

# **HPAC TECHNICAL SUBCOMMITTEE MEETING AGENDA**

Thursday, July 25<sup>th</sup>, 2019, 9:00-11:00 am Yolo County HHSA – Bauer Building – Ross Room

Tasks:	Speaker:	Time:
1. Introductions	Emily Meza	9:00-9:05
<ul> <li>FY2019 CoC Program</li> <li>Notice of Local Funding</li> <li>Project Ranking, Reallocation, and Selection Process</li> </ul>	Emily Meza	9:05-9:20
<ul><li>3. Appeals Process</li><li>Review draft appeals process</li></ul>	lan Evans	9:20-9:50
4. Definition of Conflicted Agency	lan Evans	9:50-10:20
<ul> <li>Coordinated Entry Policies and Procedures</li> <li>Final review of Case Conference section for recommendation to HPAC for re-adoption</li> </ul>	Emily Meza	10:20-10:50
<ul> <li>Closing and Next Steps</li> <li>Next meeting- August 22<sup>nd</sup> – West Sacramento – Civic Center Galleria – Room 157</li> </ul>	Emily Meza	10:50-11:00



# Notice of Funding for Homeless Services FY 2019 Continuum of Care Competition Draft 7/23/19

The United States Department of Housing and Urban Development (HUD) released a Notice of Funding Availability (NOFA) for the 2019 Continuum of Care (CoC) program on July 3, 2019. The full NOFA can be found on the HUD Exchange website.

The CoC Program is designed to accomplish several goals, including:

- Promoting a community-wide commitment to the goal of ending homelessness;
- Providing funding for efforts by nonprofit providers, states and local government to quickly rehouse homeless individuals, families, persons fleeing domestic violence, dating violence, sexual assault, and stalking, and youth while minimizing the trauma and dislocation caused by homelessness;
- Promoting access to and effective utilization of mainstream programs by homeless individuals and families; and
- Optimizing self-sufficiency among those experiencing homelessness.

### **APPLICATION QUICK FACTS**

Eligible agencies within the Davis/Woodland/ Yolo County Continuum of Care (CA-521) (also known as the Homeless and Poverty Action Coalition (HPAC)) are <u>potentially</u> eligible to receive an estimated combined total of \$578,193, divided as follows:

- \$481,697 in renewal funding (annual renewal demand)
- \$26,804 in CoC Bonus funding (6% of annual renewal demand)
- \$53,609 in Domestic Violence Bonus funding
- \$16,083 in Coc Planning funding (3% of annual renewal demand)

### **HUD FUNDING PRIORITIES**

As in previous years, HUD will prioritize funding in alignment with the FY 2019 Appropriations Act. This includes requirements such as:

- Coc's cannot receive grants for new projects (other than reallocation), unless the CoC competitively ranks projects based on how they improve system performance;
- HUD is increasing the share of the CoC application score that is based on performance criteria;
   and
- HUD will prioritize funding for CoC's that have demonstrated the ability to reallocate resources to higher performing projects.

# **ELIGIBLE PROJECTS:**

CoCs may request renewals for existing projects, or may use reallocation, the <u>CoC</u> bonus, or the domestic violence bonus to request funding for new projects as described below. Eligible entities include nonprofit organizations, states, local governments and public housing authorities.



# Notice of Funding for Homeless Services FY 2019 Continuum of Care Competition Draft 7/23/19

### **Renewal Projects**

All projects funded by the CoC Program that are currently in operation and will expire in Calendar Year 2020 (January 1, 2020 to December 31, 2020) are eligible to apply for renewal funding.

Note: projects that are eligible for renewal may also apply as an expansion project. See the New
Project section below for further details on application requirements.

### **New Projects**

CoCs may request funding for new projects through (1) the process of reallocation or (2) bonus funding.

- Through the Reallocation process, which reallocates funds from a currently funded project to a new project, CoCs may create six types of new projects:
  - New permanent supportive housing projects where all beds will be dedicated for use by chronically homeless individuals and families.
  - New permanent supportive housing projects that meet the requirements of Dedicated PLUS
    as defined in Section III.<u>C.2.g</u> of the NOFA.
  - New rapid re-housing projects that will serve homeless individuals and families, including unaccompanied youth.
  - New Joint Transitional Housing and Rapid Re-Housing projects as defined in Section III.<u>C.2.n</u>
    of the NOFA.
  - New Supportive Services Only (SSO) projects specifically for a centralized or coordinated assessment system.
  - New dedicated Homeless Management Information System (HMIS) projects carried out by the HMIS lead.
- Through the <u>CoC</u> Bonus, the Yolo CoC may request up to \$26,804 for the following types of new projects:
  - New permanent supportive housing projects where all beds will be dedicated for use by chronically homeless individuals and families.
  - New permanent supportive housing projects that meet the requirements of DedicatedPLUS as defined in <a href="Section III.C.2.g">Section III.C.2.g</a> of the NOFA.
  - New rapid re-housing projects that will serve homeless individuals and families, including unaccompanied youth.
  - New Joint Transitional Housing and Rapid Re-Housing projects as defined in <u>Section III.C. 2.n</u> of the NOFA.
  - New dedicated Homeless Management Information System (HMIS) projects carried out by the HMIS lead.



# Notice of Funding for Homeless Services FY 2019 Continuum of Care Competition Draft 7/23/19

- New Supportive Services Only Coordinated Entry (SSO-CE) projects specifically for a centralized or coordinated assessment system.
- Please Note: To be eligible to receive a bonus project, a CoC must demonstrate that it ranks
  projects based on how they improve system performance as outlined in Section VII.B.1.a of
  the NOFA.
- Through the *Domestic Violence Bonus (DV Bonus)*, the Yolo CoC may request up to \$53,609 for the following types of projects:
  - New rapid re-housing projects that must follow a housing first approach.
  - New Joint Transitional Housing and Rapid Re-Housing projects as defined in Section III.C.2.n of the NOFA that must follow a housing first approach.
  - New Supportive Services Only projects for Coordinated Entry (SSO-CE) to implement policies, procedures and practices that equip the CoC's coordinated entry to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking.
  - O Please Note:
    - The CoC may only submit one project application for an SSO-CE project.
    - The CoC may submit any number PH-RRH and Joint TH and PH-RRH projects provided that each application is for at least \$25,000.
    - The CoC may apply for domestic violence bonus funds to expand an existing project that is not dedicated to serving survivors of domestic violence if the funds are used to dedicate additional units, beds persons served, or services provided to existing program participants of this population.
- Through the transition grant, the Yolo CoC may request to transition one eligible renewal project
  being eliminated through reallocation to a new project, with the transition from one project
  component to another occurring over a 1-year period. No more than 50% of funds may be used
  for costs of eligible activities of the program component being eliminated.
- Through the expansion process HUD will allow CoC's to apply for a new "expansion project" using
  the reallocation process or bonus projects. This will allow applicants to expand its current
  operations by adding units, beds, persons served, services provided to existing program
  participants, or in the case of HMIS projects, increase the current HMIS activities within the CoC's
  geographic area.
  - O Applicants must submit the following:
    - 1. a renewal application for the current project,
    - 2. a new project application with just the expansion information, and
    - 4-3. a renewal project application that incorporates the renewal and new expansion activities, and the combined budget line items for both the renewal and new expansion.
- New in FY 2019: HUD will allow CoC's to renew projects funded in the FY2016 Youth Homeless Demonstration Project (YHDP) if they meet the requirements of the CoC program and will have

