIS. Described in more detail within HPAC’s HMIS Policies and Procedures Manual, the HMIS Daily Operator shall monitor and ensure compliance with such requirements on a quarterly basis.

**Prevention**

HPAC defines prevention as services that are necessary to prevent an individual or family from becoming homeless. These services include various housing relocation and stabilization services as well as short to medium term rental assistance.

At present, HPAC does not permit prevention using ESG funds as a stand-alone activity. Rather, prevention must be provided in conjunction with rapid re-housing and/or emergency shelter. For rapid re-housing, HPAC’s intention is to facilitate preventing homelessness of a previously assisted individual or family who is experiencing instability after rapid re-housing assistance has ended. For emergency shelter, HPAC’s intention is to facilitate shelter diversion.

**Prevention Eligibility**

In order to be eligible for prevention services, an individual or at least one family member must:

- Meet the definition for imminent risk of homelessness

**Prevention Prioritization**

Of the eligible individuals and families, HPAC designates the following as priority populations pursuant to 25 California Code of Regulations 8409 Core Practices<sup>8</sup>:

<sup>6</sup> 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](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=5d030234903ffc25ad85a1fe4656bff7&mc=true&n=pt24.3.578&r=PART&ty=HTML#se24.3.578_165)

<sup>7</sup> 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](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=5d030234903ffc25ad85a1fe4656bff7&mc=true&n=pt24.3.578&r=PART&ty=HTML#se24.3.578_165)

<sup>8</sup> California Department of Housing and Community Development (HCD) Core Practices (25 CCR 8409 Core Practices) for Emergency Solutions Grants Program:

[https://govt.westlaw.com/calregs/Document/I53153D4C91CC4E299A97467973BF1606?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)&bhcp=1](https://govt.westlaw.com/calregs/Document/I53153D4C91CC4E299A97467973BF1606?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)&bhcp=1)

- Individuals or families who are at the greatest risk of becoming literally homeless without an intervention and are at greatest risk of experiencing a longer time in shelter or on the street should they become homeless

#### Prevention Minimum Service Standards

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HPAC designates the following as minimum service standards for programs offering prevention services:

- Must either assist the individual or family to regain stability in their current housing or move into other permanent housing and achieve stability in that housing
- For project participants who receive prevention assistance in conjunction with rapid re-housing, providers must conduct a 3-month evaluation
- Services may include, but are not limited to:
  - Rental assistance (such as paying all or a portion of the client's rent)
  - Other financial assistance (such as rental application fees, security and utility deposits, utility payments, last month's rent, rent in arrears, and moving costs)
  - Housing placement and retention assistance (such as search and placement, case management, landlord mediation, tenant legal services, credit repair, financial coaching, bills, and arrears)
- Meet the minimum services standards for all project types, as described at the end of this chapter

#### Street Outreach (SO)

HPAC defines street outreach (SO) as services that engage individuals or families experiencing unsheltered homelessness and assist in improving the health and well-being of the individual or family.

#### SO Eligibility

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In order to be eligible for SO services, an individual or at least one family member must:

- Meet the definition for literally homeless
- Live in unsheltered homelessness at the time of first contact

#### SO Prioritization

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Pursuant to 25 California Code of Regulations 8409 Core Practices<sup>9</sup>, SO projects shall use the VI-SPDAT as an assessment tool to prioritize the individuals and families with the most urgent and severe needs. This includes:

- Are unsheltered and living in places not designed for human habitation, such as cars, parks, bus stations, and abandoned buildings
- Have experienced the longest amount of time homeless
- Have multiple and severe service needs that inhibit their ability to quickly identify and secure housing on their own

This practice aligns with HPAC's envisioned permanent coordinated entry system and shall ensure access to assistance regardless of where an individual or family is located within HPAC's service region.

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<sup>9</sup> California Department of Housing and Community Development (HCD) Core Practices (25 CCR 8409 Core Practices) for Emergency Solutions Grants Program:  
[https://govt.westlaw.com/calregs/Document/I53153D4C91CC4E299A97467973BF1606?viewType=FullText&originationContext=document&transitionType=CategoryPageItem&contextData=\(sc.Default\)&bhcp=1](https://govt.westlaw.com/calregs/Document/I53153D4C91CC4E299A97467973BF1606?viewType=FullText&originationContext=document&transitionType=CategoryPageItem&contextData=(sc.Default)&bhcp=1)

In general, HPAC expects that using the VI-SPDAT will concurrently prioritize the target subpopulations identified in the Yolo County 10-Year Plan to End Homelessness and the United States Interagency Council on Homelessness' (USICH) Opening Doors: A Federal Strategic Plan to Prevent and End Homelessness. These target subpopulations include:

- Individuals or families with a history of chronic homelessness
- Families with a history of homelessness
- Transition age youth with a history of homelessness (age 18 to 24)
- Unaccompanied youth with a history homelessness (meaning an individual under the age of 18 with no family member over the age of 18 in the household)
- Veterans with a history of homelessness (meaning an individual or family member who has served in active United States military duty)

#### SO Minimum Service Standards

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HPAC designates the following as minimum services standards for projects offering street outreach services:

- Participants and staff understand that the primary goals of street outreach are to:
  - Provide access to emergency shelter and services
  - Re-house participants in permanent housing as quickly as possible, regardless of other personal issues or concerns
- Conduct outreach to engage unsheltered homeless individual or families
- Link unsheltered homeless individual or families to the region's coordinated entry system
- Accept triage referrals through HPAC's coordinated entry system
- Meet the minimum services standards for all project types, as described at the end of this chapter

#### **Emergency Shelter (ES)**

HPAC defines emergency shelter (ES) as a living arrangement that provides temporary shelter and supportive services, without a standard lease agreement.

#### ES Eligibility

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In order to be eligible for ES projects, individuals or at least one family member must meet the definition for one of the following categories:

- Literally homeless
- Fleeing/attempting to flee domestic violence, dating violence, human trafficking, sexual assault, staking, and any other dangerous or life-threatening conditions that relate to violence against a homeless individual or family

HPAC allows shelters to serve a specific sub-population (such as persons with mental illness or victims of domestic violence, dating violence, human trafficking, sexual assault and/or stalking) within the definitions above, depending on organizational missions and goals.

