COORDINATED ENTRY POLICIES AND PROCEDURES

Sonoma County Homeless Coalition

A "No Wrong Door" Approach for Housing for All People Experiencing Homelessness



Coordinated Entry Policies and Procedures

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CA-504 Santa Rosa/Petaluma/Sonoma County CoC

Coordinated Entry System (CES) Overview

Coordinated Entry is a streamlined system for accessing housing to end homelessness and is required by the U.S. Department of Housing and Urban Development (HUD) for all Continuums of Care (CoCs) as stated in 24 CFR 578.7 (a) (8) of the Continuum of Care Program Interim Rule. Coordinated Entry in Sonoma County follows a Housing First approach for all participating projects and prioritizes individuals, families and transition-aged-youth for housing for those with the highest vulnerability and needs.

Coordinated Entry is the primary process for assessing severity of needs and ensuring that people can receive assistance in a timely fashion. Utilization of the CES Combined Primary Assessment as the standardized assessment tool, with additional local scoring metrics, as well as full geographic coverage, enables providers to ensure those experiencing homelessness have equal access to housing and resources.

All CoC and ESG funded housing projects are required to participate in and accept referrals only from Coordinated Entry. Coordinated Entry covers the entire geography of the Sonoma County Continuum of Care and is the primary Access Point for referrals for Permanent Supportive Housing, Rapid Re-housing, and other housing projects that are required or choose to participate in CES.

Sonoma County CES Vision

The vision of the CES is to provide assessment, prioritization, and matching of people experiencing homelessness to housing and supportive services in the most transparent, person-centered, equitable, and trauma-informed way possible.

Governance

The Sonoma County Department of Health Services, as Lead Agency, is the Coordinated Entry contract holder and provides funding to the Coordinated Entry Operator, HomeFirst. Primary oversight of the CE System is performed by the Sonoma County Homeless Coalition Board. The Homeless Coalition Board shall be responsible for final approval of all CE policies and procedures, and shall approve revisions to these Policies and Procedures.

The Homeless Coalition Board shall be responsible for adopting any revisions of the CE system based on recommendations from the Homeless Coalition's Coordinated Entry Advisory Committee. The Homeless Coalition Coordinated Entry Advisory Committee shall review CE data and direct feedback from individuals assessed through CE through the CE Performance Evaluation Report prepared quarterly by HomeFirst. The Homeless Coalition Coordinated Entry Advisory Committee assists the Homeless Coalition Board with annual evaluation of the CE System.

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On November 2, 2021, the Homeless Coalition Board released a request for proposals for a new CE operator. HomeFirst was chosen as a result of that review process and on April 1, 2022, the CE operator transitioned from Catholic Charities to HomeFirst.

Feedback is also solicited from quarterly public review of the Performance Evaluation Report.

Coordinated Entry Participation Requirements and Nondiscrimination Compliance

HUD guidance released in January 2017 requires all projects receiving HUD funding to participate in their local CE system. Any project that receives HUD funding (CoC Program, Emergency Solutions Grants) as well as CDBG-funded public services grants must comply with CE participation requirements as established by the local CoC. Recipients and subrecipients of these programs must comply with the nondiscrimination and equal opportunity provisions of Federal Civil Rights including Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, Title II of the Americans with Disabilities Act (ADA), and Title III of the ADA.

Coordinated Entry Cooperating Agencies

Cooperating agencies include agencies not *required* to participate in Coordinated Entry but that have agreed to participate in order to improve access, flow, and implementation of Coordinated Entry. These include Sonoma County Access Points and Partners (see <u>Types of CES Cooperating Agencies</u>) as well as homeless and housing providers that have entered into data sharing agreements with HMIS and actively engaged in CE and/or are entering and accessing data through the Sonoma County HMIS.

Coordinated Entry HMIS Vendor

Social Solutions is the HMIS vendor for the Homeless Coalition, and Efforts to Outcomes (EtO) is the software utilized for Coordinated Entry. The Sonoma County Department of Health Services is the lead agency for the Homeless Coalition and the Sonoma County HMIS, and is responsible for data quality and technical support. Additional information on the Sonoma County HMIS can be found here:

https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/providers/sonoma-county-hmis

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Definitions

<u>Access Partner:</u> An agency that can provide initial assessment, housing problem solving, and crisis support, and direct a person experiencing a housing crisis to a Coordinated Entry System Access Point to complete the full CES Assessment.

<u>Access Point</u>: Access Points consist of Internal Access Points, External Access Points, and CES participating Housing Programs who provide the CES Assessment as defined in the "Types of CES Cooperating Agencies" chart below. The CES Operator generally seeks to support any site or program in the County who regularly sees homeless households to become an Access Point or Access Partner.

Assessor: An individual trained in completing the CES Assessment.

<u>CES Priority Group</u>: The group of participants who are likely to be referred to permanent housing within one to two months within each prioritization tier range at any given time.

<u>Chronically Homeless</u>: A homeless individual with a disability living in a place not meant for human habitation, a safe haven, or in an emergency shelter who has been homeless continuously for at least 12 months or on at least 4 separate occasions in the last 3 years as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living in that situation. To be defined as chronically homeless, a person must be living on the street, in a safe haven, in a homeless emergency shelter, or in an institutional setting for less than 90 days at the time of eligibility determination.

Cooperating Agencies: Service providers who are required to or wish to participate in CE.

<u>Coordinated Entry Operator</u>: HomeFirst is the agency subcontracted with the Department of Health Services as Lead Agency for the Sonoma County Homeless Coalition, and provides staffing, serves as the contact for Coordinated Entry, and is empowered to manage all By-Names-Lists for Coordinated Entry.

<u>Emergency Services</u>: Emergency services include emergency shelters, transitional housing, and drop-in centers. These may operate as Access Points for Coordinated Entry.

<u>Enhanced Assessment and Prioritization</u>: The process by which Access Points may support their participant in gathering additional documentation that proves their prioritization for housing according to the community prioritization standards, beyond the Standardized Assessment Tool.

Homeless Management Information System (HMIS): HMIS is the centralized data system in the Homeless Coalition. All agencies participating in Coordinated Entry are required to utilize the HMIS system, Efforts to Outcomes, and undergo training in HMIS policies and procedures, except for Victims Service Providers. All CE By Names Lists are maintained in HMIS, and all referrals are made through HMIS with accompanying emails for verification that referrals are received.

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<u>HMIS Administrator:</u> The Sonoma County Department of Health Services is the Homeless Coalition's HMIS Lead. All agencies participating in Coordinated Entry are required to utilize HMIS. The CE Operator maintains all waiting lists for housing and emergency shelter in HMIS, and the waiting lists are viewable by cooperating agencies.

<u>Homelessness Prevention</u>: Participants may contact 211 or the Access Points or partners for information on homelessness prevention programs.

<u>Lead Agency</u>: The Sonoma County Department of Health Services (DHS), serving as the collaborative applicant for the Continuum of Care, is designated as the Lead Agency for Coordinated Entry planning and project management. The SCDHS receives a Continuum of Care funded grant as well as local funding for Coordinated Entry and subcontracts with the Coordinated Entry Operator.

<u>Participants or Households:</u> Individuals and families that meet categories 1 and 4 of the federal definition of homelessness according to 24CFR 578, the CoC/ESG Rule **and** are in need of permanent housing. Additionally, Transition-Aged-Youth that meet category 2 of the above regulations are counted as participants. Participants must be located within the geography of Sonoma County. (https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/four-categories/):

- 1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
 - Has a primary nighttime residence that is a public or private place not meant for human habitation; or
 - Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
 - Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution. (2) Individuals and families who will imminently lose their primary nighttime residence;
- 4) Any individual or family who:
 - Is fleeing, or is attempting to flee, domestic violence;
 - Has no other residence; and
 - Lacks the resources or support networks to obtain other permanent housing

Category 2 is further defined as: A Transition Aged Youth who will imminently lose their primary nighttime residence, provided that:

• Residence will be lost within 14 days of the date of application for homeless assistance;

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- No subsequent residence has been identified; and
- The Transition Aged Youth lacks the resources or support networks needed to obtain other permanent housing.

Note: Includes [TAY] who are within 14 days of losing their housing, including housing they own, rent, are sharing with others, or are living in without paying rent.

(https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/four-categories/category-2/)

<u>Permanent Supportive Housing (PSH)</u>: Permanent Supportive Housing (PSH) is permanent housing in which housing assistance (e.g., long-term leasing or rental assistance) and supportive services are provided to assist households with at least one member (adult or child) with a disability in achieving housing stability. PSH is an intervention that combines affordable housing assistance with voluntary support services and is prioritized for those who are chronically homeless.

Rapid Rehousing (RRH): Rapid re-housing 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. The core components of the RRH program are housing location, move-in assistance, short to medium-term rental assistance, and ongoing case management.

<u>Senior</u>: A participant in CES is considered a senior if age 60 or over.

<u>Standardized Assessment Tool</u>: The CES Combined Primary Assessment, along with the HUD touchpoint that Sonoma County uses to initially determine housing needs and prioritization.

TAY: Transition Aged Youth. Youth 18-24 and 6 months.

<u>Warm Handoff</u>: A warm handoff is defined as a process where a person or organization helps transition a participant from one service provider or agency to another in a caring and supportive manner with the consent of the participant. A warm hand off occurs with the participant present, unless the participant declines or is otherwise unable to attend. The information that is shared is intended to ensure that the receiving supportive service provider is aware of the needs and desires of a participant. Warm hand-offs work best when the participant is present to clarify or correct the information that is shared. If the participant is not present during the warm handoff, the receiving case manager will verify the information with the client to ensure completeness and accuracy. Warm handoffs can occur virtually.

Types of CES Cooperating Agencies:

Туре	Description	Minimum Standards
Access Partner	An agency that can provide initial assessment, housing problem solving, and crisis support, and direct a person experiencing a housing crisis to a Coordinated Entry System Access Point. Able to access HMIS CES programs in most cases. May participate in CES Case Conference. Examples: An Access Partner may include some volunteer organizations, homeless service providers, or medical providers with limited capacity for full screening but who encounter people experiencing homelessness regularly.	Provides an initial diversion/housing problem solving screening, assessing homeless status and immediate needs (not CE Assessment Tool; stages 1-2 of the CE Assessment) Possesses working knowledge of other CES Access Points and provides warm hand-off (phone call, email) to participants who are seeking the CES Assessment to the appropriate Access Point. Must sign MOU with Lead Agency. When CES HMIS access is granted, must complete HMIS Ethics and Confidentiality Training with Lead Agency and submit HMIS User Agreement. Completes CES Access Partner
		Training with CES Operator. Must be a legal entity.
External Access Point	External Access Points provide the full CES Assessment to ALL participants who present to them seeking CES Access within their "catchment" area, regardless of location that individual spends most of their time in, enrollment status in the Access Point provider's programs, or population type. External Access Points that are dedicated to one of the 5 HUD allowable subpopulations (see HUD Subpopulation Access below) may conduct a warm handoff to connect the individual to an appropriate External Access Point. CES Assessment can occur over the phone or in person. It may be provided by appointment only or as drop-in capacity. Examples: An Access Point may include a	Provides the CE Assessment to all participants seeking it within 3 business days of the request: 1) Housing problem solving 2) Crisis navigation and connection 3) Standardized Assessment Tool 4) HMIS Data Entry responses into HMIS 5) Collection of potential eligibility documents 6) Enhanced Assessment Participates in CES Case Conferencing.
	homeless services drop in center, outreach team, or shelter that has the capacity to offer	Must sign MOU with Lead Agency. Must complete CES Access Point Trainings Part 1 and 2 with the

Туре	Description	Minimum Standards
	CES Assessment to non-shelter-stayers who	CES Operator, the HMIS Ethics and
	present to them seeking it.	Confidentiality Training with the
		Lead Agency, and submit the
		HMIS User Agreement.
		Must be a legal entity.
Internal Access	Internal Access Points are only required to	Offers and completes the CES
Point	provide the CES Assessment to their own	Assessment to participants they
	served participants.	serve within 5 business days of
	Evamples: An emergency shelter that is not	contact:
	Examples: An emergency shelter that is not able to support walk-ins, or a street outreach	Housing Problem Solving
	team whose geographic "catchment" area	Conversation
	changes day-by-day and is not able to respond	Crisis Navigation and
	to individual CES Assessment requests.	Connection
	·	3) Standardized Assessment
		Tool
		4) HMIS Data Entry5) Collection of Potential
		Eligibility Documents
		6) Enhanced Assessment
		o) Elinancea Assessment
		Refers households who present
		seeking the CES Assessment and
		cannot be enrolled by the Internal
		Access Point to External Access
		Points.
		Participates in CES Case
		Conference. Must sign MOU with the Lead
		Agency
		Must complete CES Access Point
		Trainings Part 1 and 2 with the
		CES Operator, the HMIS Ethics and
		Confidentiality Training with the
		Lead Agency, and submit the
		HMIS User Agreement.
		Must be a legal entity.
Housing	CES Housing Programs are required to provide	Provides the CES Assessment to
Program	the CES Assessment to participants they are	participants exiting into
	exiting into homelessness. They are required	homelessness:
	to participate fully in the CES process as	1) Diversity //
	outlined in the MOU, including attending Case	Diversion/housing problem solving
	Conferencing.	problem solving

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2) 0::::
2) Crisis navigation and connection 3) Standardized Assessment Tool 4) HMIS Data Entry 5) Collection of Potential Eligibility Documents 6) Gather Additional Evidence and Case Conference Must sign MOU with the Lead Agency Must complete Housing Provider Training and CES Access Point Trainings Part 1 and 2 with the CES Operator, the HMIS Ethics and Confidentiality Training with the Lead Agency, and submit the

Procedure for Adding New CES Cooperating Agencies

- 1. The entity seeking CES Cooperating Agency status (the "entity") shall submit the request to the CES Operator or Lead Agency.
- 2. The entity shall complete all required trainings and forms as outlined in the Types of CES Cooperating Agencies Minimum Standards above.
- 3. The Lead Agency shall have final approval of any new CES Cooperating Agencies, including adding them to the CES/HMIS Release of Information partner list.