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# Notice of Funding for Homeless Services FY 2019 Continuum of Care Competition Draft 7/23/19

an operating end date in Calendar Year (CY) 2020 (between January 1, 2020 and December 31, 2020). The Yolo CoC does not have any current YHDP projects.

### YOLO COC PROJECT RANKING

CoCs will be required to hold a local funding competition and use an objective ranking system to determine the project applications to be submitted to HUD in this funding round. Projects submitted cannot equal more than the CoC's Annual Renewal Demand (ARD) of \$481,697, CoC Bonus of \$26,804, and domestic violence bonus of \$53,609. Once the final projects have been selected, the CoC must rank the project applications in two tiers.

- o Tier 1 will be equal to 100% of the combined Annual Renewal Amounts (ARA) for all projects eligible for renewal for the first time plus 94 percent of the combined ARAs for all other projects eligible for renewal. Tier 1 for the Yolo CoC will be \$452,795 for FY2019.
- Tier 2 will be equal to the <u>difference between Tier 1 and the CoC's ARD (\$28,902)</u> plus any amounts available for <u>CoC B</u>onus projects <u>(\$26,804)</u>. <u>Tier 2 for the Yolo CoC will be \$55,706</u>.

### **HUD Selection**

- HUD will conditionally select projects that are fully within Tier 1 that pass eligibility and threshold review, based on CoC score beginning with highest scoring CoC to the lowest scoring.
- HUD will select projects in Tier 2 in order of CoC score and project score until there are no more funds available.
- If a project application is straddling the Tier 1 and Tier 2 funding line, HUD will conditionally select the project up to the amount of funding that falls within Tier 1. If HUD does not fund the Tier 2 portion, HUD may award the project at the reduced amount, provided the project is still feasible with the reduced funding.
- For projects the CoC indicates it would like to be considered as part of domestic violence bonus, HUD will award a separate point value to each project application. CoCs are required to rank all domestic violence bonus projects among the other new CoC projects, but also to assign domestic violence projects a unique rank number. If a domestic violence bonus project is selected by HUD for receipt of domestic violence bonus funds, HUD will remove that project from the CoC's ranked list of new projects, and all other project applications ranked below the domestic violence bonus project will move up one ranked position. If the domestic violence bonus project is not selected for domestic violence funding, the project application will remain in its ranked position and will be considered as a normal ranked project within the other CoC funding competition.

## **APPLICATION TIMELINE**

 Eligible applicants must submit a project application in the <u>e-snaps system</u> no later than 11:59pm on August 5, 2018.

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# Notice of Funding for Homeless Services FY 2019 Continuum of Care Competition Draft 7/23/19

- Applicants requesting funding for new projects should express their intent to apply to the Yolo County Homeless Services Team at <a href="mailto:Emily.Meza@yolocounty.org">Emily.Meza@yolocounty.org</a> or (530) 666-8553 no later than 5:00pm on <a href="mailto:Friday">Friday</a>, August 3, 2018.
- Project applicants will be notified regarding the status of their application (including approval or denial, and ranking if approved) no later than 5:00pm on Friday, August 31, 2018.

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**Commented [EM3]:** Will be updated to align with the timeline option (1 or 2) selected by HPAC. (see below)



# Notice of Funding for Homeless Services FY 201<u>9</u> Continuum of Care Competition Draft 7/23/19

# **APPENDIX A: APPLICATION TIMELINE**

Option 1

CoC Coordinator sends comments and corrections to project applicants on apps  Project applicants return final corrected applications in e-snaps  CoC target for uploading the entire collaborative application and project priority listing to the HPAC website  CoC target for submitting collaborative application and project priority listing
Project applicants return final corrected applications in e-snaps  CoC target for uploading the entire collaborative application and project priority
CoC Coordinator sends comments and corrections to project applicants on apps
Notification letters issued to applicants
CoC formally adopts project ranking at HPAC Meeting
Ranking of project applications
Homeless Coordinator conducts threshold review of project applications
Project applications must be submitted to CoC in e-snaps
Notice of Intent Due to Homeless Coordinator for New Projects
CoC formally adopts project ranking and selection process and posts online
CoC Technical Subcommittee revises project ranking and selection process
HUD released Notice of Funding Availability (NOFA) for 2018 CoC Competition

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**Commented [EM4]:** Applicants must be notified whether their project applications will be accepted and ranked, rejected or reduced no later than 15 days prior to the CoC Application due date of 9/30/19

**Commented [EM5]:** Entire CoC Application must be posted online at least 2 days prior to CoC Application due date of 9/30/19



# Notice of Funding for Homeless Services FY 2019 Continuum of Care Competition Draft 7/23/19

# Option 2 – (requires special meeting)

7/3/19 HUD released Notice of Funding Availability (NOFA) for 2018 CoC Competition 7/25/19 CoC Technical Subcommittee revises project ranking and selection process 8/2/19 CoC formally adopts project ranking and selection process and posts online 8/7/19 Notice of Intent Due to Homeless Coordinator for New Projects 8/22/19 @ 11:59pm Project applications must be submitted to CoC in e-snaps 8/23/19 Homeless Coordinator conducts threshold review of project applications 8/26/19-8/30/19 Ranking of project applications 9/1/19-9/11/19 CoC formally adopts project ranking at special HPAC Meeting 9/13/19 @ 5:00pm Notification letters issued to applicants 9/19/19 CoC Coordinator sends comments and corrections to project applicants on apps 9/24/19 Project applicants return final corrected applications in e-snaps 9/26/19 CoC target for uploading the entire collaborative application and project priority listing to the HPAC website 9/28/19 CoC target for submitting collaborative application and project priority listing 9/30/19 @ 4:59pm **CoC application due to HUD** 

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**Commented [EM7]:** Entire CoC Application must be posted online at least 2 days prior to CoC Application due date of 9/30/19



# Notice of Funding for Homeless Services FY 201<u>9</u> Continuum of Care Competition Draft 7/23/19

# **APPENDIX B: HUD SCORING**

Applications will be assessed on a 200-point scale.