#### ES Prioritization

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Of the eligible individuals and families, HPAC shall prioritize those with the most urgent and severe needs. Pursuant to 25 California Code of Regulations 8409 Core Practices<sup>10</sup>, this includes but is not limited to those who:

- Are unsheltered and living in places not designed for human habitation, such as cars, parks, bus stations, and abandoned buildings
- Have experienced the longest amount of time homeless
- Have multiple and severe service needs that inhibit their ability to quickly identify and secure housing on their own

HPAC expects that doing so will concurrently prioritize the target subpopulations identified in the Yolo County 10-Year Plan to End Homelessness and the United States Interagency Council on Homelessness' (USICH) Opening Doors: A Federal Strategic Plan to Prevent and End Homelessness. These target subpopulations include:

- Individuals or families with a history of chronic homelessness
- Families with a history of homelessness
- Transition age youth with a history of homelessness (meaning an individual or family member age 18 to 24)
- Unaccompanied youth with a history homelessness (meaning an individual under the age of 18 with no family member over the age of 18 in the household)
- Veterans with a history of homelessness (meaning an individual or family member who has served in active United States military duty)

#### ES Minimum Standards

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HPAC designates the following as minimum service standards for projects providing emergency shelter services:

- Participants and staff must understand that the primary goals of the emergency shelter are to:
  - Provide temporary accommodation that is safe, respectful, and responsive to individual needs
  - Re-house participants in permanent housing as quickly as possible, regardless of other personal issues or concerns
- No minimum or maximum length of stay for project participants; however, providers may determine a target length of stay for participants (such as 90 days), at which point the participant's case may be re-assessed to determine whether a longer stay is appropriate.
- No leases or occupancy agreements
- Meet the minimum services standards for all project types, as described at the end of this chapter

#### **Rapid Re-Housing (RRH)**

HPAC defines rapid re-housing (RRH) as housing that provides short to medium term move-in and rental assistance, as well as assistance with housing identification and supportive services.

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<sup>10</sup> California Department of Housing and Community Development (HCD) Core Practices (25 CCR 8409 Core Practices) for Emergency Solutions Grants Program:  
[https://govt.westlaw.com/calregs/Document/I53153D4C91CC4E299A97467973BF1606?viewType=FullText&originationContext=document&transitionType=CategoryPageItem&contextData=\(sc.Default\)&bhcp=1](https://govt.westlaw.com/calregs/Document/I53153D4C91CC4E299A97467973BF1606?viewType=FullText&originationContext=document&transitionType=CategoryPageItem&contextData=(sc.Default)&bhcp=1)

## RRH Eligibility

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In order to be eligible for RRH projects, individuals or at least one family member must meet the definition for one of the following categories:

- Literally homeless
- Imminent risk of homelessness (only if the individual or at least one family member qualifies for prevention per HPAC's standards)
- Fleeing/attempting to flee 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

In addition, individuals or at least one member of the family must:

- Earn enough income to pay at least 30% of their monthly rent or at least 30% of their monthly income, whichever is lower
  - HPAC considers monthly income to consist of:
    - Earned income
    - Self-employment/business income
    - Interest and dividend income
    - Pension/retirement income
    - Unemployment and disability income
    - Temporary Assistance for Needy Families (TANF)/public assistance
    - Alimony, child support, and foster care income
    - Armed forces income
  - While generally expecting households to pay at least 30% of their monthly rent or monthly income, HPAC permits RRH project managers to authorize lesser contributions under extraordinary circumstances
  - At times, this may include paying the entire rent on behalf of households that have no current income
- Meet any funder-specific eligibility requirements

## RRH Prioritization

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Of the eligible individuals and families, HPAC shall prioritize those with the most urgent and severe needs. Pursuant to 25 California Code of Regulations 8409 Core Practices<sup>11</sup>, this includes but is not limited to those who:

- Are unsheltered and living in places not designed for human habitation, such as cars, parks, bus stations, and abandoned buildings
- Have experienced the longest amount of time homeless

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<sup>11</sup> California Department of Housing and Community Development (HCD) Core Practices (25 CCR 8409 Core Practices) for Emergency Solutions Grants Program:  
[https://govt.westlaw.com/calregs/Document/I53153D4C91CC4E299A97467973BF1606?viewType=FullText&originationContext=document&transitionType=CategoryPageItem&contextData=\(sc.Default\)&bhcp=1](https://govt.westlaw.com/calregs/Document/I53153D4C91CC4E299A97467973BF1606?viewType=FullText&originationContext=document&transitionType=CategoryPageItem&contextData=(sc.Default)&bhcp=1)

- Have multiple and severe service needs that inhibit their ability to quickly identify and secure housing on their own

In general, HPAC expects that doing so will concurrently prioritize the target subpopulations identified in the Yolo County 10-Year Plan to End Homelessness and the United States Interagency Council on Homelessness' (USICH) Opening Doors: A Federal Strategic Plan to Prevent and End Homelessness. These target subpopulations include:

- Individuals or families with a history of chronic homelessness
- Families with a history of homelessness
- Transition age youth with a history of homelessness (age 18 to 24)
- Unaccompanied youth with a history homelessness (meaning an individual under the age of 18 with no family member over the age of 18 in the household)
- Veterans with a history of homelessness (meaning an individual or family member who has served in active United States military duty)

For projects using the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) as an assessment tool, HPAC designates the following as priority populations:

- Individuals who receive a VI-SPDAT-Single score of 4 to 7; or
- Families who receive a VI-SPDAT-Family score of 4 to 8

#### RRH Minimum Service Standards

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HPAC designates the following as minimum service standards:

- Participants and staff must understand that the primary goals of RRH are to:
  - End homelessness
  - Move participants to permanent housing as quickly as possible, regardless of personal issues
- No maximum monetary amount for rental assistance; however, individual assistance may not exceed 24 months during a 3-year period
- For project participants who receive rental assistance, providers must conduct an annual evaluation to determine continued eligibility
  - At the time of evaluation, if a participant's income has changed, the amount of rental assistance will be adjusted to meet the 30% threshold
- For participants who receive prevention assistance, providers must conduct a 3-month evaluation
- For project-based assistance, providers must ensure a one-year lease
- All individuals or families that are literally homeless who cannot quickly secure housing on their own or with another form of assistance are screened for and offered rapid re-housing assistance, to the extent they are eligible and assistance is available
- Housing identification efforts must consider, within the limits of the participant's income, where the individual or family wants to live and if the individual or family feels safe
- Project providers must use a fair, yet flexible approach when determining the duration of assistance