Aspects of Coordinated Entry

A. Planning

This document and accompanying materials ensure compliance with all stated HUD requirements for CE systems, as noted in HUD's "Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System," "Coordinated Entry Core Elements" document and subsequent materials guiding CE system implementation. Sonoma's County CES

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was developed over several years and has been in operation prior to the stated HUD deadline in January 2018. A pilot Coordinated Intake project serving households with children experiencing homelessness has been operating since early 2015. This pilot was expanded to serving individuals and TAY throughout Sonoma County in September 2017.

In April 2019, the Sonoma County Homeless Coalition leveraged technical assistance from California's Dept. of Housing & Community Development (HCD) to have a third party, the Technical Assistance Collaborative (TAC) evaluate the local CE process. The evaluation resulted in a report with several recommendations, falling under the categories of HUD Compliance, CE Infrastructure, and CE Process Improvement.

On September 17, 2020, the Housing First and Coordinated Entry Task Group met and unanimously approved replacing the language of similar questions in the first version of the Standardized Assessment Tool to reflect the wording of those listed in version two of the VI-SPDAT.

In response to the COVID-19 pandemic, HUD released guidance for communities to adjust CES prioritization factors to prioritize persons experiencing homelessness, who are over 65 and/or have underlying health conditions that put them at greater risk for contracting COVID-19 and requiring hospitalization. In January of 2021, after months of analyzing the scoring of the Standardized Assessment Tool with IMDT, and two separate reviews by the Home Sonoma County Housing First and Coordinated Entry Task Group, the Homeless Coalition Board approved a series of recommendations that added more weight to the following scoring sections of the Tool: length of time experiencing homelessness, risks section/emergency services utilization, substance use, mental health, age and unscored questions regarding time spent in institutions and mobility issues. The changes to the Individuals tool scoring weights were added at that time, while the TAY and Family changes were not added till May 2022.

In January 2022, after approval by the Homeless Coalition Board, CES stopped managing us to non-permanent housing programs, including Emergency Shelter. As a result, all year-round Emergency Shelters were required to become Access Points.

When HomeFirst was selected as the new operator in April 2022, a recommitment to a "no wrong door system" was implemented in which Access Points provide all access and CES Assessments rather than a central operator. Homefirst also began a major system update planning and implementation process that took into account many of the recommendations of the April 2019 TAC CE Evaluation. This included an update to these Policies and Procedures in June 2022. HomeFirst gathered feedback from a variety of sources, including: listening sessions with Access Points and enrolling staff, and with housing providers; a digital survey that was distributed to the community; a meeting with the Lived Experience Advisory Board; presentations with the Homeless Coalition Coordinated Entry Advisory Committee and Homeless Coalition Board; and various individual meetings with community providers' leadership. Changes that resulted as a part of the change in operator and system update process included a fully transparent centralized case

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conferencing process for all housing referrals and a recommitment to a "no wrong door" access model. Additionally, HomeBase was brought in as a consultant to complete a "front-door assessment," and as part of that assessment sought feedback on options for the new CES Vision Statement. That statement is presented in this document.

In 2023, through ongoing quality assessment in the CES Performance Evaluation, it became clear that the housing referral acceptance rate was lower than what many in the community felt was effective. In particular, many participants were declining referrals themselves due to geographic and other preferences preference, or the participant could not be located to accept the referral. HomeFirst began a process of implementing Dynamic Prioritization, which created a Secondary Assessment that predicted who would receive a referral within 2 months (the "priority group"), measured participant preferences out of available housing options, and collected up-to-date location/contact information. The referral process was changed to take into account the information learned during this secondary assessment. This process was possible due to the parallel implementation of subregional outreach and By-Name-Lists in Sonoma County at the same time. As a result referral acceptance rates climbed significantly.

In 2023, The Homeless Coalition directed staff to create a CES Assessment and Prioritization workgroup. The workgroup was comprised of representatives from a variety of local agencies, those with lived experience, HomeFirst staff, and lead agency staff. Analysis of all historical VI-SPDAT assessment data showed that some questions on the VI-SPDAT correlated to participants self-resolution of homelessness, and others did not. Analysis of all vulnerability factors and their associated questions within each VI-SPDAT was completed for each population within CES (Individuals, Families, TAY) as well as adding a fourth population, Seniors. Analysis comparing underserved BIPOC households within each population to the larger population identified additional questions for factors that especially impacted BIPOC households. Prioritization factors were selected through this analysis. Individual questions that were identified to test for that factor were then selected and edited through a smaller workgroup with lived experience and equity input. The workgroups finalized their edits to Prioritization and the new Standard Assessment in mid-2025.

The CES covers the entire geographic area claimed by the Sonoma County Homeless Coalition and is easily accessed by individuals and families seeking housing or services. The CES is well-advertised, utilizing flyers, website, social media, toll free number, regionally dispersed Access Points, street/encampment outreach teams and also fosters connection with mainstream services such as healthcare providers and emergency services/first responders.

Ongoing Policy and Procedure Updating

The quarterly CES Performance Evaluation (described in K. Evaluation) and annual Self-Evaluation, consists of quantitative data and qualitative feedback gathering from stakeholders and participants and at minimum quarterly review of these Policies and Procedures. This Evaluation shall result in ongoing recommendations for updates to these Policies and Procedures.

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Recommendations shall be reviewed for final approval by the Coordinated Entry Advisory Committee and Homeless Coalition Board.

<u>Coordination with Agencies Serving Victims of Domestic Violence</u>

All CES Access Points must provide equal access to any individual or family escaping or attempting to flee domestic violence, sexual assault, data violence, stalking, or human trafficking. Such persons experiencing the aforementioned circumstances are provided opportunity to receive CES referrals for available services from either non-victim specific providers or victim service providers specializing in assistance to such persons fleeing or attempting to flee domestic violence and/or sexual assault. Upon determining the household may be escaping or attempting to flee a violent situation, Access Points must also provide information and referral to the domestic violence hotline at (707) 546-1234.

<u>Coordination with Recipients of Emergency Solutions Grant Program Funds and System-Wide Written Standards</u>

Coordinated Entry collaborates with the Lead Agency, the HUD entitlement ESG Recipient and State ESG Administrative Entity, and all programs receiving ESG funds. Written program standards for all system components (RRH, ES, PSH) have been developed in collaboration with CoC/ESG-funded providers as well as other agencies not funded by CoC/ESG. These standards have been designed in accordance with 24 CFR 578.7(a)(8) and are found online at: https://sonomacounty.ca.gov/development-services/providers/compliance

The SCDHS and Homeless Coalition support the CES Operator in ensuring participation of ESG projects and compliance with ESG standards.

Marketing and Outreach

The CES Operator in partnership with the Homeless Coalition manages CES marketing, which includes a website, social media, printed materials, toll free telephone number and informational events on CES. All such marketing efforts affirmatively market the CE System and Access Points to ensure equal access and opportunity to pursue housing services. The CES Operator is continuously engaged in outreach efforts to increase Access Points and Partners. The targeting of new partners is in part driven by the quarterly Performance Evaluation process.

Coordinated Entry information is currently located online on the Homeless Coalition Website at: https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/get-help

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The toll free Coordinated Entry # is (866) 542-5480 which provides recorded information on Access Points, emergency shelters, and a linkage to the domestic violence hotline. 211 also provides information on Access Points.

Nondiscrimination

The CES, Access Points and Cooperating Agencies must comply 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, as applicable. Under these laws and rules, the following classes are protected from discrimination:

- Race
- Color
- Religion
- National origin
- Sex
- Actual or perceived sexual orientation or gender identity
- Disability
- Familial status
- Marital status
- Citizenship (or lack thereof)

B. Access

Access Model and Accessibility

The Homeless Coalition strives to provide a "No Wrong Door" approach: any homeless family or individual shall be able to present at any homeless housing and service provider in the geographic area for linkage to Coordinated Entry. The CE Operator shall be responsible for developing new Access Points or Partners with all providers who regularly serve households experiencing homelessness.

Coordinated Entry Access Points shall be available in all 5 sub-regions of the Homeless Coalition's geographic area: Central Santa Rosa, Healdsburg/North County, Petaluma/South County, Sonoma Valley/Southeast County, and Guerneville/West County. CE Access Points are located in proximity to public transportation such as the SMART train and local bus routes in central areas of the County. All Access Points offer information on local public transit options. A toll free phone number is available for individuals to contact from any point in the County for information on Access Points and shelters.

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Access Points are affirmatively marketed to eligible individuals and families regardless of race, color, national origin, sex, religion, familial status, age, or disability, with a focus on those who are least likely to access homeless services.

In general, no individuals can be denied service at any Access Point in the Homeless Coalition's geographic area. However, individuals who are violent/threatening may be denied access, though all possible options shall be explored to provide access to CES that is safe for the individual and service provider. Sex offenders may also be denied access at family Access Points and individuals with active restraining orders may be denied access. Access Points that serve specific subpopulations (such as veterans, families, individuals with serious and persistent mental illness, etc.) must offer initial screening or linkage to a different Access Point within 24 hours via a warm hand-off (phone call/email).

All Access Points utilize a Housing First approach in the CE Assessment process. Participants may not be denied access to Coordinated Entry CE Assessment by a cooperating agency for any of the following reasons:

- Perceived barriers to housing
- Little to no income
- Active or history of substance abuse
- Domestic violence history
- Resistance to receiving services
- Type or extent of disability related services or supports needed
- History of evictions or poor credit
- Criminal Record
- Lease violations or lack of rental history

The list of current Coordinated Entry External Access Points, including hours and contact information, can be found at: https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/get-help

Access for Individuals with Disabilities & with Limited English Proficiency

All Access Points must ensure that physical locations are accessible to individuals with disabilities. If an Access Point is not accessible to individuals who use wheelchairs, the Access Point must ensure that the individual is provided immediate linkage to a physical space for entry into the CES, and work with the CE Operator to identify an alternative location.

Access Points must also ensure that physical locations provide an environment that is welcoming to people who are least likely to access homeless assistance. Participants shall be presented with choice in Access Points, and supported to enter the CES at the Access Point where they are most comfortable and likely to access assistance. If a participant identifies a preference for a specific Access Point, the Access Point they initially access shall provide linkage and/or a warm handoff to the preferred Access Point. Street outreach teams can complete the CES Assessment for

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individuals who are not able to access Coordinated Entry in person or who are not likely to engage in services.

Access Points offer Coordinated Entry materials in Spanish and also provide immediate linkage to resources in other languages upon the request of an individual accessing Coordinated Entry. Additionally, individuals with disabilities must be provided accommodation (such as assisted listening devices, etc.) in order to ensure effective communication. If an Access Point does not have the resources to ensure effective communication with individuals with disabilities, the Access Point shall contact the CES Operator for assistance.