Project Capacity, Review, and Ranking	29 Points/ 15%
Objective Criteria and Past Performance	18
Reallocating Projects	4
Severity of Needs and Performance	4
Ranking and Selection Process	3
System Performance	60 Points/ 30%
Reducing the Number of Homeless Individuals and Families	10
Reduction in the Number of First Time Homeless	3
Length of Time Homeless	14
Successful Permanent Housing Placement or Retention	11
Returns to Homelessness	8
Jobs and Income Growth	<u>5</u>
Other Non-Employment Income	<u>3</u>
HMIS System Performance Measures	6
Homeless Management Information System	9 Points/ 4.5%
Housing Inventory Count (HIC)	1
Bed Coverage	6
Longitudinal Systems Analysis (LSA) Report	2
Point-in-Time Count	6 Points/ 3%
PIT Count and Data Submissions	3
Effectively Counting Youth	3
Performance and Strategic Planning	40 Points/ 20%
Ending Chronic Homelessness	<u>10</u>
Ending Homelessness Among Households with Children	<u>10</u>
Ending Youth Homelessness	<u>10</u>
Ending Veteran Homelessness	<u>10</u>
CoC Coordination and Engagement	56 Points/ 28%
Inclusive Structure and Participation	<u>5</u>
Coordination with Federal, State, Local, Private and Other Organizations	2
Addressing the Needs of Victims of Domestic Violence	3
Protecting Against Discrimination	<u>3</u>
Public Housing Agencies	5
Discharge Planning	<u>1</u>
Low Barriers to Entry	7
Street Outreach	3
Criminalization	<u>1</u>
Rapid Re-Housing	10
Mainstream Benefits	1
Coordinated Entry	3
Addressing Racial Disparities in Homelessness	<u>5</u>
Promoting and Increasing Employment	<u>6</u>
Promoting Volunteering and Community Service	<u>1</u>
Section 3 Requirements for CoCs (only applicable to new construction or rehabilitation projects)	-2 (if req. not met)

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Commented [EM13]: 48 points (24%) in 2018

**Commented [EM14]:** Formerly "Addressing the Needs of LGBT Individuals"

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# FY 2019 Continuum of Care (CoC) Competition Project Reallocation, Ranking and Selection Process <u>Draft 7/23/19</u>

#### PROJECT SELECTION SUBCOMMITTEE

During the FY <u>2019</u> CoC competition HPAC will establish an objective Project Selection Subcommittee to develop a recommendation regarding which project applications should be sent to HUD for funding in the FY2019 CoC competition. The Subcommittee will include:

- Representatives from non-conflicted CoC member agencies and stakeholders
- A minimum of 5 members, maximum of 10 members
- Membership representing both public and private agencies
- Membership representing all geographic areas within the HPAC jurisdiction
- No more than one representative from each member agency

The County <u>Homeless Services Team</u> will act as staff to committee, but will not participate in ranking or voting.

# PROJECT REALLOCATION, RANKING AND SELECTION PROCEDURE

#### SUBMISSION OF PROJECT APPLICATIONS

All project applications must be submitted in e-snaps by August 5, 2018 at 11:59pm.

- Applications received late, but within 8 hours of the due date/time will receive a 5-point score reduction.
- Projects received after 7:59am on 8/6/18 may receive an additional point reduction, to be determined by the Project Selection Subcommittee.
- It is recommended that applicants take a screenshot of their Submissions List and Project Summaries after submitting. In the event that the e-snaps system has issues, this can be used as evidence that the project was submitted on-time.
- If an applicant is having issues with submitting the application in e-snaps by the deadline due to system
  error they may submit a PDF version of the application, along with evidence that the e-snaps system was
  not working.

For renewal projects, the Annual Performance Report (APR) from the Homeless Management Information System (HMIS) should be submitted directly to the Homeless Services Team by August 5, 2018 at 11:59pm. Victim service providers should submit APR data from a comparable database to HMIS.

In addition to the application in e-snaps, project applicants may submit a supplementary response (no longer than 5 pages) directly to the <a href="Homeless Services Team">Homeless Services Team</a> to address any areas where they believe members of the Project Selection Subcommittee may require additional information or explanations. These responses will be distributed to Subcommittee members along with the project applications. Project applicants may also participate in a brief in-person interview with the Project Selection Subcommittee prior to their cumulative ranking process to answer questions and address any areas of concern.

### PREPARATION FOR REVIEW PROCESS

Minimum Threshold Review

**Commented [EM1]:** Will be updated to align with the timeline (option 1 or 2) selected by HPAC. (see draft Notice of Funding)

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# FY 2019 Continuum of Care (CoC) Competition Project Reallocation, Ranking and Selection Process

Draft 7/23/19

8/6-8/7: <u>Homeless Services Team</u> conducts a minimal threshold review on new projects to ensure that projects meet minimum requirements as described below. Per guidance from HUD, all renewal projects will be assumed to meet the threshold requirements.

- Project type and population served is eligible for CoC funding
- Project serves CoC service area
- Project meets 25% match requirements
- Project meets HUD project quality threshold (as described on page <u>34</u> of the Notice of Funding Availability)

If a project does not meet the threshold requirements the Project Selection Subcommittee will be notified. Depending on the severity of the issue, the Subcommittee may reject the project for funding, or work with the applicant on addressing the issue.

### **Distribution of Application Scoring Packets**

**8/7**: Homeless Services Team prepares and distributes application packets to the members of the Project Selection Subcommittee.

#### **SCORING**

**8/8-8/21:** Members of the Project Selection Subcommittee independently review and score all renewal projects <sup>1</sup>and new projects<sup>2</sup> (out of 75 possible points). Separate scoring sheets will be used for renewal and new projects. Renewal projects that have been in operation for less than 1 year, and have not completed an Annual Performance Report (APR), will be scored using the new project rubric. Victim service providers will be evaluated using the same scoring sheets as other projects, but should submit APR data from a database comparable to HMIS.

# REALLOCATION, RANKING AND PROJECT SELECTION

8/21-8/22: Members of the Project Selection Subcommittee meet to complete the following tasks:

- Interview project applicants to address any outstanding questions
- Consider reallocation of under-performing projects
- Select new projects
- Assign a rank to each project application

Assign a cumulative score to each new and renewal project

 $^{1}$  Renewal Projects: Projects currently funded by the CoC program with an expiration date in  $20\underline{20}$ 

- Any new project proposal for a:
  - Permanent supportive housing projects dedicated to chronically homeless
  - Permanent supportive housing projects meeting the definition of DedicatedPLUS
  - Rapid re-housing projects
  - Joint Transitional Housing and Rapid Re-Housing projects
  - Supportive Services Only (SSO) projects for coordinated entry
  - o HMIS project (only HMIS lead can apply)
- CoC Bonus projects

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<sup>&</sup>lt;sup>2</sup> New Projects:



# FY 2019 Continuum of Care (CoC) Competition Project Reallocation, Ranking and Selection Process

Draft 7/23/19

Minutes will be recorded at the meeting, provided at the subsequent HPAC meeting with the ranking results, and made available to the public.