- Project providers must use a fair, yet flexible approach when determining what qualifies as an extraordinary circumstance (whereas project participants do not need to meet the 30% threshold)
- Supportive services must be provided throughout the entire time that rental assistance is provided
- Must ensure that data on all persons served and all activities provided are entered into HMIS (or a comparable database if the agency is a domestic violence, dating violence, human trafficking, sexual assault, and stalking victims service provider) pursuant to HUD and local standards.
- Meet the minimum services standards for all project types, as described at the end of this chapter

## Transitional Housing (TH)

HPAC defines transitional housing (TH) as housing that provides temporary housing and supportive services, as an interim solution toward securing permanent housing. Unlike emergency shelter, transitional housing participants must enter into a lease agreement.

### TH Eligibility

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In order to be eligible for TH projects, individuals or at least one family member must meet the definition for one of the following categories:

- Literally homeless
- Imminent risk of homelessness
- Homeless under other Federal Statutes (if the project(s) received approval from HUD to serve this category)
- Fleeing/attempting to flee domestic violence

In addition, individuals or at least one member of the family must:

- Meet any funder-specific eligibility requirements

### TH Prioritization

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Of the eligible households, HPAC shall prioritize those with the most urgent and severe needs. Pursuant to 25 California Code of Regulations 8409 Core Practices<sup>12</sup>, this includes but is not limited to those who:

- Are unsheltered and living in places not designed for human habitation, such as cars, parks, bus stations, and abandoned buildings
- Have experienced the longest amount of time homeless
- Have multiple service needs that inhibit their ability to identify and secure housing independently

HPAC expects that doing so will concurrently prioritize the target subpopulations identified in the Yolo County 10-Year Plan to End Homelessness and the United States Interagency Council on Homelessness' (USICH) Opening Doors: A Federal Strategic Plan to Prevent and End Homelessness. These target subpopulations include:

- Individuals or families with a history of chronic homelessness
- Families with a history of homelessness

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<sup>12</sup> California Department of Housing and Community Development (HCD) Core Practices (25 CCR 8409 Core Practices) for Emergency Solutions Grants Program:  
[https://govt.westlaw.com/calregs/Document/I53153D4C91CC4E299A97467973BF1606?viewType=FullText&originationContext=document&transitionType=CategoryPageItem&contextData=\(sc.Default\)&bhcp=1](https://govt.westlaw.com/calregs/Document/I53153D4C91CC4E299A97467973BF1606?viewType=FullText&originationContext=document&transitionType=CategoryPageItem&contextData=(sc.Default)&bhcp=1)



- Transition age youth with a history of homelessness (age 18 to 24)
- Unaccompanied youth with a history homelessness (meaning an individual under the age of 18 with no family member over the age of 18 in the household)
- Veterans with a history of homelessness (meaning an individual or family member who has served in active United States military duty)

#### TH Minimum Service Standards

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HPAC designates the following as minimum service standards:

- Project participation cannot exceed 24 months
- Supportive services must be provided throughout the entire length of stay
- Supportive services may be provided to former residents of transitional housing and current residents of permanent housing who were homeless in the prior 6 months, for no more than 6 months after leaving transitional housing or homelessness, respectively, to assist their adjustment to independent living
- Project providers must offer assistance in transitioning toward securing permanent housing
- Project participants must enter into a lease agreement for a term of at least one month
- The lease agreement must be automatically renewable upon expiration, expect on prior notice by either party, up to a maximum term of 24 months
- Meet the minimum services standards for all project types, as described at the end of this chapter

#### **Permanent Supportive Housing (PSH)**

HPAC defines permanent supportive housing (PSH) as housing that provides indefinite leasing or rental assistance and supportive services.

#### PSH Eligibility

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In order to be eligible for PSH projects, individuals or at least one family member must meet the definition for one of the following categories:

- Literally homeless
- Fleeing/attempting to flee domestic violence

In addition, individuals or at least one member of the family must:

- Have a disability
  - Evidence of diagnosis with one or more of the following conditions:
    - Substance use disorder
    - Serious mental illness
    - Developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Acts of 2000 (42 U.S.C. 15002))
    - Post-traumatic stress disorder
    - Cognitive impairments resulting from brain injury
    - Chronic physical illness or disability
- Meet any funder-specific eligibility requirements

#### PSH Prioritization

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For CoC-funded PSH beds dedicated or prioritized for occupancy by persons experiencing chronic homelessness, HPAC requires the projects use the following order of priority, pursuant to Notice CPD-16-11<sup>13</sup>, which supersedes Notice CPD-14-012<sup>14</sup>:

- Persons experiencing chronic homeless with the longest length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter
- Persons with the most severe service needs

For projects using the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) as an assessment tool, HPAC designates the following as priority populations:

- Individuals who receive a VI-SPDAT-Single score of 8 or greater; or
- Families who receive a VI-SPDAT-Family score of 9 or greater

In addition, consistent with Notice CPD 16-11, HPAC shall only allow PSH dedicated projects to serve other homeless individuals and families, when no persons within the designated service area meet the specified criteria listed above. If this occurs and there is a vacant dedicated PSH bed available, the provider may then follow the order of priority for non-dedicated PSH beds listed below. The bed will continue to be a dedicated bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the designated service area. Regardless of if this occurs or not, the provider must continue to report the dedicated PSH beds as “Chronically Homeless” beds on HPAC’s Housing Inventory Count (HIC).