Collaboration with Street Outreach and Virtual Entry

Homeless Coalition-funded outreach providers must act as a Coordinated Entry External Access Point, offering full access and assessment to the Coordinated Entry System. Grassroots street outreach programs are encouraged to be External Access Points, Internal Access Points, or Access Partners. Clients who present to Street Outreach teams shall, to the greatest extent possible, enter all individuals requesting or needing access to the CES. If due to staffing shortages or full caseloads the Street Outreach team does not have the capacity to enroll an individual presenting for service, the Street Outreach team will screen the participant for CE enrollment and refer them to an External Access Point. Street Outreach teams are trained on CES policies and procedures and offer the same standardized process as individuals who access CE at site-based Access Points. Street outreach teams have the capacity to complete the CE Assessment both through the internet and via phone. Access Points also have the capacity to enroll individuals virtually via phone.

Participants who are in the CES Priority Group will be prioritized for Homeless Coalition-funded street outreach caseloads for housing preparedness and document readiness services.

Hours of Operation

As a "No Wrong Door" system, the Coordinated Entry System can be accessed whenever Access Points themselves have hours of operation.

HUD Subpopulation Access

HUD allows for 5 defined subpopulations to have separate access points and variations in assessment processes:

- Adults without children;
- Adults accompanied by children;
- Unaccompanied youth;
- Households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and

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Persons at risk of homelessness.

In Sonoma County, only Unaccompanied youth (defined as Transition Aged Youth) and Households fleeing domestic violence have separate Access Points. Adults accompanied by children have Access Points that specialize in services for that subpopulation but also serve the general population. Regardless of which Access Point a participant presents to, that participant must be provided a CES Assessment or a warm-handoff to an Access Point that can provide the assessment.

Procedure:

- 1) If a member of one of the five subpopulations allowable by HUD accesses a general population Access Point, that Access Point shall offer the choice of completing the CES Assessment themselves (except for persons at risk of homelessness) or link the individual to the appropriate Access Point via a warm hand-off (phone call or email). The appropriate Access Point is defined in a chart in a future version of these Policies and Procedures.
 - a. The Family Justice Center (FJC) is the primary Access Point for individuals and families who are fleeing/attempting to flee domestic, dating violence, sexual assault, or stalking and who are seeking shelter, services, and housing from non-victim services providers. If a household with a history of domestic violence presents to any other Access Point, they shall offer to connect that household to FJC or continue the CE Assessment themselves. The FJC also collaborates with the YWCA and Verity, the primary victim services providers in the Homeless Coalition, to provide access to Coordinated Entry. To access either, participants can call the domestic violence hotline at (707) 546-1234.
 - b. Any non-TAY household who is at risk of becoming homeless (Category 2) who accesses any Access Point or Partner shall be referred to a Homelessness Prevention agency. TAY participants who meet the definition of Category 2 may access the system at any Access Point available to them.
- 2) If a participant accesses an Access Point that is dedicated to one of the HUD-defined subpopulations (i.e. a single adult over the age of 25 seeks CE Assessment at a TAY defined Access Point), that Access Point will, at minimum, connect the participant to the appropriate Access Point via a warm hand-off (phone call or email).

Collaboration with Veteran Affairs (VA) and Veteran Partners

The VA and the primary SSVF provider, Nation's Finest, are both Cooperating Agencies in the CES. In 2022, Nation's Finest and the VA Clinic shall be the primary Access Points for veterans to enroll in CE.

Coordinated Entry Policies and Procedures

C. Assessment

The CES Assessment is a comprehensive process that supports households in identifying solutions to their immediate housing crisis and if necessary, adding them to the Coordinated Entry System Dynamic Housing Roster. It shall be offered to all households in Categories 1 and 4 of the federal definition of homelessness (see Definitions above), as well as TAY who meet Category 2. It shall not be offered to those already enrolled in a CES-referred housing program who were referred to that program based on community prioritization standards. It consists of 6 steps:

- 1) Diversion/Housing Problem Solving Conversation
- 2) Crisis Navigation and Connection
- 3) Standardized Assessment Tool
- 4) HMIS Data Entry
- 5) Collection of Initial Eligibility Documents
- 6) Enhanced Assessment

Assessment Timelines

The CES Assessment shall be completed as soon as possible after contact with the Access Point. Assessments and contact information shall be updated by any Access Point whenever appropriate. The CES Assessments shall be completed in the order and manner that best meets participant needs while maintaining a standard assessment experience across all Access Points.

The steps of the CE Assessment do not necessarily have to be followed in order or in one sitting, though it is highly encouraged. In particular, the Crisis Navigation and Connection step shall occur whenever the need is identified if immediate safety is of concern. If a household presents with a domestic violence crisis, for example, the Access Point may find it most appropriate to connect the household to Domestic Violence crisis services first. Or, if a current emergency medical issue becomes clear any part of the CES Assessment, the Access Point shall stop the Assessment and call 911. In addition, the Diversion/Housing Problem Solving conversation can sometimes be most successful over many engagements, as a participant develops a trusting relationship with the provider. The HMIS Data Entry step can occur on its own or simultaneous to the Standardized Assessment Tool. Access Points are encouraged to provide the CES Assessment in the order and timeframe that best aligns with each household's needs, as long as <u>all</u> parts of the Assessment are provided. Steps 2 - 4 shall occur within 3 days of contact with an External Access Point and within 3 days of service beginning at an Internal Access Point.

The CE Operator shall work with agencies to fit the CES Assessment in with their existing intake processes to encourage participation, while maintaining a standard CES Assessment experience across the system. The CES Performance Evaluation Report shall measure variations in experience between different Access Points through participant feedback gathering and comparative analysis to ensure all households across the system have access to the same standard of CES Assessment.

Coordinated Entry Policies and Procedures

Procedure:

- 1) The CES Assessment shall be completed within 3 business days of the participant requesting it from an External Access Point, or offered and completed within 3 business days of the participant presenting. It shall be offered and completed within 3 business days of a participant accessing services with an Internal Access Point, and within 24 hours of discharge into homelessness from a Housing Program.
 - a. In circumstances when trust needs to be built with a participant or if the participant prefers to not complete an initial CES Combined Primary Assessment, more time shall be taken before conducting an assessment. The participant shall be enrolled in the CES HMIS program, if they consent and case notes documenting the reason for the delay shall be entered.
- 2) Assessments can and shall be updated as contact information or life circumstances change.

Trauma-Informed Assessment Practices

Regardless of the order or timeframe in which the CE Assessment is administered, CES Access Points shall utilize information gained throughout the Assessment to complete the rest of the Assessment. For example, if a household tells the Access Point that they have a history of recent arrests in the Diversion/Housing Problem Solving conversion, they shall reference that information again when completing the relevant questions to arrest history on the Standardized Assessment Tool. They shall always ensure they are informing the participant when they do so, and offer opportunity to answer the question differently. This practice assists assessors in ensuring the Standardized Assessment Tool is as accurate as possible, and reduces possible re-traumatization that can occur when participants are required to repeat the same information.

Enhanced Assessment

CES is designed to fully assess the needs and vulnerabilities of participants. The Standard Assessment Tool (CES Combined Primary Assessment) may not produce the entire body of information necessary to fully understand those needs and prioritize them for the appropriate housing intervention. This may be because of the nature of self-reporting, trauma response to the tool, or circumstances outside the scope of assessment questions that pertain to the community prioritization standards. In instances where the CES Combined Primary Assessment does not measure the full scope of a person's vulnerability, Access Points may collect additional documentation to supplement the Assessment tool. This may include medical evidence or clinical assessment, including observational data. Additional optional training on Enhanced Assessment and Prioritization will be offered to Access Points.

Participant Right of Refusal

Coordinated Entry Policies and Procedures

Participants may refuse to answer assessment questions. However, doing so may limit the participant's possible permanent housing and service opportunities if the questions that are not answered are related to eligibility criteria for specific programs. The CES Assessment does not require that the participant share information about a specific disability if the participant does not wish to do so. Specific disability information is only used to determine whether the person is eligible for a certain program.

Participants may also refuse to sign a CES or HMIS ROI, or to answer the identifying questions in the HUD Entry Assessment for the CES HMIS program enrollment. In these cases the Access Point can complete the De-Identifiable Enrollment process, in accordance with the Sonoma County HMIS Policies and Procedures and the publication "How to Anonymously Enter a Client into HMIS, found here: https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/providers/sonoma-county-hmis

All participants must be offered de-identifiable enrollment into HMIS at the time of assessment. A new ROI may need to be collected if a participant elects to become de-identified at a later date.

It is recommended that Cooperating Agencies develop their own Policy and Procedure for safely maintaining records that link de-identified client codes to identifying information in a central location and accounting for staff transition after a de-identified CES Assessment has been completed. When these clients are referred to housing, it is important that the Access Point be able to contact the client and ask if they wish to be connected to the housing provider they have been referred to, at any point after CES Assessment is completed.

Assessment Location

All Access Points shall have a confidential, private space to conduct the CES Combined Primary Assessment and to identify any potential safety issues that may affect participants (such as trauma, victimization, domestic violence, trafficking, etc.). If an Access Point does not have a confidential space, the Access Point shall work with the CE Operator to identify an alternate location.

Assessment Fair Housing and HIPAA Compliance

CES Assessment procedures follow federal Fair Housing Laws for protected classes such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or marital status. Data shall be protected by the HMIS database/cooperating HMIS agencies and only shared as allowed for based on the consent of the participant.

HUD Subpopulation Assessment

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Persons At-Risk Of Homelessness

There are not currently any homelessness prevention projects that require referrals through CES.

Households Fleeing Domestic Violence

The Family Justice Center provides confidential access to CE, and individuals presenting at that site or at YWCA received the CES Assessment by either, but are enrolled into the CE HMIS programs anonymously by the FJC. Victims are also offered immediate access to the confidential Safe House with the YWCA based on availability. Those fleeing domestic violence who seek access and assessment at a non-Domestic Violence dedicated access point shall be offered the opportunity to be assessed at either. Any provider completing the CES Assessment with a participant or household fleeing domestic violence shall offer to enroll the participant in HMIS anonymously with a De-Identifiable Enrollment. The detailed procedure for doing so is included in the CES Access and Assessment training and in the Sonoma County HMIS Policies and Procedures and publication "How to Anonymously Enter a Client into HMIS", found here: https://sonomacounty.ca.gov/development-services/providers/sonoma-county-hmis

Any household or participant fleeing domestic violence, even if entered into HMIS anonymously, shall not have notes entered that include references to the domestic violence situation.

Other Subpopulations

The Standard Assessment Tool- the CES Combined Primary Assessment- applies to all populations within CES. The CES Combined Primary Assessment directs the assessor to only ask each section of questions if it pertains to the respondent's population. When reassessing into a new population, the participant must only answer the questions for that new population.

CES Standardized Assessment Tool Prioritization Status Disclosure

The tier that is generated from the Standardized Assessment Tool shall not be disclosed to anyone outside of the CES Release of Information list of agencies, including the participant. The tier is just one factor in the overall prioritization procedure, and as such can give an incomplete idea of "ranking" to those outside of CES Case Conferencing. In addition, given the volatility of available housing at any one time and the CES Dynamic Housing Roster itself, the tier is not a reliable method of predicting time from assessment to referral, and disclosure of such can incorrectly influence participants' efforts to problem solve their own housing crisis. Finally, disclosure of tier can encourage participants to answer questions with the goal of a certain tier, rather than with the honestly required to accurately assess needs and vulnerability. Assessors are encouraged to notify participants if they move into the Priority Group, with the necessary context that being in the Priority Group does not guarantee a referral.

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CES Assessment Procedures

CES Assessment Step 1) Diversion/Housing Problem Solving Conversation

A Diversion/Housing Problem Solving conversation is the first stage of CE Assessment at all Access Points to determine an appropriate service plan. Diversion seeks to limit unnecessary entry into CES and Shelter/Housing Services.

- 1) Participants shall be provided information about what the CE system is, how it works, the grievance and accommodation procedures and their rights as a participant, including a flyer found in Appendix 1. The assessing staff shall introduce the goals of the CE Assessment, including: assisting the household in identifying immediate housing solutions such as a family or friend, or connecting with a crisis service such as an emergency shelter; utilizing the CE Standardized Assessment Tool if no housing solution can be identified; and collecting additional documents and follow up.
- 2) The household shall be provided education about possible wait times before being referred to a traditional housing intervention such as Rapid Rehousing or Permanent Supportive Housing. Transparency about eligibility and about how the homeless services system works is critical when giving families and individuals choice about the options that may work best for them. Families and individuals will be eligible for some services and not others. Assisting individuals in understanding system navigation empowers them to find and make choices about the support and services they will be eligible for, and to find what will assist them in achieving housing stability.
- 3) The assessing staff shall then complete the Diversion/Housing Problem Solving conversation. They will:
 - a. Ask the participant to describe their current housing crisis in as much detail as they are comfortable and actively listen to their story.
 - b. They shall help the participant identify strengths, resources, connections, and skills they already have and could utilize to address their housing crisis.
 - c. If a solution is identified, they shall refer them to any mainstream benefits that would support that solution and assist them in creating an immediate plan for moving forward.
 - d. If a solution is not immediately identified, they shall move to the next stage of the CE Assessment, Crisis Navigation and Connection.