### **Cumulative Scoring of Renewal and New Projects**

The Subcommittee's first task will be to develop a cumulative score for each project by aggregating the scores assigned to each project by each individual member of the Subcommittee.

#### **Reallocation of Under-Performing Projects**

Next, the Subcommittee will consider whether reallocation<sup>3</sup> of under-performing renewal projects is necessary.

- The Subcommittee will recommend reallocation of any projects not meeting a minimum scoring threshold of 45 points (60% of total available points).
- The Subcommittee will recommend development of a Corrective Action Plan for any projects scoring between 45 to 55 points (60-73% of total available points).
  - ✓ Projects recommended for corrective action must develop and share a Corrective Action Plan with HPAC by November 1, 20198. The Homeless Services Team will assist projects with development of the Plan, and will provide technical assistance as needed. Additionally, HPAC will continually monitor the Plan and provide ongoing assistance with improvement efforts. If project has not demonstrated improvement before FY20 CoC process (as demonstrated by improved score), the project may be recommended for reallocation.

### **Selection of Renewal and New Projects**

After considering all renewal projects and determining the need for reallocation of under-performing projects the Project Selection Subcommittee will recommend all remaining renewal projects for funding in the FY19 CoC competition. After renewals have been reviewed and recommended for funding, the Subcommittee will determine the amount of funding available for new projects using the formula provided below.

STEP 1:		\$ <u>481,697</u>	Annual Renewal Demand
		\$ <u>26,804</u>	<u>CoC</u> Bonus
	+	\$ <u>53,609</u>	Domestic Violence Bonus
	=	\$ <u>562,110</u>	Total Available Funds
STEP 2:		\$ <u>562,110</u>	Total Available Funds
	-	\$xxx,xxx	Cost of Recommended Renewals
	=	\$xxx,xxx	Balance Available for New Projects

The Subcommittee will review the new project proposals, giving consideration to the score of each project, the geographic disbursement of projects, and whether the project addresses a critical community need that is currently unmet. The Subcommittee will select projects for funding until the available funding runs out. All remaining new projects will be rejected for funding. <sup>4</sup>

<sup>&</sup>lt;sup>3</sup> Reallocation: When funds are shifted from an existing renewal project to create new projects

<sup>&</sup>lt;sup>4</sup> Projects **selected for funding** will be recommended to HUD for funding in the FY1<u>9</u> CoC competition. Projects **rejected for funding** will not be recommended to HUD for funding in the FY17 COC competition.



# FY 2019 Continuum of Care (CoC) Competition Project Reallocation, Ranking and Selection Process

Draft 7/23/19

### **Ranking of New and Renewal Projects**

Once the Subcommittee has selected all new and renewal projects that will be recommended for funding, the Subcommittee will assign a rank<sup>5</sup> and tier<sup>6</sup> to each project. Projects will be placed in order from highest to lowest based on cumulative score, and assigned a rank in that order.

TIER 1: \$452,795 100% of first time renewal projects plus 94% of all other renewals

\$562,110 Total Available Funding

The Subcommittee retains the right to alter the initial ranking and tier placement for strategic reasons, if initial scoring is likely to result in any critical services gaps, including lack of services in a community or lack of services for a priority population.

#### PUBLIC MEETING AND HPAC ADOPTION

**8/29**: The Project Selection Subcommittee will bring its final recommendation regarding project reallocation, selection, rejection, and rank/tier to the full HPAC membership at a public meeting on August 28, 2019. The draft recommendation will be posted on the HPAC website and emailed to the membership a minimum of 48-hours prior to the public meeting. The meeting will be publicly advertised on the HPAC website. All members of the public and local agencies will be invited to provide public comment during the meeting.

Following public comment, the HPAC membership will make a final determination regarding which projects will be recommended to HUD for funding, and will hold a vote of all non-conflicted member organizations.

### NOTIFICATION TO APPLICANTS

**8/31:** The <u>Homeless Services Team</u> will send an email to each project applicant explaining whether their project was accepted or rejected. If rejected, the letter will explain the reason for the rejection. If accepted, the letter will explain the rank and tier assignment. In addition, all applicants may request copies of the scoring materials associated with their project, or a debrief with the <u>Homeless Services Team</u>.

### **SOLO APPLICATIONS TO HUD**

Eligible project applicants that attempted to participate in the CoC planning process in the CA-521 Davis/Woodland/Yolo County Continuum of Care, that believe they were denied the opportunity to participate in a reasonable manner and were rejected or reallocated may appeal the rejection directly to HUD by submitting a solo application to HUD prior to the application deadline of **September 30**, **2019** by **8:00PM Eastern Time**.

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**Commented [EM9]:** Will be updated to align with the timeline (option 1 or 2) selected by HPAC. (see draft Notice of Funding)

<sup>&</sup>lt;sup>5</sup> Project Rank: Once selected for funding, all projects must be placed in order of preference or "ranked".

<sup>&</sup>lt;sup>6</sup> **Project Tier:** Once ranked, projects must be placed in two tiers. Projects in tier 1 will be conditionally selected by HUD for funding. Projects in tier 2 will be selected by HUD in order of CoC score and project score until no more funds are available.

<sup>&</sup>lt;sup>7</sup> Bonus Funding: \$26,804 is available for CoC Bonus projects, and \$53,609 is available for DV Bonus projects.