For CoC-funded PSH beds not dedicated or not prioritized for persons experiencing chronic homeless, HPAC designates the following as priority populations pursuant to Notice CPD-16-11<sup>15</sup>, which supersedes Notice CPD-14-012<sup>16</sup>:

- **First priority:** Homeless individuals and families with a disability with long periods of episodic homelessness and severe service needs
  - An individual or family that is eligible for CoC Program-funded PSH who has experienced at least four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs
- **Second priority:** Homeless individuals and families with a disability with severe service needs
  - An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been

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<sup>13</sup> HUD Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons: <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

<sup>14</sup> HUD Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons: <http://portal.hud.gov/hudportal/documents/huddoc?id=14-12cpdn.pdf>

<sup>15</sup> HUD Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons: <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

<sup>16</sup> HUD Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons: <http://portal.hud.gov/hudportal/documents/huddoc?id=14-12cpdn.pdf>

homeless should also be considered when prioritizing persons that meet this order of priority, but there is not a minimum length of time required

- **Third priority:** Homeless individuals and families with a disability coming from places not meant for human habitation, a safe haven, or an emergency shelter without severe service needs
  - An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing persons that meet this order of priority, but there is not a minimum length of time required
- **Fourth priority:** Homeless individuals and families with a disability coming from transitional housing
  - An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in a safe haven, or in an emergency shelter. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, a safe haven, or an emergency shelter prior to entry in the transitional housing

Also pursuant to Notice CPD-16-11, HPAC requires that all CoC-funded PSH projects accept referrals only through a single prioritized waiting list, created through the coordinated entry process.

#### PSH Minimum Service Standards

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HPAC designates the following as minimum service standards:

- No designated length of stay
- Supportive services must be provided throughout the entire length of stay
- Project participants must enter into a lease, sublease, or occupancy agreement for a term of at least one year, with the agreement automatically renewing upon expiration for a term of at least one month
  - While generally expecting compliance with the terms stated above, HPAC permits PSH project managers to exercise discretion when executing lease, sublease, or occupancy agreements, particularly regarding terminable causes
- Meet the minimum services standards for all project types, as described at the end of this chapter

#### Minimum Services Standards for all Project Types

##### Domestic Violence, Dating Violence, Human Trafficking, Sexual Assault, and Stalking Victims

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HPAC prohibits all victim service providers from using HMIS. HPAC hopes that these provisions shall protect the safety and maintain the confidentiality of victims.

##### Emergency Transfer Plan

In accordance with the Violence Against Women Act (VAWA), CoC-funded and ESG-funded projects shall allow tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation. The ability of the CoC-funded or ESG-funded project to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or

stalking, and on whether the CoC-funded or ESG-funded project has another dwelling unit, that is available and that the tenant feels is safe, to offer the tenant for temporary or more permanent occupancy. This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security.

CoC-funded and ESG-funded projects must ensure that the Notice of Occupancy Rights and the Certification Form is provided to tenants any time a household or individual is:

- Accepted into the housing program;
- Denied entry to the housing program;
- Receives an eviction notice; and/or
- Notified their assistance is being terminated.

The Notice of Occupancy Rights and Certification Form will be made available on the HPAC website for ease of access.

### **Eligibility for Emergency Transfers**

A tenant in a CoC-funded or ESG-funded project is eligible for an emergency transfer if the tenant:

- Is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L; and
- Expressly requests the transfer due to either of the following:
  - The tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit; or
  - If the tenant is a victim of sexual assault, the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

### **Emergency Transfer Request Documentation**

To request an emergency transfer, the tenant shall submit an emergency transfer request directly to the housing provider. Reasonable accommodations to this policy for individuals with disabilities will be provided. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under the CoC-funded or ESG-funded program; OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

CoC-funded and ESG-funded projects must retain records of all emergency transfer requests and their outcomes for a period of 5 years following the grant year of the program in which the household was a participant and report them to HUD annually.

### **Confidentiality**

All CoC-funded and ESG-funded projects will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives the housing provider written permission to release the information on a time limited basis, or disclosure of the

information is required by law, or required for use in an eviction proceeding against the abuser or perpetrator, or hearing regarding termination of the abuser's or perpetrator's assistance under the program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant.

### **Emergency Transfer Timing and Availability**

The CoC-funded or ESG-funded project cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. The CoC-funded or ESG-funded project will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. The CoC-funded or ESG-funded project may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If the CoC-funded or ESG-funded project has no safe and available units for which a tenant who needs an emergency is eligible, the CoC-funded or ESG-funded project will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. Local housing providers may enter into a Memorandum of Understanding (MOU) detailing collaboration specifically regarding domestic violence emergency transfer requests. Also, when a PSH unit becomes available and enters the Case Conference process according to the HPAC Coordinated Entry Policies and Procedures, individuals who have an emergency transfer request pending will have priority for the available unit.

At the tenant's request, the CoC-funded or ESG-funded project will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

### **Safety and Security of Tenants**

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Tenants who are or have been victims of domestic violence are encouraged to utilize the national and local resources found in Appendix A of this document.

### **Housing First**

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All CoC and ESG-funded projects must use a Housing First approach, which focuses on assisting people experiencing homelessness by securing housing as quickly as possible, and then providing supportive services as needed to promote housing stability and individual well-being. Pursuant to 25 California Code of Regulations 8409 Core Practices,<sup>17</sup> this includes:

- Ensuring low-barrier, easily accessible assistance to all people, including but not limited to people with no income or income history, and people with active substance use or mental health issues
- Helping participants quickly identify and resolve barriers to obtaining and maintaining housing

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<sup>17</sup> California Department of Housing and Community Development (HCD) Core Practices (25 CCR 8409 Core Practices) for Emergency Solutions Grants Program:

[https://govt.westlaw.com/calregs/Document/I53153D4C91CC4E299A97467973BF1606?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)&bhcp=1](https://govt.westlaw.com/calregs/Document/I53153D4C91CC4E299A97467973BF1606?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)&bhcp=1)