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4) The Diversion/Housing Problem Solving conversation should ideally be revisited regularly throughout a participant's service plan with the Cooperating Agency.

CES Assessment Step 2) Crisis Navigation and Connection

1) The Access Point shall assess for immediate crisis needs and provide resources to resolve those crises. These may include: health emergency, immediate risk of losing housing, need for emergency shelter, fleeing domestic violence, behavioral health emergency, child safety risk, and adult self-neglect or abuse. This step can occur at any point in the CES Assessment as crisis needs come up. When the crisis is identified, if it is not a housing crisis that can be resolved through the Diversion/Housing Problem Solving step, the Access Point shall immediately offer to connect the individual to the appropriate resource. Access Points will be provided a flyer of common crisis resources at the CES Access and Assessment training and will be provided updated flyers ongoing.

For any connection to a crisis service, the Access Point is encouraged to complete a "warm handoff". The Access Point shall ask the participant permission to relay the information already gathered during the CE Assessment and do so if permission is granted. This will reduce the need for the participant to tell their story multiple times and possibly cause retraumatization.

Crisis resource connection may include but is not limited to:

- a. Connection to Medical or Behavioral Health Crisis Services: Access Points shall assist the participant in calling 911 if there is a medical emergency. For behavioral health emergencies, they shall call the inRESPONSE team in Santa Rosa: 707-204-9756. Outside of Santa Rosa for behavioral health emergencies, they should call the Sonoma County Behavioral Health Mobile Support team at (707) 565-6900.
- b. Suicidal Ideation or Risk: If the participant expresses thoughts of suicide, they should be encouraged to call the North Bay Suicide Prevention Hotline at (855) 587-6373 or the National Suicide Prevention Hotline at 800-273-8255. The Access Point shall call 911 if they have assessed an immediate suicide risk and the participant is not willing to call a suicide prevention hotline. They shall ensure the participant stays within sight before emergency responders arrive.
- c. Connection to Domestic Violence Resources: When a participant reveals a history of domestic violence at a Coordinated Entry Access Point, the Access Point shall offer linkage to emergency services with the Homeless Coalition's primary domestic violence provider and the Family Justice Center, the designated Access Point for victims of domestic violence. The Access Point shall offer the participant the choice of continuing with the CES Assessment at the current Access Point, or at the Family Justice Center.

Coordinated Entry Policies and Procedures

When a homeless participant presents for services at the primary domestic violence provider and/or the Family Justice Center, the provider shall complete the CES Assessment.

- d. Connection to Homelessness Prevention Resources: If the Access Point learns that the presenting household is not currently literally homeless but will immanently lose their housing, they may refer them to a Homelessness Prevention provider, if such resources are available in the community.
- e. Connection to Emergency Shelter: Participants shall be provided with the current flyer of emergency shelters published by the Lead Agency. Access Points are highly encouraged to assist the client in calling the shelter of their choice to inquire about availability.
- f. Adult Protective Services: If the participant is an adult 65+ or a dependent adult age 18+ who is experiencing abuse, neglect, exploitation or self-neglect, the Access Point shall file an Adult Protective Services report at 1 (800) 667-0404.
- g. Child Protective Services: If minor children are at risk, the Access Point shall call Child Protective Services at 1 (800) 870-7064.

CES Assessment Step 3) Standardized Assessment Tool

- 1) After completion of steps 1 and 2 of the CE Assessment, the Access Points will:
 - a. Collect a new CES ROI;
 - b. Complete the Standardized Assessment Tool. Sonoma County CES utilizes a locally created assessment tool as its Standardized Assessment Tool. This CES Combined Primary tool is a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity and vulnerability. These are taken into consideration with other factors to determine housing and services prioritization. The same Standardized Assessment Tool is used across the 4 populations.
 - c. Throughout the administration of the Tool, the Access Point shall reference information already gained through previous knowledge, observation, or the rest of the Assessment to assist the participant in answering the questions. If the Access Point already knows the answer to a question, they shall ask permission to use information already gathered in answering the question.

Coordinated Entry Policies and Procedures

- d. The participant may choose not to answer any or all of the questions on the Standardized Assessment Tool. If this happens, the Access Point shall reiterate the participant's right to refuse to provide any information, but explain that not answering may affect the CES' ability to refer to the most appropriate housing intervention to meet the participant's needs.
- e. The Access Point shall not disclose the prioritization status to anyone outside of the CES Release of Information list of agencies, including the participant, until the participant is added to the current CES Priority Group.
- f. The Standardized Assessment Tool shall be updated if:
 - Life changes occur that will significantly impact the prioritization status, such as emergency room visits, hospitalizations, learning about a new diagnosis, and involvement in the child welfare system, or juvenile detention center encounters;
 - ii. The Access Point assesses that previous answers were incorrect and the household is willing to update them with the correct information.
 - iii. To update the tool, the Access Point shall copy the previous HUD Touchpoint and only change the individual answers as needed, rather than readministering the tool in its entirety.

CES Assessment step 4) HMIS Data Entry

- 1) After completing the Standardized Assessment Tool, the Access Point shall enter the collected information into HMIS. Much of this step may occur after the assessor is no longer meeting with the household, or it could happen simultaneously as the Standardized Assessment Tool is being completed. The steps for this are as follows:
 - a. Ensure that the participant has a current HMIS ROI, collecting if none are updated, and uploading this and the CES ROI into the CE HMIS program;
 - b. Enroll the participant in HMIS if they are not currently, and following Homeless Coalition procedures to do so.
 - as many forms of contact information as possible, including phone number, email, secondary contact information, frequent locations visited, and professional contacts.

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- d. Enroll the participant and complete the HUD Entry Assessment in the relevant CES program as follows:
 - i. CES-Individuals: All single adults over the age of 24 and 6 months are enrolled individually as Head of Household.
 - ii. CES-TAY: Enroll Transitional Age Youth between the ages of 18-24 and 6 months.
 - If the Transition Aged Youth meets the Category 2 definition of homelessness, the Access Point will immediately email the CES Operator of the enrollment.
 - iii. CES-Families: Enroll only the Head of Household for each family. A minor child must be in the family to qualify for this CES HMIS program.
- e. Complete family ID enrollment.
- Enter the answers to the Standardized Assessment Tool into HMIS.
- g. Enter a case note describing the outcome of all other steps of the CES Assessment.
- 2) If a participant wishes to complete the CES Assessment but does not wish to sign a CES or HMIS ROI or does not want to provide identifiable information, they can be entered into the system anonymously with a De-Identifiable Enrollment. The detailed procedure for doing so is included in the CES Access and Assessment training and in the Sonoma County HMIS Policies and Procedures and publication "How to Anonymously Enter a Client into HMIS", found here: https://sonomacounty.gov/health-and-human-services/health-services/divisions/homelessness-services/resources/sonoma-county-hmis. https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/providers/sonoma-county-hmis.
 - a. The Access Point shall maintain a written record linking the name and contact information of the participants who elect to use the De-Identifiable Enrollment procedure to the code generated as part of the procedure.

CES Assessment step 5) Collection of Initial Eligibility Documents

1) At point of initial CES Assessment and ongoing, the Access Point shall collect copies of program documentation that verifies potential eligibility criteria for housing programs the participant may be referred to. Access Points shall collect initial documentation available to

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the participant at point of Assessment, and within staffing availability support the participant in collecting ongoing documentation. This may include, but is not limited to:

- a. Homelessness verification letters
- b. Documentation of disabling condition from a qualified medical provider, or SSI/SSDI letter
- c. Photo Identification
- d. Social security card
- e. Award letters
- f. Birth Certificate (if needed)
- g. Verification of disability
- h. DD-214 form (if applicable)
- i. Service Animal/emotional support animal documentation (if applicable)
- j. Medical card
- k. CalFresh Card
- I. Copy of housing voucher (if applicable)
- 2) All documents collected shall be uploaded into the participant's CES HMIS program dashboard.

CES Assessment step 6) Enhanced Assessment

1) The Access Point may observe evidence that contradicts the answers provided by the participant on the Standardized Assessment Tool, indicates that the participant's needs and vulnerabilities will result in loss of life within six months if not but for placement into Permanent Supportive Housing, or indicates that in spite of a higher prioritization tier, a participant may be successful in a housing intervention targeting less vulnerable populations such as Rapid Rehousing and some Other Permanent Housing placements. The Access Point may complete an Enhanced Assessment leading to Enhanced Prioritization in

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these cases. A training will be offered quarterly on how to complete this process. See D. Prioritization: Enhanced Prioritization for a full description of this process.

D. Prioritization

The Homeless Coalition shall use data collected through the CES Assessment to prioritize participants within the Homeless Coalition's geography for Rapid Rehousing (RRH), Permanent Supportive Housing (PSH) and other participating permanent housing projects.

Community Service Needs/Vulnerability Prioritization Standards

The prioritization standards are intended to connect participants to housing in order of high severity of needs to low, in accordance with HUD notice CPD-16-11, *Prioritizing Persons Experiencing Chronic Homelessness in PSH*, and CPD-17-01, *Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System*. Sonoma County Homeless Coalition measures participants' severity of needs and vulnerability using the following factors:

Individuals PSH (25-59) Service Needs/Vulnerability Prioritization Standards		
Priority	Vulnerability Indicator/Service need	Threshold
Highest Priority	Emergency Transfers	See F. Transfers : Emergency
		Transfer Plan
Second Highest	Both 1 AND 2; or 3 below:	Approved PSH Enhanced
Priority	1. Homeless patient needs lifesaving treatment that will last ~1 year (or longer); very challenging to receive effective treatment unless stably housed AND	Assessment Form or equivalent letter, or non- emergency
	 2. High likelihood patient will pass away within ~6 months without said treatment OR 3. approved non-emergency transfer 	transfer
Tier 1	Length of Time Homeless (LOTH)	5 years or more
1101 1	Increased risk of death	2 or more questions

	Increased Risk of Victimization	3 or more
		questions
Tier 2	Length of Time Homeless (LOTH)	5 years or more
	Increased risk of death	2 or more
		questions
Tier 3	Length of Time Homeless (LOTH)	5 years or more
	Increased Risk of Victimization	3 or more
		questions
Tier 4	Length of Time Homeless (LOTH)	2 years or more
	Increased risk of death	2 or more
		questions
	Increased Risk of Victimization	3 or more
		questions
Tier 5	Length of Time Homeless (LOTH)	2 years or more
	Increased risk of death	2 or more
		questions
Tier 6	Length of Time Homeless (LOTH)	2 years or more
	Increased Risk of Victimization	3 or more
		questions
Tier 7	Length of Time Homeless (LOTH)	5 years or more
1	/25 50\ BBU C	1 1.
	s (25-59) RRH Service Needs/Vulnerability Prioritization Stand	
Priority	Vulnerability Indicator/Service need	Threshold
Highest	Emergency Transfers	See F. Transfers:
RRH		Emergency
priority		Transfer Plan
Second	Higher prioritized with mitigated risks or approved non-	Approved
highest	emergency transfer	Housing
RRH		Mitigation or
priority		non-emergency
	Loughth of Time Househore (LOTH)	transfer
	Length of Time Homeless (LOTH)	Less than 5
	All public process of	years
	All- entire assessment	Yes to 1 of 9
		questions
	Tie Breakers (all Individuals referrals)	
Earliest bir		
Length of t	ime homeless	