# FY 2019 Continuum of Care (CoC) Competition

Project Reallocation, Ranking and Selection Process

				<u> </u>
	Yolo CoC Scoring Rul	oric: R	enewal Projects	Commented [TD10]: These scoring categories are
PROGRAM DESIG	SN .			prescribed based on questions in the CoC application.
Type of Project	Does the type of project (PSH, RRH, TH, SSO, HMIS) meet HUD priorities and demonstrate the ability to meet a local community need?	10	10 Pts: Excellent 8 Pts: Strong 6 Pts: Fair 4 Pts: Needs Work 2 Pts: Poor 0 Pts: Terrible	
Low Barriers	Does the project plan to operate using a low barriers model, by minimizing service participation requirements and preconditions (meaning that they do not screen out potential participants based on clients possessing (1) too little income, (2) active or history of substance use, (3) criminal record, with exception of state mandated restrictions, and (4) history of domestic violence)?	10	10 Pts: Excellent 8 Pts: Strong 6 Pts: Fair 4 Pts: Needs Work 2 Pts: Poor 0 Pts: Terrible	
Serving Priority and Vulnerable Populations	If PSH, does project serve exclusively the chronically homeless <sup>8</sup> , or prioritize the chronically homeless for beds as they turn over?	5	5 Pts: Prioritizes chronically homeless with bed turnover 3Pts: Demonstrates in recent APR that a minimum of 50% of clients were chronically homeless 0 Pts: Does not prioritize chronically homeless	
	If not PSH, does the project serve high rates of highly vulnerable populations (including veterans, people with a history of victimization or abuse, people with mental illness or substance use disorder, people with a criminal history, unaccompanied minors and/or transition aged-youth)?		Consider rates of each population served according to HMIS data. Also consider plan for outreach and engagement with vulnerable populations.  5 Pts: Excellent 4Pts: Strong 3Pts: Fair 2 Pts: Needs Work 1 Pts: Poor 0 Pts: Terrible	
			Points Sub-Total: 2	5
PROGRAM PERFO	<b>DRMANCE</b> (Answers should be based on FY 1	5/16 H	MIS data)	
Housing Stability and Exits	If permanent supportive housing, do at least 80% of participants remain housed or exit to another permanent housing destination?	10	Consider HMIS data, as compared to other local projects. For victim service providers, consider data for a comparable database. May also consider supplemental responses from applicant regarding	

<sup>&</sup>lt;sup>8</sup> A person or household who is "chronically homeless" according to HUD includes an unaccompanied homeless individual with a disabling condition who has either (1) been homeless continuously for a year or more, or (2) has had at least four episodes of homelessness in the past three years. A disabling condition may include (1) a diagnosis of substance use disorder, (2) a serious mental illness, (3) a development disability, (4) a chronic physical illness, and (5) the co-occurrence of two or more of the previously mentioned conditions.



# FY 2019 Continuum of Care (CoC) Competition Project Reallocation, Ranking and Selection Process

	If transitional housing, do at least		and an
	80% of homeless persons exit to permanent housing?		performance issues, Yolo County housing market, affordable housing availability and local vacancy rates.  10 Pts: Excellent  8 Pts: Strong  6 Pts: Fair  4 Pts: Needs Work  2 Pts: Poor  0 Pts: Terrible
Income	Does project demonstrate that at least 20% of participants experience an increase in financial resources at project exit, or from project entry to end of period measured?	10	Consider HMIS data, as compared to other local projects. For victim service providers, consider data for a comparable database. May also consider supplemental responses from applicant regarding performance issues.  10 Pts: Excellent  8 Pts: Strong  6 Pts: Fair  4 Pts: Needs Work  2 Pts: Poor  0 Pts: Terrible
Mainstream Benefits	Does the project demonstrate success in connecting participants with and ensuring participants mainstream resources (including Food Stamps, General Assistance, SSI, TANF, Unemployment, Veterans Benefits, Veterans Healthcare and Workforce Investment Act)?	10	Consider HMIS data, as compared to other local projects. For victim service providers, consider data for a comparable database. May also consider supplemental responses from applicant regarding performance issues.  10 Pts: Excellent  8 Pts: Strong  6 Pts: Fair  4 Pts: Needs Work  2 Pts: Poor  0 Pts: Terrible
Bed Utilization	Does the project routinely operate at 85% capacity according to quarterly bed utilization reports from previous funding year?	5	Consider HMIS data, as compared to other local projects. For victim service providers, consider data for a comparable database. May also consider supplemental responses from applicant regarding performance issues.  5 Pts: Excellent 4Pts: Strong 3Pts: Fair 2 Pts: Needs Work 1 Pts: Poor 0 Pts: Terrible
			Points Sub-Total: 35
	MENT (20 Points)		



# FY 2019 Continuum of Care (CoC) Competition Project Reallocation, Ranking and Selection Process

•		<u> </u>	14Jt 7/23/13
HPAC Participation	Did agency (or sub recipient) staff participate in HPAC meetings (all HPAC and technical) and HPAC subcommittees during the past year? If new to the community, has the agency demonstrated a commitment to HPAC participation and partner engagement in the future?	10	Consider HPAC participation levels and supplemental responses.  10 Pts: Excellent  8 Pts: Strong  6 Pts: Fair  4 Pts: Needs Work  2 Pts: Poor  0 Pts: Terrible
Drawdown Rates and Fund Utilization	In the previous funding year, did the project draw down at least 95% of funds within 90 days of the project's expiration date? (determined using supplemental information from HUD)	5	Consider data from HUD. Also consider supplemental responses from applicant regarding any performance issues.  5 Pts: Excellent 4Pts: Strong 3Pts: Fair 2 Pts: Needs Work 1 Pts: Poor 0 Pts: Terrible
			Points Sub-Total: 15



# FY 2019 Continuum of Care (CoC) Competition

Project Reallocation, Ranking and Selection Process

Yolo CoC Scoring Rubric: New Projects						
PROGRAM DE	SIGN					
Type of Project	Does the type of project (PSH, RRH, TH, SSO, HMIS) meet HUD priorities and demonstrate the ability to meet a local community need?	10	10 Pts: Excellent 8 Pts: Strong 6 Pts: Fair 4 Pts: Needs Work 2 Pts: Poor 0 Pts: Terrible			
Low Barriers	Does the project plan to operate using a low barriers model, by minimizing service participation requirements and preconditions (meaning that they do not screen out potential participants based on clients possessing (1) too little income, (2) active or history of substance use, (3) criminal record, with exception of state mandated restrictions, and (4) history of domestic violence)?	5	10 Pts: Excellent 8 Pts: Strong 6 Pts: Fair 4 Pts: Needs Work 2 Pts: Poor 0 Pts: Terrible			
Priority and Vulnerable Populations	the chronically homeless, or prioritize the chronically homeless for beds as they turn over?  If not PSH, does the project serve high rates of highly vulnerable populations (including veterans, people with a history of victimization or abuse, people with mental illness or substance use disorder, people with a criminal history, unaccompanied minors and/or transition aged-youth)?		5 Pts: Serves exclusively chronically homeless 3Pts: Prioritizes chronically homeless with bed turnover 0 Pts: Does not prioritize chronically homeless  Consider rates of each population served according to HMIS data. Also consider plan for outreach and engagement with vulnerable populations. 5 Pts: Excellent 4Pts: Strong 3Pts: Fair 2 Pts: Needs Work 1 Pts: Poor 0 Pts: Terrible			
PROGRAM PEI	DECORMANICE		Points Sub-Total: 25			
Housing Stability and Exits	If permanent supportive housing, how does the project plan to retain participants or ensure that they exit to permanent housing?  HUD Standard: 80% of participants remain housed or exit to another permanent housing destination	10	Consider the information provided in the application to determine the likelihood that the project will meet the HUD standard:  10 Pts: Excellent 8 Pts: Strong 6 Pts: Fair			