- Providing linkage to financial assistance for move-in and stabilization costs as well as housing case management
- Seeking to quickly resolve the housing crisis before focusing on other non-housing related services
- Allowing participants to choose the services and housing that meets their needs, within practical limitations, understanding that housing may cost greater than 30% of income and be precarious
- Preventing exits into homelessness whenever possible, even when program rules are violated:
  - People who pose an imminent risk of harm to themselves or others may be exited to more appropriate assistance, such as a more intensive program or hospital
- Allowing participants currently in emergency shelter or transitional housing to only move to other emergency shelter or transitional housing when:
  - They desire and choose
  - It is more appropriate to meet their health and safety needs (e.g., persons in early recovery; domestic violence survivors; those who need special accommodations)
  - No permanent housing solution (with or without supportive services) is currently available that is a similar or better match for their preferences and needs
- Connecting participants to appropriate support and services available in the community that foster long-term housing stability
- Assisting participants create and update individualized Housing Plans designed to re-house and stabilize participants as quickly as possible
- Ensuring all staff helping to house participants know how to access an array of housing options directly or through HPAC's coordinated entry system to help participants achieve their Housing Plan goals
- Ensuring all staff are aware of and know how to access other community resources that can help participants achieve their Housing Plan goals
- Ensuring all participants and staff are aware that participation in services unrelated to obtaining permanent housing is voluntary

## HMIS

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All CoC and ESG-funded projects must ensure that data on all persons served and all activities provided are entered into HMIS (or a comparable database if the agency is a domestic violence, dating violence, human trafficking, sexual assault, and stalking victims service provider) pursuant to HUD and local standards.

## Preventing Involuntary Family Separation

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HPAC prohibits all CoC and ESG-funded projects from denying admission or involuntarily separating a family unless the health and/or well-being of a family member is at immediate risk. Pursuant to HUD, HPAC's defines a family as any group of persons who presents for assistance together and identifies themselves as a family.

## Progressive Engagement and Assistance

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Another local priority is implementing progressive engagement and assistance practices. Pursuant to 25 California Code of Regulations 8409 Core Practices,<sup>18</sup> this includes:

- Offering financial assistance and services in a way that offers a minimum amount of assistance initially
- Adding more assistance over time if needed to quickly resolve a housing crisis by either ending homelessness or avoiding an immediate return to literal homelessness
  - The type, duration, and amount of assistance offered shall be based on an individual assessment of the household, and the availability of other resources or support systems to resolve their housing crisis and stabilize them in housing

#### Nondiscrimination Provisions

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Pursuant to civil rights laws, including, but not limited to the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Title II and III of the Americans with Disabilities Act, all CoC and ESG-funded projects must comply with federal nondiscrimination provisions.

This includes Attorney General Order No. 2353-2001, 66 Fed. Reg. 3616<sup>19</sup>, which states that agencies should not withhold certain services based on immigration status when the services are necessary to protect life and/or safety.

This also includes HUD's final rule, "Equal Access in Accordance with an Individual's Gender Identity,"<sup>20</sup> which states that agencies must ensure equal access to HUD programs regardless of gender identity. The rule is particularly pertinent to projects serving one sex or projects separating dormitories by sex, whereby agencies must provide all individuals, including transgender and other individuals who do not identify with the sex they were assigned at birth, with access to projects, benefits, services, and accommodations in accordance with their gender identity without being subject to intrusive questioning or being asked to provide documentation.

#### Equal Access: Gender Identity

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Pursuant to 24 CFR Part 5: Equal Access in Accordance with an Individual's Gender Identify in Community Planning and Development Programs<sup>21</sup>, HPAC ensures equal access to individuals in accordance with their gender identity. More specifically, HPAC shall strive to uphold the following general provisions stated within the Final Rule:

- All CoC and ESG funded projects must recognize that a difference may exist between an individual's gender identity and their sex assigned at birth

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<sup>18</sup> California Department of Housing and Community Development (HCD) Core Practices (25 CCR 8409 Core Practices) for Emergency Solutions Grants Program:

[https://govt.westlaw.com/calregs/Document/I53153D4C91CC4E299A97467973BF1606?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)&bhcp=1](https://govt.westlaw.com/calregs/Document/I53153D4C91CC4E299A97467973BF1606?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)&bhcp=1)

<sup>19</sup> U.S. Department of Justice, U.S. Department of Health and Human Services, and U.S. Department of Housing and Urban Development Joint Letter Regarding Immigration Access to Housing and Services: <https://www.hudexchange.info/resources/documents/HUD-HHS-DOJ-Letter-Regarding-Immigrant-Access-to-Housing-and-Services.pdf>

<sup>20</sup> HUD Final Rule "Equal Access in Accordance with an Individual's Gender Identity": <https://www.hudexchange.info/resources/documents/Equal-Access-Final-Rule-2016.pdf>

<sup>21</sup> 24 CFR Part 5: Equal Access in Accordance with an Individual's Gender Identify in Community Planning and Development Programs: <https://www.hudexchange.info/resources/documents/Equal-Access-Final-Rule-2016.pdf>

- All CoC and ESG funded projects must recognize that a difference may exist between an individual's actual gender identify and perceived gender identity
- All CoC and ESG funded projects may not deny access to a single-sex emergency shelter or facility because the provider possesses identity documents indicating a sex different from the gender with which the resident or potential client identifies
- All CoC and ESG funded projects may not consider the resident or potential resident ineligible for an emergency shelter or other facility because their appearance or behavior does not conform to gender stereotypes
- All CoC and ESG funded projects may not ask questions or otherwise seek information or documentation concerning a person's anatomy or medical history related to their gender identity or expression

In addition, HPAC shall expect that all CoC and ESG funded agencies complete the following in order to ensure compliance with the Final Rule:

- Develop written policies and procedures ensuring compliance with the rule
- Update staff, volunteer, and contractor trainings to comply with the written policies and procedures
- Educate clients on the agency's/project's commitment to comply with the Equal Access Final Rule
- Make the agency's/project's policies and procedures readily available to the clients



## APPENDIX A – Resources for Victims of Domestic Violence

### Local

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- **Empower Yolo:**
  - 24 hour Crisis Lines- (530)-662-1133 / (916) 371-1907
  - Dowling Center
    - 175 Walnut Street, Woodland, CA 95695
    - 530-661-6336
    - Fax: 530-661-3021
    - [info@empoweryolo.org](mailto:info@empoweryolo.org)
    - <http://empoweryolo.org>
  - D-Street House
    - 441 D Street, Davis, CA 95616
    - 530-757-1261
  - Knights Landing Resource Center
    - 9586 Mill Street, Knights Landing, CA 95645
    - 530-735-1776
  - West Sacramento
    - 1025 Triangle Court, Suite 600, West Sacramento, CA 95605
    - Crisis line- 916-371-1907
  - Family Resource Center
    - Marguerite Montgomery Elementary School; 1441 Danbury Dr., Davis, CA 95618
    - 530-759-2159
- **Legal Services of Northern California**
  - 619 North Street, Woodland, CA, 95695
  - 530-662-1065
  - [Woodland-office@lsnc.net](mailto:Woodland-office@lsnc.net)
  - <https://lsnc.net>