Family PSH Service Needs/Vulnerability Prioritization Standards		
Priority	Vulnerability Indicator/Service need	Threshold
Highest priority	Emergency Transfers	See F. Transfers :
		Emergency
		Transfer Plan
Second highest	BOTH 1 AND 2; or 3 below:	Approved PSH
priority		Enhanced
	1. 1. Homeless patient needs lifesaving treatment	Assessment
	that will last ~1 year (or longer); very	Form or
	challenging to receive effective treatment	equivalent letter,
	unless stably housed <u>AND</u>	or non-
		emergency
	2. 2. High likelihood patient will pass away within	transfer
	~6 months without said treatment	
	OR	
	2	
	3. approved non-emergency transfer	2 years or more
Tier 1	Length of time homeless Increased risk of death	3 years or more 2 or more
Hel I	increased risk of death	questions
	Institutional Utilization	1 or more
	mstrational othization	questions
Tier 2	Length of time homeless	3 years or more
	Increased risk of death	2 or more
		questions
Tier 3	Length of time homeless	3 years or more
	Institutional Utilization	1 or more
		questions
Tier 4	Length of time homeless	3 years or more
Tier 5	Length of time homeless	1 year or more
	Increased risk of death	2 or more
		questions
	Institutional Utilization	1 or more
		questions
Tier 6	Length of time homeless	1 year or more
	Increased risk of death	2 or more
		questions
Tier 7	Length of time homeless	1 year or more
	Increased risk of victimization	1 or more
		questions
Tier 8	Length of time homeless	1 year or more

Family RRH Serv	ice Needs/Vulnerability Prioritization Standards	
Priority	Vulnerability Indicator/Service need	Threshold
Highest RRH	Emergency Transfers	See F. Transfers:
Priority		Emergency
		Transfer Plan
Second highest	Higher prioritized with mitigated risks or approved non-	Approved PSH
RRH priority	emergency transfer	Enhanced
		Assessment
		Form or
		equivalent letter,
		or non-
		emergency
		transfer
RRH standard	Length of time homeless	No requirement
prioritization	Risk of death	3 or fewer
tier	Institutional Utilization	2 or fewer
	Tie Breakers (all Families referrals)	
Presence of 2 ho	usehold members who have a disability.	
Presence of hous	sehold member who is 60 years old or older	
Length of time h	omeless	

TAY (18-24) PSH Service Needs/Vulnerability Prioritization Standards		
Priority	Vulnerability Indicator/Service need	Threshold
Highest	Emergency Transfers	See F. Transfers:
Priority		Emergency
		Transfer Plan
Highest	BOTH 1 AND 2; or 3 below:	Approved PSH
priority		Enhanced
	1. 1. Homeless patient needs lifesaving treatment that	Assessment
	will last ~1 year (or longer); very challenging to	Form or
	receive effective treatment unless stably housed	equivalent
	<u>AND</u>	letter, or non-
		emergency
	2. 2. High likelihood patient will pass away within ~6	transfer
	months without said treatment	

	OR	
	OK .	
	3. approved non-emergency transfer	
Tier 1	Increased risk of death/ severe health conditions	2 or more
		questions
Tier 2	High utilization of crisis services/ emergency services	
	Institutional Utilization	
Tier 3	Institutional Utilization	
Tier 4	High utilization of crisis services/ emergency services	
Tier 5	None of the above- prioritized by LOTH	
TAY (18-24) R	RH Service Needs/Vulnerability Prioritization Standards	
	Vulnerability Indicator	Threshold
Highest RRH	Emergency Transfers	See F. Transfers :
Priority		Emergency
		Transfer Plan
Second	Higher prioritized with mitigated risks or approved non-	Approved
highest RRH	emergency transfer	Housing
priority		Mitigation or
		non-emergency
		transfer
RRH	Length of time homeless	Less than 1 year
standard	High utilization of crisis services/ emergency services	2 or fewer
prioritization	Institutional Utilization	2 or fewer
tier		
	Tie Breakers (all TAY referrals)	
	AY (e.g. 23+ w/ earliest DOB)	
Length of time	e homeless	

Seniors (60+) PSH Service Needs/Vulnerability Prioritization Standards		
Priority	Vulnerability Indicator/Service need	Threshold
Highest	Emergency Transfers	See F. Transfers:
Priority		Emergency Transfer Plan
Highest	BOTH 1 AND 2; or 3 below:	Approved PSH Enhanced
priority		Assessment Form or
	 Homeless patient needs lifesaving 	equivalent letter, or non-
	treatment that will last ~1 year (or	emergency transfer

	longer); very challenging to receive effective treatment unless stably housed AND	
	 High likelihood patient will pass away within ~6 months without said treatment 	
	OR	
	3. approved non-emergency transfer	
Tier 1	Length of time homeless	7 years or more
	Increased risk of death	3 or more questions And/or yes answer for learning/developmental disability question
	Institutional Utilization	1 or more questions
Tier 2	Length of time homeless	7 years or more
	Increased risk of death	3 or more questions And/or yes answer for learning/developmental disability question
Tier 3	Length of time homeless	7 years or more
	Institutional Utilization	1 or more questions
Tier 4	Length of time homeless	7 years or more
Tier 5	Length of time homeless	3 years or more
	Increased risk of death	3 or more questions And/or yes answer for learning/developmental disability question
	Institutional Utilization	1 or more questions
Γier 6	Length of time homeless	3 years or more
	Increased risk of death	3 or more questions And/or yes answer for learning/developmental disability question
Tier 7	Length of time homeless	3 years or more
	Institutional Utilization	1 or more questions
Tier 8	Length of time homeless	3 years or more

Coordinated Entry Policies and Procedures

Priority	Vulnerability Indicator/Service need	Threshold
Highest RRH	Emergency Transfers	See F. Transfers :
priority		Emergency Transfer Plan
Second	Higher prioritized with mitigated risks or	Approved Housing
highest RRH	approved non-emergency transfer	Mitigation or non-
priority		emergency transfer
RRH	Length of time homeless	No requirement
standard	Increased risk of death	Yes to 1 question
prioritization		
tier	Institutional Utilization	Yes to 1 question
Tie Breakers (all Seniors referrals)		
Presence of 2 household members who have a disability.		
Presence of household member who is 60 years old or older		
Length of time homeless		

These factors are captured in the CES Combined Primary Assessment and CES Assessment procedure.

The community-wide prioritization list (known as the "Dynamic Housing Roster") includes homeless individuals, transition aged youth, seniors, and families who have been assessed and prioritized for housing. This list is maintained by the CE Operator in HMIS, and is visible to other cooperating agencies, in HMIS. These lists are updated on a daily basis; separate lists exist for individuals, families, seniors, and transition-aged youth.

The tier a household is prioritized into results from the CES Combined Primary Assessment. It is a baseline reflection of severity of service needs defined by community prioritization standards.

Procedure:

- 1) The prioritization tier each household is placed into shall be generated through responses to prioritization questions on the CES Combined Primary Assessment.
- 2) The Individuals, TAY, Senior, and Family CES Dynamic Housing Rosters shall be generated within HMIS by listing all participants who have completed the CES Assessment in order of prioritization tier, separated by the CES HMIS program they are enrolled in.
- 3) Each CES Dynamic Housing Roster shall be ordered by tier, from highest vulnerability to lowest, to be in alignment with HUD regulation that the most severe service needs are prioritized first.

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4) Tiebreakers shall be used to determine referral order when households have the same vulnerability, preferences, and eligibility.

Prioritization for Permanent Supportive Housing

Households are prioritized for PSH based on vulnerability and prioritization in HUD notice CDP-16-11, modified to include domestic violence status where doing so does not conflict with CDP-16-11:

- 1st priority: Chronically Homeless households or households fleeing domestic violence with Severe Service Needs.
- 2nd Priority: Homeless households with a Disability with Severe Service Needs.
- 3rd Priority: Homeless households with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.
- 4th priority: Homeless households with a Disability Coming from Transitional Housing.

"Severe service needs" in this prioritization ranking are measured by the tier, or the Enhanced Prioritization procedure.

Households shall be categorized as 1st priority above if they will likely meet the definition of Chronic Homelessness (see **Definitions**) by the time they are projected to be enrolled in the project they are being referred to and meet all other criteria of the priority group. This applies to both prioritization and housing project eligibility considerations for the purposes of CES referral screening.

Housing programs are required to document homeless history and disability according to their contracted requirements only. PSH referrals follow prioritization ranking procedure based on known homeless history and disability status at CES Case Conference, as well as projects' specific eligibility criteria, including chronic homelessness status.

Procedure:

- 1) Participants who are referred to Permanent Supportive Housing (see definitions) shall be included in the current CES Priority Group (see definitions) based on the tier on the CES Dynamic Housing Roster or meeting community prioritization standards through Enhanced Prioritization or transfer, *and* meeting the definition of Chronic Homelessness.
- 2) When every participant meeting requirements above in #1 are removed from the CES Dynamic Housing Roster due to receiving housing or other reasons, those in the HUD second priority level shall be prioritized. Participants who are referred to Permanent Supportive Housing shall be included in the current CES Priority Group based on the highest tier on the CES Dynamic Housing Roster or meeting community prioritization standards through Enhanced Prioritization or transfer, and having a disability.

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- 3) When every participant meeting requirements above in #1 and #2 are removed from the CES Dynamic Housing Roster due to receiving housing or other reasons, those in the HUD 3rd priority shall be prioritized. Participants who are referred to Permanent Supportive Housing shall be included in the current CES Priority Group based on the highest tier on the CES Dynamic Housing Roster or meeting community prioritization standards through Enhanced Prioritization or transfer, and having a disability.
- 4) When everyone meeting requirements above in #1, #2 and #3 are removed from the CES Dynamic Housing Roster due to receiving housing or other reasons, those in the HUD 4th priority level shall be prioritized. Participants who are referred to Permanent Supportive Housing shall be included in the current CES Priority Group based on the highest tier the CES Dynamic Housing Roster or meeting community prioritization standards through Enhanced Prioritization or transfer, and who are coming from Transitional Housing where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven, and have a disability.
- 5) All remaining participants on the CES Dynamic Housing Roster must have documented case notes in the CES HMIS program showing attempts to prove chronic homelessness, or the requirements of the current prioritization stage, before moving to the next prioritization stage listed above.

<u>Prioritization for Rapid Rehousing</u>

Participants who receive referrals are prioritized according to community standards.

Procedure:

- Participants who are referred to Rapid Rehousing shall be included in the current CES
 Priority Group (see definitions) based on their responses to the CES Combined Primary
 Assessment.
- 2) Exceptions shall be made to those who are brought to CES Case Conferencing for Enhanced Assessment and Prioritization, specifically Enhanced Mitigation, or transfers. See Enhanced Assessment and Prioritization under E. Referral for details.

Prioritization for Other Housing Projects

There are housing projects that come online from time to time that do not meet the definition of either RRH or PSH, but provide housing to persons experiencing homelessness and receive referrals through CES. Examples include permanent housing vouchers or units targeted to the homeless population that do not include additional case management support. These projects

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shall still prioritize those with the most severe service needs first in alignment with HUD Notice CPD-17-01, while also taking into account an appropriate level of service needs for the services provided by the project. Factors that shall be taken into account include:

- Case management case-load, if any
- On-site or off-site case management
- Case management/property staff focus and training
- Case management/property staff hours of operation

Procedure:

- 1) When permanent housing projects that will receive referrals from CES are being developed that do not meet the definitions of RRH or PSH, the Coordinated Entry Operator shall meet with the agencies involved in the project, including the Housing Authority when relevant, to determine collaboratively the appropriate tier that will be prioritized for referrals to the project.
- 2) Within the determined tier, , participants shall be included in the current CES Priority Group.

Enhanced Prioritization

Additional documentation of service needs and vulnerability may be collected during the Enhanced Assessment phase of the CES Assessment by trained staff. This process can take three forms: 1) updating answers on the Standardized Assessment Tool based on evidence submitted to the operator; 2) assessing that the participant is likely to pass away within 6 months if not but for placement into Permanent Supportive Housing using the PSH Enhanced Assessment form or equivalent letter; or 3) assessment that a participant in a higher tier may be successful in housing intervention targeting less vulnerable populations using the Enhanced Mitigation form.

- 1) To proceed, the Access Point may complete one of the following three procedures depending on the situation:
 - a. In cases where the Access Point observes evidence that contradicts the answers provided by the participant on the Standardized Assessment Tool, they may collect evidence contradicting the answer and submit the evidence to the Operator requesting an Enhanced Assessment. Evidence submitted shall be collected in the context of professional capacity to make judgement on the issue at hand; for example, medical records from a doctor indicating frostbite would suffice, while case notes observing likely frostbite symptoms created by a case worker who is not

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a medical professional would not. If the answers changed as a result of the process will place the participant into the Priority Group, the Operator shall create a new Standardized Assessment Tool response in HMIS based on the evidence provided, and casenote the reason for the change. The next referrals made shall take into account the new prioritization based on the changed answers to the Standardized Assessment Tool.