# FY 2019 Continuum of Care (CoC) Competition Project Reallocation, Ranking and Selection Process

			ujt 7/23/13
	If rapid re-housing, how does the project plan to rapidly move participants into permanent housing?  HUD Standard: 80% of participants remain housed or exit to permanent housing		4 Pts: Needs Work 2 Pts: Poor 0 Pts: Terrible
Income	How does the project plan to increase income for participants? HUD Standard: At least 20% of participants experience an increase in financial resources at project exit, or from project entry to end of period measured	10	Consider the information provided in the application to determine the likelihood that the project will meet the HUD standard:  10 Pts: Excellent  8 Pts: Strong  6 Pts: Fair  4 Pts: Needs Work  2 Pts: Poor  0 Pts: Terrible
Mainstream Benefits	How does the project plan to assist participants in accessing mainstream benefits (including Food Stamps, General Assistance, SSI, TANF, Unemployment, Veterans Benefits, Veterans Healthcare and Workforce Investment Act)?  HUD Standard: At least 20% of participants experience an increase in financial resources at project exit, or from project entry to end of period measured	10	Consider the information provided in the application to determine the likelihood that the project will meet the HUD standard:  10 Pts: Excellent 8 Pts: Strong 6 Pts: Fair 4 Pts: Needs Work 2 Pts: Poor 0 Pts: Terrible
Bed Utilization	How does the project plan to quickly fill vacancies?  HUD Standard: Projects operate at 85% capacity	5	Consider the information provided in the application to determine the likelihood that the project will meet the HUD standard:  5 Pts: Excellent 4Pts: Strong 3Pts: Fair 2 Pts: Needs Work 1 Pts: Poor 0 Pts: Terrible
			Points Sub-Total: 35
GRANT MANAG			
HPAC Participation	Did agency (or sub recipient) staff participate in HPAC meetings (all HPAC and technical) and HPAC subcommittees during the past year? If new to the community, has	10	Consider HPAC participation levels and supplemental responses.  10 Pts: Excellent  8 Pts: Strong  6 Pts: Fair  4 Pts: Needs Work



# FY 2019 Continuum of Care (CoC) Competition Project Reallocation, Ranking and Selection Process

## Draft 7/23/19

the agency demonstrated a commitment to HPAC participation and partner engagement in the future?  Experience & Does the applicant have experience with managing similar projects and with successful grant administration for federal funds? Will the project he able to hearing drawing funds in a specific process.	- •		<u> </u>	Tujt 7/23/13	
Readiness with managing similar projects and with successful grant administration for federal funds? Will the project  4Pts: Strong 3Pts: Fair 2 Pts: Needs Work 1Pts: Reor		commitment to HPAC participation and partner engagement in the		= : aa: : aa:	
timely manner?	•	with managing similar projects and with successful grant administration for federal funds? Will the project be able to begin drawing funds in a	5	4Pts: Strong 3Pts: Fair 2 Pts: Needs Work 1 Pts: Poor	

Points Sub-Total: 75

**TOTAL AVAILABLE POINTS: 75** 



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

# **Appeals Process for Local Funding Competitions**

Draft as of 6/25/2019

### Overview

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; except where the CoC adopts a separate appeals process pertaining to a specific funding opportunity (ie: CoC Program, ESG, etc), in which case this appeals process becomes null and void

Appeals not submitted in accordance with this Appeals Process will not be considered, unless the Appeals Committee, in the exercise of its discretion, determines there is good cause to consider the appeal. The decisions of the Appeals Committee are final.

#### Who May Appeal

Applicant organizations are eligible to appeal if they:

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

### Procedure

- 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:
  - 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).
- Within seven (7) calendar days from receipt of the Appeal, CoC staff shall convene a meeting of an Appeal 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.

**Commented [EM1]:** Can the Appealing Party attend this meeting?

Commented [EM2]: Within how many days?



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

# **Definition of "Conflicted Agency"**

Draft as of 6/25/2019

# Overview

The following definition shall apply to all voting processes involving funding governed by the CoC.

# **Definition of Conflicted Agency**

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.



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

<u>Revised July 23</u>, 201<u>9</u>

# **Table of Contents**

Table of Contents	2
Overview	4
Vision and Core Values	5
System Characteristics	6
Overview of Coordinated Entry Process	9
Section 1: Access	10
Referral Sites	10
Points of Entry	11
Separate Points of Entry for Subpopulations	11
Full Coverage	
Emergency Services	
Standardized Access, Assessment and Prioritization	
Affirmative Marketing and Outreach	
Non-Discriminatory Access	
Safety Planning	14
Privacy	
Accessibility to Local Subpopulations	
Physical Accessibility	
Connection to Mainstream Resources	
Section 2: Assessment	20
Standardized Access and Assessment Tools	20
Prevention	20
Diversion	20
Housing Needs Assessment	21
Timeliness of Assessment Data Entry	21
Assessment across Stages of Coordinated Entry	21
Participant Autonomy	22
Assessment Training	23
Section 3: Prioritization	24
Determining a Priority Level	24
Case Conferencing	26
Managing the Priority List	26
Using the Priority List to fill all Vacancies	26

Section 4: Referral	29
Participating Project List	29
Eligibility Screening and Determination	29
Referral Rejection Protocols	30
When Appropriate Beds Are Not Available	30
When Clients Are Difficult to Locate or Refuse Housing	30
Section 5: Evaluation	32
APPENDIX A: Key Terms	33

### 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". 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.

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

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

### **Vision and Core Values**

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

# Vision

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

### **Core Values**

Value # 1: Preservation of Human Dignity

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

Value # 2: Safe, Decent, and Sanitary Housing

• All people deserve an opportunity for stable affordable housing.