### National

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- **National Domestic Violence Hotline:** 1-800-799-7233, 1-800-787-3224 (TTY)
- **Rape, Abuse & Incest National Network's National Sexual Assault Hotline:** 800-656-HOPE or <https://ohl.rainn.org/online/>
- **National Center for Victims of Crime's Stalking Resource Center:** <https://www.victimsofcrime.org/our-programs/stalking-resource-center>

## **Supporting Documentation for Item #5.3**

HPAC Coordinated Entry Policies and Procedures

*Revisions including Case Conference Process*



**Yolo County Homeless and Poverty Action Coalition (HPAC)**

**Coordinated Entry Policies and Procedures**

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

*Revised August 22, 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”.<sup>1</sup> 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.<sup>2</sup>

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.

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<sup>1</sup> 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>

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

## **Vision and Core Values**

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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

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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**

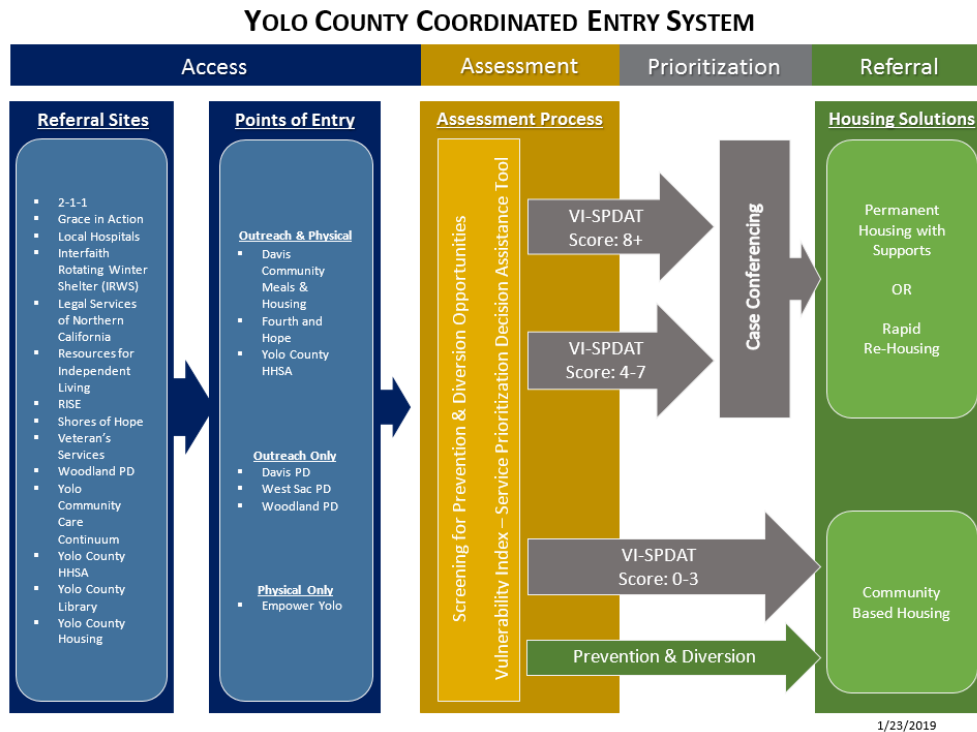
Programs that participate in the CoC's Coordinated Entry process will accept all eligible referrals unless the CoC has a protocol for rejecting referrals documented in these Policies and Procedures, which ensures that such rejections are justified and rare and that participants are able to identify and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

**Ongoing Planning and Stakeholder Consultation**

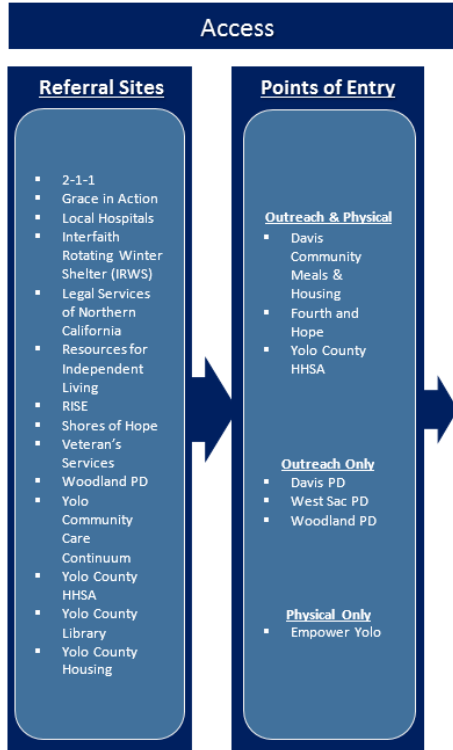
HPAC will engage in ongoing planning with all stakeholders participating in the coordinated entry process. This process shall be reviewed as needed, and shall be revised and re-adopted every 3 years by HPAC. Feedback from individuals and families experiencing homelessness or recently connected to housing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



## 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**

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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.

~~Points of Entry are broken down into three categories according to their mode of access.~~ 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**

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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.

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### 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.

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#### 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](#).

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#### 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.

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### **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.

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### **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.

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### **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 578.7<sup>3</sup>, 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:

<sup>3</sup> 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](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=5d030234903ffc25ad85a1fe4656bff7&mc=true&n=pt24.3.578&r=PART&ty=HTML#se24.3.578_165)



- 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.
  - 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**

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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 Notice<sup>4</sup>. The following subsections explain each requirement and HPAC’s standards for compliance.

### **Privacy Statement**

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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

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<sup>4</sup> 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 Notice<sup>5</sup> (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

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<sup>5</sup> 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

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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 Notice<sup>6</sup>.