If there is disagreement between the Operator and the Access Point about whether the evidence submitted is sufficient to change an answer on the Standardized Assessment Tool, the case shall be presented at CES Case Conference. The community present at CES Case Conference shall vote on approval with simple majority of those attending required to approve the Enhanced Prioritization. The Operator shall not have a vote.

- b. In cases where the Access Point believes that the Participant's needs and vulnerabilities will result in loss of life within six months if not but for placement into Permanent Supportive Housing, they may work with a medical doctor to complete the Permanent Supportive Housing Enhanced Assessment Form (see appendix 4) or an equivalent letter meeting the same criteria. Those criteria are:
 - i. Homeless patient needs lifesaving treatment that will last ~1 year (or longer); very challenging to receive effective treatment unless stably housed

AND

ii. High likelihood patient will pass away within ~6 months without said treatment

The Operator shall verify that the form or evidence is correctly completed. The Access Point shall present the case at CES Case Conference for approval for Enhanced Prioritization. The community present at CES Case Conference shall cons on approval with simple majority of those attending required to approve the Enhanced Prioritization. The Operator shall not have a vote.

c. In cases where a participant who is in a higher prioritization tier may be successful in a housing intervention targeting less vulnerable populations, the Access Point may submit an Enhanced Assessment - Mitigation form (See appendix 5) to the Operator. The Operator shall verify that the form is correctly completed. The Access Point shall present the case at CES Case Conference for approval for Enhanced Prioritization. The community present at CES Case Conference shall vote on approval with simple majority of those attending required to approve the Enhanced Prioritization. The Operator shall not have a vote.

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- 2) The referral shall be submitted according to the procedures in E. Referral.
- 3) If the referral is not successful for any reason, the participant shall maintain their prioritization status assigned through Enhanced Prioritization. They shall be referred to the next available housing opportunity that targets the assigned prioritization. A separate list shall be maintained by the CES Operator of all participants who have received and been referred according to Enhanced Assessment and Prioritization (aside from those cases where answers may be changed directly based on evidence submitted).

Nondiscrimination

Data collected from the assessment process shall only be used to prioritize households for housing interventions and accompanying services based on vulnerability and length of time homelessness. Eligibility for housing is solely based on determining if a referral meets basic program requirements. The CE operator and all agencies receiving/accepting referrals from CE are prohibited from prioritizing or discriminating households based on a protected status such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

Participants may file a discrimination complaint or grievance using the procedures described in I. Accommodations and Grievances.

CES Dynamic Housing Roster Management and Inactive Policy

A participant shall remain on the CES Dynamic Housing until they are no longer eligible for CES due to homeless status, are outside Homeless Coalition geographic bounds with no planned date of return within 90 days, they voluntarily request to be removed, or there has been no contact with the system in 365 days. A participant shall remain "active" on the CES Dynamic Housing Roster until there has been no contact with the system in 90 days, or all efforts have been exhausted in attempting to contact the participant.

- 1) CES Cooperating Agencies shall notify the CES Operator when a participant is no longer eligible for CES due to homeless status or leaves the Homeless Coalition geographic bounds with no planned date of return within 90 days, and the Operator shall exit the participant from the CES HMIS program and remove them from the CES Dynamic Housing Roster.
- 2) Participants may contact any Access Point or the CES Operator directly and request to be removed from the CES Dynamic Housing Roster. If this occurs at an Access Point, the

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Access Point shall notify the Operator of the request, who shall remove them from the list and the CES HMIS program.

- 3) The CES Operator shall remove from active status any participant who has not had known contact with a homeless program (outreach, shelter, safe haven, transitional housing, safe parking, CES) in the HMIS system for 90 days.
 - a. Wherever possible, the operator shall confirm with collaborative system partners who manage similar lists, including Sonoma County Behavioral Health and the Veterans By-Name-List, that the participant is no longer homeless in the community before making them inactive on the CES Dynamic Housing Roster.
 - b. Fifteen days before making inactive the Operator shall reach out to known contacts of the participant in HMIS to inform them that participant will be removed if no touchpoint is added.
 - c. The Operator shall create an "inactive" tag for the participant when doing so which will remove them from the active CES Dynamic Housing Roster.
- 4) The Operator shall add the inactive tag to any participant who has had a housing referral rejected because the community present at CES Case Conferencing has unanimously agreed that all efforts have been exhausted in attempting to contact the participant.
- 5) Any participant removed from the CES Dynamic Housing Roster or made inactive may be re-added to the active list at any time with the same tier when they make contact with the system and choose to be on the list again. They shall not be required to complete the CES Assessment again, though Access Points shall encourage them to update their assessment if significant life changes have occurred since the last Standardized Assessment Tool was completed.

Community Prioritization Coordination

The CE Operator and Lead Agency shall coordinate with other existing Master Lists in the community including, but not limited to, the By Names List of Homeless Veterans and any other multidisciplinary lists in the Homeless Coalition's geography.

The CES Dynamic Housing Roster has the ability to be filtered for Veteran status, or suspected Veteran status. This filtered is managed by the CES Operator and HUD-VASH Coordinator with the Santa Rosa VA Medical Center. The list is updated twice monthly by members of the Homeless Coalition's Homeless Veterans Committee. CES Operator staff members attend and provide updates to the Dynamic Housing Roster and cross-reference names on the Dynamic Housing Roster with other relevant information in HMIS.

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Veteran prioritization follows the same protocol for the four waitlists: single adults, families, seniors, and transition-aged youth.

Length of Time on Prioritization List

CE shall strive to offer every individual placement into the intervention of their choosing within 60 days of placement on the priority list. Additionally, supportive services and resources shall be offered to every participant as part of the first stage of the CE Assessment.

Ongoing CES Evaluation efforts shall drive updates to the community prioritization standards to more precisely differentiate and identify for housing those participants with the highest service needs and vulnerabilities, and reduce waiting time on the CES Dynamic Housing Roster. This may include modifying the prioritization definitions described above.

E. Referral

All referrals follow the prioritization standards, policies, and procedures described in D. Prioritization. All referrals, except those identified in D. Prioritization, shall be presented in CES Case Conference for approval. The CES Operator is the only entity authorized to generate or assign CES referrals.

Housing Availability

Housing Providers notify CES when an opening is available in a CES affiliated bed or unit in their program. If possible, advance notice is provided so as to minimize the length of vacancies. Housing Providers shall provide contracted eligibility requirements and updates to those requirements to the CES Operator, which shall be published on a Lead Agency web page.

Dynamic Prioritization and Verified Contact Information

Referral decisions within a given "CES Priority Group" shall take into account participant ranked choice preferences between available housing options and shall only be made for participants who the community participating in CES Case Conference can identify has "Verified Contact Information" following the "Dynamic Prioritization" model. Dynamic Prioritization is a best-practice model of CES that organizes CES decisions in real time rather than trying to locate and find participants after referral. "Verified Contact Information" shall be defined as:

- Contact with the participant within the last month through a phone number or email address or secondary contact (provider must actually speak with primary participant); or:
- Physical location verified within the last week of data collection.

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- 1) Mid month, Operator shall send managers of relevant RRH and PSH programs a referral report indicating the number of referrals anticipated to be filled within the following month. RRH and PSH managers shall confirm or clarify the number of referrals needed within 48 hours.
- 2) The "CES Priority Group" shall be formed by comparing the number of available housing referrals within each intervention type and priority tier to the CES Dynamic Housing Roster to create a group of participants who are likely to be receive a housing referral in the following month.
- 3) Operator shall send the subregional By-Name-List Leads a form filled with information on the relevant members of the CES Priority Group and the likely eligibility options identified.
- 4) Subregional By-Name-List Leads shall assign action items to provider staff in their subregion for staff to collect preferences out of available options, updated eligibility information, Verified Contact Information, and begin collecting eligibility documents.
 - *a.* Providers may also submit updated preferences or Verified Contact Information over the course of the month.
- 5) Subregional BNL leads respond back with information collected from staff with preference, eligibility information, and Verified Contact Information.
- 6) The Operator shall attempt to contact and identify Verified Contact Information and choices among housing options for any participant who is likely to be prioritized for housing in the following month but does not have a clear subregion, whom subregional outreach teams cannot contact, or who chooses not to work with any provider in their subregion. The Operator shall exhaust all options to contact the participant, which at minimum shall be defined as:
 - In person outreach or collaboration with regional outreach teams to search likely locations on at least 2 separate occasions, including at least once at a prepared meal distribution site in the referred participant's most recent known region if such a site exists.
 - o If a secondary contact is known, 1 attempt
 - For any known and in service phone number, 6 attempts, at different times of day, over at least 4 days

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- If possible, leave a voice message with call back info
- Text each known and in service phone number at least 1 time
- Known email addresses, 1 attempt
- 7) In the event the Operator is not able to contact a participant, the participant shall be removed from active status on the CES Dynamic Housing Roster following the <u>CES Dynamic Housing Roster Management and Inactive Policy</u> until contact is made.

Uniform Referral Procedure

- 1) All housing referrals, except those identified below, shall be identified and unanimously agreed upon by the community present at the CES Case Conference. Exceptions are:
 - a. Participants who are survivors of DV may request an offline, confidential referral Case Conference with CES staff;
 - b. TAY participants meeting the Category 2 definition of homelessness; see "Referrals to Rapid Rehousing Programs with Category 2 Eligibility Criteria" below.
- 2) Referrals shall be made based on community prioritization standards (see section D. Prioritization), initial eligibility, and the following standards:
 - a. Referrals shall be made based on preferences between available housing options that a participant appears to be eligible for.* This information is collected during the process outlined in the above Dynamic Prioritization and Verified Contact Information standards.
 - i. Participants within each CE subpopulation shall be offered referrals starting with the highest prioritized participant in the given intervention range first and shall proceed participant-by-participant down the Active CES if they have Verified Contact Information, and there are housing opportunities they appear to be eligible for* and that they ranked as one of their choices.
 - ii. In the order described above, referrals for a given opportunity shall be sent for the participant who ranks that opportunity highest. Participants shall only receive one referral to a housing opportunity at a time.
 - b. Per each program opening, at CES Case Conference 1 primary referral shall be provided and, if the program chooses, 1 backup referral per opening.

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- i. If the pending referrals made at a previous CES Case Conference were found to be ineligible for CES (not meeting the homelessness eligibility, for example) or the participant refuses the referral, those referrals may be replaced by 1 corresponding additional referral, per referral, in between CES Case Conference. This procedure corresponds to a total of 4 referrals that may be possibly made per week per opening. These additional referrals shall be presented to the community at the following CES Case Conference, and retracted if for any reason they are not agreed upon as appropriate by the community present.
- Additional referrals per program opening shall only be made at CES Case Conference if there are no previously pending referrals per program opening.
- c. Within any set of openings to a particular intervention type (PSH, RRH, and "Other") with eligibility criteria that can accept any subpopulation type (individuals, families, TAY), equal referrals shall be made from each subpopulation active CES Dynamic Housing Roster. If there are an odd number of openings, priority shall be made for the Seniors subpopulation Dynamic Housing Roster.
- 3) The CES Operator shall submit all referrals agreed upon in CES Case Conference within 24 hours in HMIS to the relevant housing provider, along with a copy of the HMIS project history.
- 4) The housing provider shall be responsible for contacting the participant and offering to move forward with the referral.
 - a. Access Points and other community providers who are in contact with the referred participant have a role in supporting the housing provider in contacting the participant, within staffing availability.
- 5) Participants shall have 48 hours from the time they are offered a referral to a housing opportunity to accept or refuse. Housing providers shall exhaust all options to contact the participant to make their choice after initial contact.
- 6) The housing provider shall record all attempts to contact the participant when following up on a referral. Records of attempted contacts, contacts made and their disposition shall be recorded in the "Case Notes" of each participant's HMIS CES Dashboard.
- 7) Once the housing provider has verified eligibility (see "section H. Eligibility Documentation Roles and Responsibilities"), they shall accept the referral in HMIS.

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a. If the housing provider cannot verify eligibility, they shall follow the "Rejection of Referrals" policy and procedure below.

*CES will not screen for eligibility criteria for Sonoma County Housing Authority, Santa Rosa Housing Authority, or income criteria for tax credit programs.