Value # 3: Innovation

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

Value # 4: Courage

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

Value # 5: Success

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

### **System Characteristics**

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

# Cultural and Linguistic Competency

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

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

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

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

- English
- Spanish
- Russian

### Fair and Equal Access

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

### **Housing First**

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

# Use of the Homeless Management Information System (HMIS)

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

# Inclusive

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

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

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

# Incorporating Mainstream Services

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

## **Informing Local Planning**

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

# Leverage Local Attributes and Capacity

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

#### **Low Barrier**

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

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

# **Participant Autonomy**

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

# Person-Centered Approach

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

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

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

**Referral Protocols** 

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

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

# **Overview of Coordinated Entry Process**

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

# YOLO COUNTY COORDINATED ENTRY SYSTEM Access Referral **Housing Solutions** Referral Sites **Points of Entry** 2-1-1 Grace in Action Local Hospitals Interfaith Rotating Winter Sheiter (IRWS) Legal Services of Northern California Resources for Independent Living RISE Permanent Housing with Supports VI-SPDAT Case Conferencing Outreach & Physical Davis Community Meals & Housing Fourth and Hope Yolo County HHSA RISE Shores of Hope Veteran's Services Woodland PD Yolo Community Care Continuum Yolo County HHSA Yolo County Library Yolo County Housing Outreach Only Davis PD West Sac PD VI-SPDAT Physical Only Empower Yolo Prevention & Diversion 1/23/2019

## **Section 1: Access**



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

### **Referral Sites**

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

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

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

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

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

#### **Points of Entry**

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

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

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

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:

#### Outreach Only

- City of Davis Police Department
- City of West Sacramento Police Department
- City of Woodland Police Department

### Physical Site Only

• Empower Yolo / Family Resource Center

### Outreach and Physical Site

- Davis Community Meals and Housing (DCMH)
- Fourth and Hope
- Yolo County Children's Alliance
- Yolo County Health and Human Services Agency (HHSA)

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

### **Separate Points of Entry for Subpopulations**

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

- Adults without children;
- · Adults accompanied by children;
- Unaccompanied youth;
- Veterans
- Households fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions including human trafficking; and/or,

 Persons at risk of imminent homelessness, for purposes of administering homeless prevention assistance.

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

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

#### **Full Coverage**

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

### Outreach

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

When an outreach worker encounters a person during street outreach, the person shall be prioritized for assistance in the same manner as any other person who accesses and is assessed through Coordinated Entry. The outreach worker shall complete a VI-SPDAT if possible, or arrange for a VI-SPDAT to be completed with the individual within the next 48-hours.

### **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

Commented [EM1]: Edit to reflect that VI-SPDAT shall be completed after a relationship has been built with the individual? Complete VI-SPDAT upon 3<sup>rd</sup> contact with individual?

emergency services after hours will have an assessment completed within 48 hours of being admitted to the shelter and/or having received services.

- Emergency service providers, including all domestic violence hotlines, emergency service hotlines, drop-in service programs, emergency shelters, domestic violence shelters, and other short-term crisis residential programs, will receive and care for participants including during hours when Points of Entry may be closed for business.
- Emergency service providers must notify coordinated entry staff regarding new homeless consumers
  who have been served within 48 hours, so that those consumers can be integrated into the
  Coordinated Entry system as soon as possible.

### Standardized Access, Assessment and Prioritization

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

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

### Affirmative Marketing and Outreach

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

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

### **Non-Discriminatory Access**

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

- Race
- Color
- Religion

Commented [EM2]: Be connected with Coordinated Entry Staff within 48 hrs. Assessment to be completed as explained above (upon 3<sup>rd</sup> contact with individual)?

- · 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 reprioritized 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

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:

 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.

<sup>&</sup>lt;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

- 2. When a household accepts the referral to a victim service provider:
  - The victim service provider shall perform an intake assessment of the individual or family to determine if the survivor is eligible for shelter entry based on lethality as well as bed availability.
  - 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 or
    Entry into the Coordinated Entry System. In particular, HPAC shall provide training to coordinated
    entry staff on the confidentiality and privacy rights of survivors protected by the Health Insurance
    Portability and Accountability Act (HIPAA) as well as the Violence Against Women Act (VAWA).
- 3. If the household rejects the referral to the victim service provider:
  - The non-victim service provider must either:
    - i. Complete the assessment process, ensuring confidentiality standards are followed; or,
    - ii. Arrange with another point of entry to complete an intake assessment with the household within 48 hours of the household's contact with the non-victim service provider.
- 4. In either case, every attempt to provide the victim with case management services that ensure all appropriate safety measures are being met will be made. This includes aiding the victim or connecting the victim with another provider, to acquire applicable legal services including but not limited to, the establishment of restraining orders and the initiation of family law actions including marriage and child custody and/or support legal proceedings.

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

### **Privacy**

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

### **Privacy Statement**

The Privacy Statement describes how an agency collects, uses, and discloses client information. The Privacy Statement must also describe how a client can access his or her information. HPAC requires that each agency

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

either adopt HPAC's standard Privacy Statement or adopt their own agency-specific Privacy Statement, which 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

<sup>&</sup>lt;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**

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

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:

<sup>&</sup>lt;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.

#### 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
- 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.

Commented [EM3]: Link to website included.

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

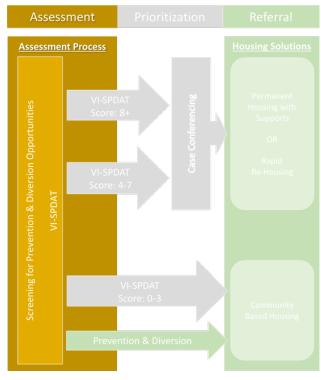
# **Physical Accessibility**

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

# **Connection to Mainstream Resources**

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

#### **Section 2: Assessment**



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

# Standardized Access and Assessment Tools

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

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

# Prevention

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

#### Diversion

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

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 tracking)

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

#### **Timeliness of Assessment Data Entry**

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

# Assessment across Stages of Coordinated Entry

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

Assessment phases may include:

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

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

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

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

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

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

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

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

#### **Participant Autonomy**

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

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

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

Protocols for When a Participant Refuses to Provide Information

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

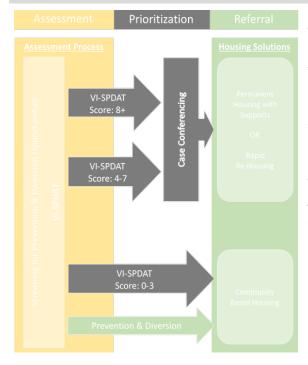
- Explain the impact of incomplete responses and continue to perform outreach and engagement activities to build the relationship.
- Offer a different assessor or environment in which to complete the assessment.
- Consider participants that cannot be placed in housing because of a lack of information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

#### **Assessment Training**

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

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

# **Section 3: Prioritization**



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

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

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

# **Determining a Priority Level**

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

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

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

# YOLO COUNTY COORDINATED ENTRY PRIORITIZATION SCHEME

	DECIDING FACTORS	REFERRED TO
PRIORITY 1	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> <li>Case Conferencing</li> <li>Permanent Housing with Supports (includes HUD funded PSH)</li> <li>Rapid Re-Housing</li> </ul>
PRIORITY 2	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> <li>Case Conferencing</li> <li>Permanent Housing with Supports (includes HUD funded PSH)</li> <li>Rapid Re-Housing</li> </ul>
PRIORITY 3	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> <li>Case Conferencing</li> <li>Permanent Housing with Supports (includes HUD funded PSH)</li> <li>Rapid Re-Housing</li> </ul>
PRIORITY 4	1) VI-SPDAT Score: 0-3	<ul> <li>Community Based Housing</li> </ul>
NOTE	All priorities are subject to change as needed and decided on by HPAC.	