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

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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:

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<sup>6</sup> 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.](#)

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#### 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**

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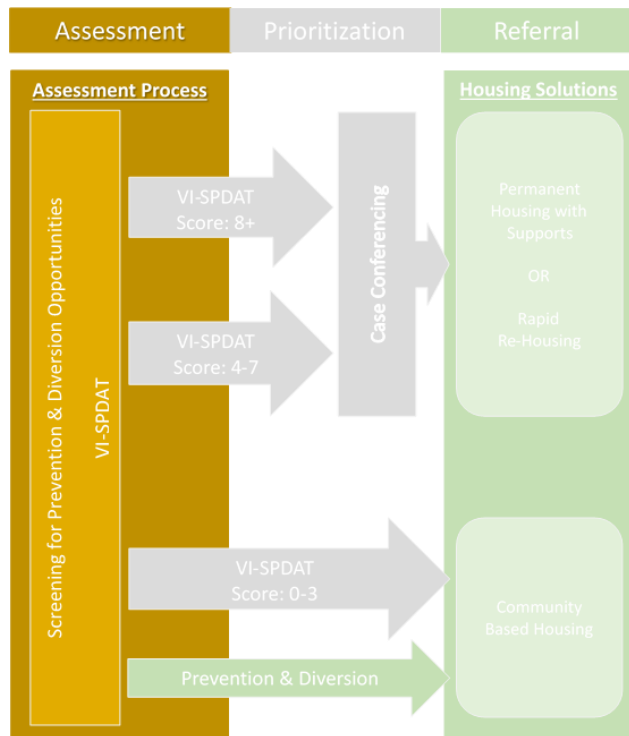
All providers in the Coordinated Entry System must be compliant with ADA standards. No individual shall be excluded from the Coordinated Entry process due to physical accessibility barriers.

#### **Connection to Mainstream Resources**

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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

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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

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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

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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**

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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**

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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.

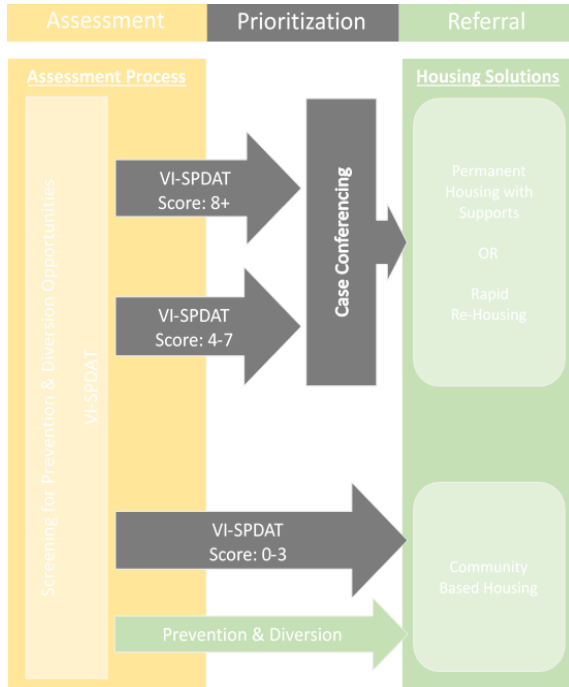
#### **Assessment Training**

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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**

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

**NOTE** All priorities are subject to change as needed and decided on by HPAC.

## Case Conferencing

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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

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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

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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

**Commented [EM2]:** Technical recommended creating an HMIS User Guide for the Community Queue and referencing the guide here, the user guide is not yet drafted so no reference will be made in the policies until the guide is available.

- 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.

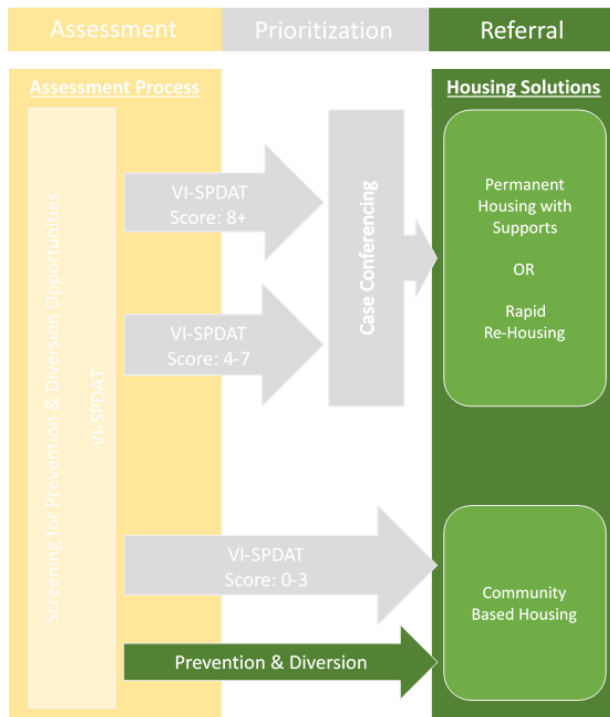
An individual or family does not have to be active on the Community Queue, nor registered in HMIS, for their care to be discussed at the MDT. However, an MDT Release of Information must be signed by the client prior to discussing their case. When an individual or family's care is discussed at an MDT 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

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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

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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

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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

<b>Affirmative Marketing and Outreach</b>	<p>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).</p> <p>Nondiscrimination and affirmative outreach requirements for the ESG program are located at 24 CFR § 576.407(a) and (b).</p>
<b>Assessment</b>	<p>In the context of the coordinated entry process, HUD uses the term <i>Assessment</i> 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.</p>
<b>Community Based Housing</b>	<p>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.</p>
<b>Coordinated Entry</b>	<p>The CoC and ESG Program interim rules, 24 CFR § 578 and 24 CFR §§ 91 and 576, respectively, use the terms "<i>centralized or coordinated assessment</i>" and "<i>centralized or coordinated assessment system</i>;" however, HUD and its Federal partners have begun to use the terms "<i>coordinated entry</i>" and "<i>coordinated entry process</i>." "<i>Centralized or coordinated assessment system</i>" 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 "<i>Coordinated Entry</i>" or "<i>Coordinated Entry System</i>" ("CES").</p> <p>The CoC Program interim rule at 24 CFR § 578.3 defines centralized or coordinated assessment as a "<i>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.</i>"</p>