Identical Ranking Tie-Breakers

Procedure:

- 1) If multiple participants in the same CES population within the CES Priority Group rank the same choice first for an available housing placement and all participants are eligible for that housing program, the referral shall be sent according to the following tie-breakers, in order:
 - a. Seniors
 - i. Presence of 2 household members who have a disability. (requires assessment question)
 - ii. Presence of household member who is 60 years old or older
 - iii. LOTH: Number of months
 - b. Individuals
 - i. Length of time homeless
 - ii. Earliest birth date
 - c. Families
 - i. Presence of 2 household members who have a disability. (requires assessment question)
 - ii. Presence of household member who is 60 years old or older
 - iii. LOTH: Number of months
 - d. Transitional Aged Youth
 - i. Aging out of TAY (e.g. 23+ w/ earliest DOB)
 - ii. LOTH

Referrals to Rapid Rehousing Programs with Category 2 Eligibility Criteria

Referrals to Rapid Rehousing programs with eligibility criteria that can include participants that meet the HUD Category 2 homelessness definition shall receive referrals outside of CES Case Conference to avoid increasing risk of those participants losing their housing due to the timely nature of their crisis.

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1) The CES Operator shall submit a referral as soon as the operator is notified of both an opening in a program that can accept Category 2 participants and the assessment of a Category 2 participant onto the TAY CES Dynamic Housing Roster, within business hours.

Referrals to Other Permanent Housing Programs with No Supportive Services

There are some projects referred through Coordinated Entry as a partnership with the Sonoma County Housing Authority that do not have supportive services attached and have more stringent eligibility check requirements and processes than many other projects. As a result, projects that fall under this category must receive more referrals than the Uniform Referral Process above to ensure units are filled on time. This need must be balanced with ensuring all referred participants in Coordinated Entry receive a similar referral experience no matter where they are referred and do not experience too many referral rejections, which can be traumatizing.

Procedure

- 1) Per each program opening at Other Permanent Housing Programs with no supportive services, at CES Case Conference 1 primary referral shall be provided, and if the program chooses, 2 backup referrals per opening.
 - a. This procedure shall replace 2.b. only above in <u>Uniform Referral Procedure</u>. All other procedures in <u>Uniform Referral Procedure</u> shall be followed.

Timely Referral Actions

Participants referred to housing through the Coordinated Entry System shall benefit from timely action on the part of housing providers to allow them to move into the housing they have been referred to. When evaluating whether to request new referrals, housing providers shall consider their ability to take action on the referral within 30 days, including the following factors: staff and budget capacity, contractual obligations, and for site-based projects, the timeliness of the unit and subsidy becoming available. Action is defined as accepting the referral or documenting attempts to contact the referred participant. In general, housing providers should only request new referrals when they are confident they have capacity to accept the referral within 30 days. An exception is for large (ex. more than 10 units) new projects that need significant "ramp up" time to ensure all units can be moved into on the day of opening. For all projects, the housing provider shall document all contact or attempts to contact the participant to update them of timeline changes in the case notes of the participant's HMIS CES dashboard.

Procedure:

a. After 30 days passing without the housing provider entering case notes documenting attempts to accept a referred participant or accepting the referral,

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and where the participant would be prioritized and eligible for more referrals with the probability of more timely movement into housing that meets their preferences, the CES Operator shall retract the initial referral.

- b. Any project with two or more instances of referral retraction (defined as referrals occurring in the same week) for the above reason within a one-year period shall not receive additional referrals until the housing provider and CES Operator meet and collaboratively identify the cause of the issue and actions to ensure referrals are acted upon in a timely manner in the future.
 - i. The CES Operator shall notify the Lead Agency of all instances of referral retraction due timeliness issues on the part of housing providers.

Rejection of Referrals

Only four standardized options are available for rejecting a referral from Coordinated Entry: the participant does not meet eligibility requirements, the project is not currently accepting applications, the participant has disappeared or is not able to be located, or the participant refused the housing offer. Providers may not reject a referral without approval of parties present at CES Case Conference. Housing providers may request to reject a referral at any CES Case Conference subsequent to the referral being made.

- 1) The Housing Provider shall record all attempts to contact participant when following up on a referral. Records of attempted contacts, contacts made and their disposition shall be recorded in the "Case Notes" of each participants' HMIS dashboard and electronic file.
- 2) Housing providers shall request to reject referrals by noon the day before CES Case Conference, to allow the request to be added to the agenda.
 - a. For referrals that providers wish to reject for the standard reason of "Unknown/Disappeared", there shall be a one week waiting period between request to reject the referral and presenting the referral rejection to CES Case Conference (step 3 below) to allow the CES Operator time to deploy CE Outreach and coordinate among providers known to be in contact with the referred participant. This one week waiting period may be waived at the discretion of the CES Operator.
- 3) All referral rejections must be brought to CES Case Conference and the reasons for rejection and attempts to accept the referral presented. They may request additional support or

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community expertise in moving forward with the referral. Consensus shall be attempted to be reached; if consensus is not possible, the rejection request will be voted on by all parties present at CES case conference with a simple majority needed to approve or deny the rejection request.

- a. After voting approval, the Housing Provider will reject the referral in HMIS and include a note of the reason why.
- 4) In the case where a referral rejection is not approved by CES Case Conference, the Housing Provider shall move forward with enrolling the participant.
- 5) If a provider or the referred participant wishes to appeal a rejection decision made at CES Case Conference, they may request an appeal with the Coordinated Entry Advisory Committee Appeals Subcommittee. During this time, the participant will be eligible for additional referrals but may choose to wait for the outcome of the appeal. The Lead Agency shall convene nonconflicted members of the Committee to quickly form the Subcommittee. The Lead Agency shall invite advocates for the participant and the Housing Provider to attend. The Lead Agency shall provide a summary of the case, followed by an appeals presentation by the Housing Provider, and advocates for the participant shall be invited to provide a rebuttal to the appeal. The referred participant will be offered an opportunity to submit an appeal letter to the appeals committee. The non-conflicted members of the Coordinated Entry Advisory Committee who are present shall vote to:
 - a. accept the appeal, overturn the decision of the CES Case Conference, and allow the Housing Provider to reject the referral;
 - b. or reaffirm the decision of the CES Case Conference.
- 6) In the case where the participant still wants the opportunity to enroll into services with the Housing Provider, and if the Housing Provider does not request an appeal and fails to enroll the participant at step "4)" above, or fails to enroll the participant after the Coordinated Entry Appeals Subcommittee reaffirms the decision of the CES Case Conference (step "b." above), the Lead Agency shall pursue appropriate monitoring activities.

Monitoring activities for Coalition-funded providers include the Lead Agency issuing a monitoring letter with a finding for noncompliance with the Coordinated Entry MOU and local standards. The finding may contain required corrective action by the provider. These findings shall be included in a staff report for any funding the provider applies for and could result in the loss of all Coordinated Entry scoring for the project in the next funding cycle. All instances of noncompliance shall be referred to the Lead Agency's compliance department where additional action may be taken. For any projects funded through the Continuum of Care program, all instances of noncompliance shall be referred to the local HUD field office.

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For non-Coalition funded projects, the Lead Agency shall issue a letter to leadership at the agency and, when appropriate, their funders informing them of their noncompliance with the Coordinated Entry MOU.

Rejection Standard: Does not meet eligibility requirements

• The Homeless Coalition maintains a public website with eligibility requirements for all projects in the Homeless Coalition's geographic area participating in Coordinated Entry. A housing provider may reject a referral only if the participant does not meet basic published eligibility requirements, inclusive of (when applicable) immediate safety risk or meeting activities of daily living (ADLs), or the provider has exhausted all options to document eligibility. Examples include single adults that were part of a family unit when assessed and have been referred to a families-only project, or non-veterans attempting to access SSVF funded units. An agency may not reject a participant on presumed "fit" in housing or shelter. An agency may not reject a participant due to barriers in documenting eligibility without exhausting all possible options first.

Rejection Standard: Program no longer accepting applications

• If a program is no longer accepting applications, the referring agency and CE will work together to redirect the referral to another program within HMIS. This includes instances when a project serves multiple populations (ex: individuals and families) but only has openings for one population at a given type.

Rejection Standard: Unknown/Disappeared

- If referring agencies have exhausted all options to contact a referral, they may request to decline the referral as "unknown/disappeared." While all options must be exhausted, at minimum this is defined as:
 - In person outreach or collaboration with regional outreach teams to search likely locations on at least 2 separate occasions, including at least once at a prepared meal distribution site in the referred participant's most recent known region if such a site exists.
 - o If a secondary contact is known, 1 attempt
 - For any known and in service phone number, 6 attempts, at different times of day, over at least 4 days
 - If possible, leave a voice message with call back info
 - Text each known and in service phone number at least 1 time

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- Known email addresses, 1 attempt
- Known contacts with other agencies within the last 90 days: housing provider must successfully get in contact with the agency. If no contact is able to be made, the provider can bring the case to CES Case Conference for support in making contact. This includes collaboration with outreach providers.

All attempts must be documented in the referred participant's HMIS profile in their CES program. To ensure quick movement of participants into available openings, the community present at CES Case Conference is highly encouraged to allow housing providers to reject a referral if they have exhausted all options to contact them and it has been 2 weeks since the referral was made, though each case should be considered with its own context. NOTE: Project Based Voucher units shall allow a minimum of 2 weeks from referral being made to rejection due to "Unknown/Disappeared".

Rejection Standard: Participant Refused Offer

• If a participant refuses a referral, the below "Right of Refusal" policy will be followed.

Right of Refusal

Participants who reject a referral to housing, or who elect to be discharged from a housing provider prior to moving into permanent housing, shall maintain their place on the active CES Dynamic Housing Roster with the same prioritization tier they had prior to referral.

- If a participant refuses a referral to housing, the reason shall be documented in CES HMIS
 case notes. The Housing Provider will bring the case to CES Case Conference to problem
 solve. The community present at CES Case Conference must vote to move forward in
 providing the housing opening to the next participant on the active CES Dynamic Housing
 Roster.
 - a. After voting approval, the Housing Provider will "reject" the referral in HMIS and document the reason.
- 2) If a participant choses to discharge from a Housing Provider after enrollment, but before being permanently housed, the Housing Provider will notify the CES Operator.
 - a. The participant will be returned to the active CES Dynamic Housing Roster with the same prioritization status and offered the next alternative housing referral that meets their needs and that they meet eligibility for.

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3) If a participant chooses one housing provider over the other in the case of multiple referrals for the same participant, the Housing Provider not chosen will reject the referral and email the CES Operator and the other Housing Provider to confirm the reason, and will not be required to seek approval for the rejection at CES Case Conference.

Retraction of Referrals

If a referral is made for any participant who is found to be ineligible for CES as described in the <u>CES Dynamic Housing Roster Management and Inactive Policy</u> above, the referral shall be retracted by the CES Operator and the aforementioned Policy and Procedure shall be followed.

Public Eligibility Listing

All participating housing projects submit their specific enrollment eligibility requirements to the CE Operator and Homeless Coalition staff. This information is held on a public facing website that is easily accessed by individuals seeking housing throughout the Homeless Coalition's geographic area. Eligibility criteria include projects that have a specific focus, such as housing for veterans, housing for survivors of domestic violence, permanent supportive housing for individuals with serious and persistent mental illness, etc. The Continuum of Care Coordinator and Coordinated Entry Operator shall update the list on a quarterly basis for accuracy.

Referrals to CoC/ESG-programs and Non HUD-funded Agencies

All CoC and ESG projects use <u>only</u> CE when accepting referrals to fill vacancies in housing funded by these sources.

Projects that do not receive HUD funding or who are not required to participate due to local priorities are encouraged to participate in Coordinated Entry but are not required to do so. Projects not participating in Coordinated Entry shall not have access to the CES Case Conference, nor shall they have access to the CE Dynamic Housing Roster.

F. Transfers

On occasion the CE experiences a need for transfers between program types to better meet the preferences and needs of a household, or as an administrative function. A key component to any transfer process is an on-going assessment of the household's needs to determine whether the levels of service provided are appropriate or need to be increased or reduced.

A household may need to transfer to another program within the CES for a myriad of reasons including, though not limited to, changes to family composition, the defunding of an agency or program, or criminal record for state-mandated restrictions. A household may also wish to move from permanent supportive housing to a less-intensive service-oriented housing or a household

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may require progressive engagement from rapid re-housing to permanent supportive housing. Finally, the Emergency Transfers may be necessary to protect survivors of domestic violence.