#### **Case Conferencing**

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

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

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

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

#### Managing the Priority List

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

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

#### Using the Priority List to fill all Vacancies

While Case Conferencing meetings will occur regularly, they may also be convened when needed to fill a new housing vacancy. Based on the <u>Community Queue</u>, Case Conferences shall determine which individual <u>or family</u> 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 (HHSA) 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 HHSA of vacant units as soon as conditions permit.
- 2. HHSA schedules a Case Conference to take place within 1-2 weeks.
- 3. HHSA 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 [EM4]:** 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.
- 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 5.
  - b. Referrals that are ineligible to the housing project remain on the Community Queue to be considered for other housing options.
- 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.
- 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 provider is responsible for engaging with the potential tenants (either through their case manager or by direct engagement) to complete housing readiness activities such as preparation of program related documents, interviews as part of tenant selection process, etc... to determine the most appropriate client to match with the available unit.
- 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**

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

Such actions may include, but are not limited to:

- Case managers re-engaging the individual or family,
- Convening a Multi-Disciplinary Team meeting to establish a care coordination plan for the individual, or
- Referral to other mainstream services that the individual or family is eligible to.

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

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

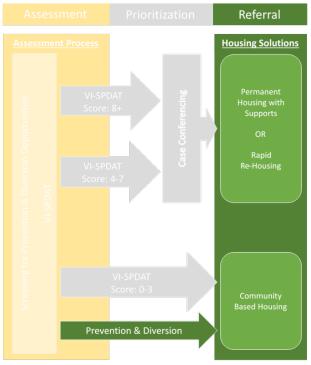
An individual or family does not have to be active on the Community Queue, nor registered in HMIS, for their care to be discussed at the MDT. However, an MDT Release of Information must be signed by the client prior to discussing their case. When an individual or family's care is discussed at an MDT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

Cases will be identified for discussion at MDTs by direct referral from case managers and by utilizing the Community Queue. Before every MDT meeting, HHSA will send out a list of the Top 5 individuals on the Community Queue to HMIS agencies, requesting that an MDT release of information be acquired.

Action steps identified during MDTs include, but are not limited:

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

# **Section 4: Referral**



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

# **Participating Project List**

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

# Eligibility Screening and Determination

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

Projects within the Coordinated Entry

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

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

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

# **Referral Rejection Protocols**

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

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

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

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

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

#### When Appropriate Beds Are Not Available

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

#### When Clients Are Difficult to Locate or Refuse Housing

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

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

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

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

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

# **Section 5: Evaluation**

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

Feedback will be collected utilizing multiple strategies, including:

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

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

# **APPENDIX A: Key Terms**

# Affirmative Marketing and Outreach

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

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

#### Assessment

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

# Community Based Housing

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

#### **Coordinated Entry**

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

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

#### Crisis Response System

All the services and housing available to persons who are homeless or at imminent risk of experiencing literal homelessness.

#### Diversion

The process of diverting a participant from the homeless system by resolving their housing need outside of the system. This most often takes on the form of a Referral Site or Point of Entry aiding the consumer in securing community based housing. It differs from *prevention* in that *diversion* is utilized once an individual or family is already homeless or homelessness is imminent, while *prevention* effectively prevents the individual from becoming homeless and keeps the individual or family in their current housing situation.

#### **Domestic Violence**

In the context of these Policies and Procedures, the term *domestic violence* will be used to refer to victims of domestic violence, dating violence, human trafficking, sexual assault, or stalking.

# Eligibility

In the context of the Coordinated Entry System, determining eligibility is a project-level process governed by written standards as established in 24 CFR § 576.400(e) and 24 CFR § 578.7(a)(9). Eligibility information may not be used as part of prioritization and ranking, e.g. using documentation of a specific diagnosis or disability to rank a person. Projects or units may be legally permitted to limit eligibility, e.g., to persons with disabilities, through a Federal statute which requires that assistance be utilized for a specific population, e.g., the HOPWA program, through State or local permissions in instances where Federal funding is not used and Federal civil rights laws are not violated.

# Emergency Solutions Grant (ESG)

HUD funded program that provides grants to fund projects that:

- 1. Engage homeless individuals and families living on the street
- 2. Improve the number and quality of emergency shelters for homeless individuals and families
- 3. Help operate these shelters
- 4. Provide essential services to shelter residents
- 5. Rapidly house homeless individuals and families; and,
- 6. Prevent families/individuals from becoming homeless.

# **Homeless System**

Refers specifically to the services and housing available only to persons who are literally homeless.

# U.S. Department of Housing and Urban Development (HUD)

The U.S. Department of Housing and Urban Development oversees the implementation of the Continuum of Care Program, an aspect of which is the Coordinated Entry System.

# Participants

Once a person is enrolled in a housing or supportive services program they are called program *participants*.

# Permanent Supportive Housing (PSH)

Official HUD housing type characterized by an indefinite lease or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.

Prevention

The process of preventing a consumer's homelessness by resolving the issue that would make them homeless. It differs from *diversion* in that *prevention* keeps an individual or family in their current housing, preventing them from becoming homeless, while *diversion* meets the consumer's need by securing new housing.

Points of Entry

Points of Entry are the places in the Coordinated Entry system where an individual or family experiencing homelessness is formally assessed and prioritized for housing and/or connected with an appropriate housing solution.

Prioritization

The coordinated entry-specific process by which all persons in need of assistance who use coordinated entry are ranked in order of priority, in accordance with written standards established under 24 CFR 576.400(e). In addition, the coordinated entry process must, to the maximum extent feasible, ensure that people with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability. Regardless of how prioritization decisions are implemented, the prioritization process must follow the requirements in Section II.B.3. and Section I.D. of this Notice.

**Projects or Programs** 

Housing or supportive services intended to help a program participant to rapidly exit homelessness and remain stably housed.

Rapid Re-Housing (RRH)

An intervention, informed by a Housing First approach that rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services.

**Referral Site** 

Referral Sites 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 *Point of Entry* for a complete assessment.

Scoring

In the context of the Coordinated Entry System, the term scoring 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 Assessment Score for potential project participants, which provides a standardized analysis of risk and other objective assessment factors. While assessment scores generally reflect the factors included in the prioritization process, the assessment score alone does not necessarily determine the relative order of potential participants for resources. Additional consideration, including use of case conferencing, is often necessary to ensure that the outcomes of the assessment more closely align with the community's prioritization process by accounting for unique population-based vulnerabilities and risk factors.

Suitability

Suitability 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. Suitability 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.