<b>Crisis Response System</b>	All the services and housing available to persons who are homeless or at imminent risk of experiencing literal homelessness.
<b>Diversion</b>	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.
<b>Domestic Violence</b>	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.
<b>Eligibility</b>	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.
<b>Emergency Solutions Grant (ESG)</b>	HUD funded program that provides grants to fund projects that: <ol style="list-style-type: none"> <li>1. Engage homeless individuals and families living on the street</li> <li>2. Improve the number and quality of emergency shelters for homeless individuals and families</li> <li>3. Help operate these shelters</li> <li>4. Provide essential services to shelter residents</li> <li>5. Rapidly house homeless individuals and families; and,</li> <li>6. Prevent families/individuals from becoming homeless.</li> </ol>
<b>Homeless System</b>	Refers specifically to the services and housing available only to persons who are literally homeless.
<b>U.S. Department of Housing and Urban Development (HUD)</b>	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.
<b>Participants</b>	Once a person is enrolled in a housing or supportive services program they are called <i>program participants</i> .
<b>Permanent Supportive Housing (PSH)</b>	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.

<b>Prevention</b>	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.
<b>Points of Entry</b>	<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.
<b>Prioritization</b>	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.
<b>Projects or Programs</b>	Housing or supportive services intended to help a program participant to rapidly exit homelessness and remain stably housed.
<b>Rapid Re-Housing (RRH)</b>	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.
<b>Referral Site</b>	<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.
<b>Scoring</b>	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.
<b>Suitability</b>	<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.

**Supporting Documentation for Item #6**

County Homeless Plan

## Appendix B. Solutions At-A-Glance

The chart below provides an overview of the solutions and actions steps outlined above and a time frame for completing these actions. The “Lead(s)” column is intentionally left blank and will be used by partners to help assign leadership for each strategy and action step in the coming months.

<b>Goal 1. Strengthen the Homeless Crisis Response System, Developing Prevention Services</b>			
<b>Strategy</b>	<b>Action Steps</b>	<b>Timeframe</b>	<b>Lead(s)</b>
1.A. Map the homeless crisis response system and Prevention Resources Available.	<ol style="list-style-type: none"> <li>1. Map and Generate List of Homeless Crisis Response Services</li> <li>2. Conduct Sequential Intercept Mapping</li> </ol>	<ol style="list-style-type: none"> <li>1. Year 1</li> <li>2. Years 1-3</li> </ol>	
1.B. Leverage new state funding sources to invest in prevention and crisis response services.	<ol style="list-style-type: none"> <li>1. Apply for additional CESH and HEAP money as available</li> <li>2. Consider utilizing SB 2 funding for investing in crisis response system</li> </ol>	<ol style="list-style-type: none"> <li>1. Year 1</li> <li>2. Years 1-3</li> </ol>	
1.C. Develop and pilot an early identification tool to assess those in need of prevention services.	<ol style="list-style-type: none"> <li>1. Coordinate partners and identify existing tools</li> <li>2. Develop/adapt screening tool</li> <li>3. Partner with providers to pilot</li> </ol>	<ol style="list-style-type: none"> <li>1. Year 1</li> <li>2. Years 1-2</li> <li>3. Years 2-3</li> </ol>	
<b>Goal 2. Increase affordable housing options for the most vulnerable</b>			
<b>Strategy</b>	<b>Action Steps</b>	<b>Timeframe</b>	<b>Lead(s)</b>
2.A. Invest in alternative housing models to more efficiently develop affordable housing.	<ol style="list-style-type: none"> <li>1. Identify alternative housing models to focus on piloting</li> <li>2. Review existing zoning laws and fees</li> <li>3. Partner with City Planning Departments to pilot</li> </ol>	<ol style="list-style-type: none"> <li>1. Year 1</li> <li>2. Years 1-2</li> <li>3. Years 2-3</li> </ol>	
2.B. Create public-facing resource materials that outline the benefits of affordable housing development.	<ol style="list-style-type: none"> <li>1. Create an FAQ-like document to outline the benefits and need for affordable housing development</li> </ol>	<ol style="list-style-type: none"> <li>1. Year 1</li> </ol>	
2.C. Explore options for a local funding source for affordable housing development.	<ol style="list-style-type: none"> <li>1. Review successful local funding measures</li> <li>2. Meet with County and City Leadership to discuss options for Yolo County</li> <li>3. Develop local funding proposal for Yolo County</li> </ol>	<ol style="list-style-type: none"> <li>1. Year 1</li> <li>2. Years 1-3</li> <li>3. Year 3</li> </ol>	



Yolo County Plan to Address Homelessness

<b>Goal 3. Stabilize and maintain physical and behavioral health for those with the highest needs</b>			
<b>Strategy</b>	<b>Action Steps</b>	<b>Timeframe</b>	<b>Lead(s)</b>
3.A. Increase access to mobile and co-located health services.	<ol style="list-style-type: none"> <li>1. Map current mobile health outreach and co-located services</li> <li>2. Identify areas of need</li> <li>3. Expand mobile health outreach and co-located services</li> </ol>	<ol style="list-style-type: none"> <li>1. Year 1</li> <li>2. Year 1</li> <li>3. Years 2-3</li> </ol>	
3.B. Improve connections between health and housing efforts.	<ol style="list-style-type: none"> <li>1. Utilize AB 210 to improve information sharing between agencies</li> <li>2. Utilize SB 1152 to create and standardized hospital discharge policy</li> <li>3. Engage with other system's discharge efforts</li> </ol>	<ol style="list-style-type: none"> <li>1. Years 1-2</li> <li>2. Year 1</li> <li>3. Years 2-3</li> </ol>	
<b>Goal 4. Examine systems level coordination, identifying opportunities for improved partnership</b>			
<b>Strategy</b>	<b>Action Steps</b>	<b>Timeframe</b>	<b>Lead(s)</b>
4.A. Leverage the Continuum of Care structure to strengthen coordination and partnerships.	<ol style="list-style-type: none"> <li>1. Utilize HPAC to review current coordination and partnership efforts</li> <li>2. Look at how other CoCs in California partner</li> <li>3. Create a set of recommendations for increased partnership</li> </ol>	<ol style="list-style-type: none"> <li>1. Year 1</li> <li>2. Year 1</li> <li>3. Year 2</li> </ol>	