Emergency Transfer Plan

Background

The following policies and procedures are intended to ensure that Sonoma County Homeless Coalition-funded housing program clients, who are victims of domestic violence, dating violence, sexual assault, and stalking who are at imminent risk of further harm, have a process to transfer from their existing housing unit to a new, safe housing unit. Requests for emergency transfers should be treated with the utmost urgency. Providers will reduce barriers to requesting these transfers and will communicate these policies to clients in their programs. This plan identifies clients who are eligible for an emergency transfer, how clients can request an emergency transfer, confidentiality protections related to transfers, the specific steps that providers are required to take to facilitate an emergency transfer, and guidance to clients on safety and security. Sonoma County Homeless Coalition providers will inform the Department of Health Services' Homelessness Services Team, (hereafter "Lead Agency") when they receive transfer requests, whether they can/have facilitated an internal transfer and whether they need to seek an external transfer. Sonoma County Homeless Coalition providers are encouraged to contact the Lead Agency with questions or concerns. Housing providers will provide reasonable accommodations to this policy for individuals with disabilities.

Applicability

These policies cover all projects with housing assistance (leasing and rental assistance) activities funded by, or under the purview of, the Sonoma County Homeless Coalition. These policies apply regardless of the type of funding (federal, state, local), (hereafter referred to as "Sonoma covered projects").

Eligibility

A client receiving rental assistance through, or residing in a unit subsidized by, the Sonoma County Homeless Coalition who is a victim of domestic violence, dating violence, sexual assault, or stalking qualifies for an emergency transfer if:

- 1) The client expressly requests the transfer; and
- 2)
- The client reasonably believes there is a threat of imminent harm from further violence if the client remains within the same dwelling unit that the client is currently occupying; or

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b. In the case of a client who is a victim of sexual assault, either the client reasonably believes there is a threat of imminent harm from further violence if the client remains within the same dwelling unit that the client is currently occupying, or the sexual assault occurred on the premises during the 365-calendar-day period preceding the date of the request for transfer. A client requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan. Requests may be made verbally, but clients are encouraged to make the request in writing if reasonable. Housing providers cannot require requests to be in writing and cannot require clients to be in good standing to qualify for an emergency transfer.

Requesting an Emergency Transfer

To request an emergency transfer, the client shall submit either a verbal or written request to any representative of their housing provider. The housing provider may request additional documentation of the occurrence for which the client is requesting an emergency transfer; however, the provider is not required to request documentation, and is encouraged to refrain from doing so except when there the provider receives substantively conflicting or inconsistent information. The client's request should include either:

- A statement expressing that the client reasonably believes that there is a threat of imminent harm from further violence if the client were to remain in the same dwelling unit assisted under the Sonoma covered project; OR
- 2) A statement that the client was a sexual assault victim and that the sexual assault occurred on the premises during the 365-calendar-day period preceding the client's request for an emergency transfer.

Housing providers must approve emergency transfer requests from any client who submits a request and who meets criteria (1) or (2), above.

Documentation and Record Keeping

Housing providers will maintain documentation of emergency transfers requests, either the written request completed by the client, or log of the time and date of the request, if the request was made verbally. Housing providers will maintain logs of steps taken to facilitate and internal transfer which include time frames. Housing providers will maintain logs of the outcome of those requests in client files. Housing providers will inform the Lead Agency when they receive a request within 3 working days so the Lead Agency can assist with the transfer and monitor for compliance with these policies.

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If this is a transfer from PSH to PSH, the original documentation of that individual's Chronic Homeless Status shall be copied and provided to the new project for documentation of eligibility. Documentation of the stay at the original PSH should be included in the provided documentation; this can either be pulled from an HMIS report or written from the other service provider. Programs must retain records of all emergency transfer requests and their outcomes for a period of 5 years following the grant year of the program in which the household was a participant and report them to HUD as required.

Written verification of the client's situation or any documents pertaining to the abuse shall not be stored electronically in HMIS for protection. This includes uploaded documents as well as case notes.

Confidentiality

With the exception of the reporting requirements in this policy, the housing provider will keep confidential any information that the client submits in requesting an emergency transfer, and information about the emergency transfer, unless the client gives the housing provider time-limited written permission to release the information, or disclosure is required by law, or disclosure is required for use in an eviction proceeding or hearing regarding termination of assistance from Sonoma covered project. This includes keeping confidential the location of the dwelling unit of the client from the person(s) that committed the act(s) of domestic violence, dating violence, sexual assault, or stalking against the client. See the Notice of Occupancy Rights under the Violence Against Women Act For All Clients for more information about the provider's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, and stalking.

Types of Transfers

Internal emergency transfer refers to an emergency relocation of a client to another unit where the client would not be categorized as a new applicant; that is, the client may reside in the new unit without having to undergo an application process.

External emergency transfer refers to an emergency relocation of a client to another unit where the client would be categorized as a new applicant; that is the client must undergo an application process in order to reside in the new unit.

Safe Unit

A safe unit is defined as a unit that the victim of domestic violence, dating violence, sexual assault, or stalking deems is safe. [emphasis added] This unit may be outside the jurisdiction of Sonoma County.

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Internal Transfer

Where the client requests an internal emergency transfer, the program should take steps to immediately transfer the client to a safe unit if a unit is available.

If an internal transfer is available, the housing provider must allow the client to accept and complete the transfer. (If there are multiple clients requesting an internal transfer to the same unit, the housing provider must follow its internal policies and procedures to determine which client shall receive priority.) If an internal transfer is not immediately available, program staff will inform the client that they have the following options:

- 1) Wait for a safe unit to become available for an internal transfer,
- 2) Offer placement into a different project type if housing is not available (internal emergency shelter for example),
- 3) Request an external emergency transfer, and/or
- 4) Pursue both an internal and external transfer at the same time in order to transfer to the next available safe unit in the CoC.
- 5) Contact local victims' services providers (YWCA, Family Justice Center, Verity) to discuss any additional resources available for additional placements and resources.

Clients may pursue some, all, or none of the above options, may pursue multiple options at the same time, and may change which options they wish to pursue at any time.

External Transfer

If a client requests an emergency transfer and an internal transfer is not immediately available, the housing provider must offer the client an external transfer. External transfer clients have priority over all other applicants for Sonoma County Homeless Coalition funded housing assistance, provided the household meets all eligibility criteria required by the destination program and its funder(s).

After the agency communicates the client's emergency transfer request to the Coordinated Entry System, they will facilitate referral of the participant to the next available appropriate unit through the Coordinated Entry System. The client is not required to accept a transfer option. They can elect to wait for a different option. The household retains their original homeless status for purposes of the transfer. In this case, the client would be categorized as a new applicant; that is the client must undergo the CE referral process and any applications required in order to reside in the new unit. Providers will also refer clients to temporary housing options like shelter while they await a transfer.

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Transfers Outside Sonoma County

Incoming transfers:

The Sonoma County Homeless Coalition will accept up to 5 transfers requests a year from victims of domestic violence, dating violence, sexual assault or stalking who reside in another jurisdiction. Any additional external transfer requests will be reviewed on a case-by-case basis. If the Lead Agency receives a request, they will provide the same priority and emergency transfer services described in this policy. The originating jurisdiction must provide all eligibility documentation at the time of the transfer request. The Sonoma County Homeless Coalition may delay a transfer request if eligibility documentation is not provided by the originating jurisdiction.

Outgoing Transfers:

If a victim of domestic violence, dating violence, sexual assault, or stalking requests a transfer outside Sonoma County's jurisdiction, the Lead Agency will contact the Coordinated Entry lead in the receiving jurisdiction to coordinate this transfer. The Lead Agency cannot impose any enhanced priority and these transfers will follow the receiving jurisdiction's ETP process. The housing provider in Sonoma County will provide all eligibility documentation to the receiving jurisdiction's CE lead and housing provider.

Continuity of Services

Housing providers will maintain supportive services during an emergency transfer. If a participant in a tenant-based rental assistance program needs an emergency transfer, the housing provider will assist the client in locating more suitable housing as quickly as possible through housing location services. Additionally, the provider will also refer the client to other services like PSH transfers, referrals to victim services providers and referrals to temporary housing options like shelter.

The housing provider will continue to assist the client until the client is able to secure alternate housing. The provider should bring the situation to the Lead Agency team and the CE operator for assistance with an external transfer.

Emergency Transfer Priority

Where the client requests an internal emergency transfer, the program shall take steps to immediately transfer the client to a safe unit if a unit is available or assist the client in locating more suitable housing. If an external program transfer is required, the participant shall be prioritized over all other referrals for the next available housing opportunity within the same program model, provided the participant meets all eligibility criteria. The participant shall retain their original homeless status for purposes of the transfer.

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Lease Bifurcation

A project owner may bifurcate a lease in order to evict or terminate assistance to a client or occupant who commits acts of violence against family members or others. The abuser or offender may be evicted while preserving the rights of the survivor. Sonoma covered project providers may choose to continue to serve the offender with other resources to avoid homelessness. If the offender is the qualifying household member, the remaining household members must have the opportunity to demonstrate eligibility to remain in the project permanently. If they cannot establish eligibility, the remaining household members must be allowed to remain in the housing until the end of the lease. The housing or supportive service provider must assist the remaining household members to find alternate housing at the end of the lease.

Resources/Hotlines:

In all cases, please provide the individual seeking an emergency transfer or even contemplating an emergency transfer, with our local victims' services contact information. In case of an emergency, do not hesitate to call 9-1-1.

YWCA 24/7 domestic violence hotline: 707-546-1234 Verity 24/7 sexual assault crisis hotline: 707-545-7273

Family Justice Center Sonoma County (business hours only): 707-565-8255

Training

Housing providers shall train their staff on this policy. All staff that work in a housing program shall receive this training as part of their initial training and annually. The Lead Agency has created trainings that can be used. Additionally, the lead agency and the Coordinated Entry operator shall offer this training to providers at least annually. The lead agency encourages providers to contact them for technical assistance if they have questions.

Informing Participants of their Rights

Housing and supportive service providers shall inform clients of their rights under this policy upon intake into their programs. Housing and supportive service providers shall post flyers in their offices and in common spaces of assisted project-based units of this policy.

Costs Associated With ETPS

Sonoma County Homeless Coalition providers can include a budget line item for facilitating and ensuing compliance with these policies. Examples of eligible costs for emergency transfer facilitation include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer which includes:

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- Assistance with moving costs. Reasonable moving costs to move survivors for an emergency transfer.
- Assistance with travel costs. Reasonable travel costs for survivors and their families to travel for an emergency transfer.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe units the survivor is transferring to via an emergency transfer.
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Fees associated with getting survivor into a safe unit via emergency transfer, includes but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case management. Grant funds can be used to pay staff time necessary to assess, coordinate and implement emergency transfers.
- Housing navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfers.
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone and internet service when necessary to support security systems for the unit, etc.

Examples of eligible costs for monitoring compliance with the VAWA confidentiality requirements include the costs of ensuring compliance with the VAWA confidentiality requirements which includes:

- Monitoring and evaluating compliance with VAWA confidentiality requirements.
- Developing and implementing strategies for corrective actions and remedies.
- Program evaluation of confidentiality policies, practices and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to Collaborative Applicant, HUD and other interested parties on compliance with VAWA confidentiality requirements
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to confidentiality requirements.

Procedure/Workflow

Intake

At intake and annually, client is informed of their rights under VAWA including the ability to request emergency transfers and lease provisions that are afforded to them under VAWA. The client is provided this information in writing.

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Emergency Transfer Request

A client can request a transfer if they reasonably believe there is a threat of imminent harm from further violence if the client remains within the same dwelling unit that the client is currently occupying; or

In the case of a client who is a victim of sexual assault, either the client reasonably believes there is a threat of imminent harm from further violence if the client remains within the same dwelling unit that the client is currently occupying, or the sexual assault occurred on the premises during the 365-calendar-day period preceding the date of the request for transfer. A client requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Upon receipt of the verbal or written request, the Sonoma Covered project will contact the lead agency and inform them of the request within 3 business days. The Sonoma Covered project will acknowledge receipt of the request to the client within 3 business days. The Sonoma Covered project will inform the client of their ability/inability to provide an internal transfer within 5 business days of receipt of the request.

Facilitating Transfer

- 1) Sonoma Covered project receives report, verbal or written, that a client residing in a covered project believe there is a threat of imminent harm from further violence if the client remains within the same dwelling unit that the client is currently occupying; or in the case of a client who is a victim of sexual assault, either the client reasonably believes there is a threat of imminent harm from further violence if the client remains within the same dwelling unit that the client is currently occupying, or the sexual assault occurred on the premises during the 365-calendar-day period preceding the date of the request for transfer.
- 2) Within 3 business days, Sonoma Covered project staff acknowledge receipt of request and inform the client that they are eligible to transfer their assistance to a safe unit. Safe unit is defined by the participant requesting the transfer.
- 3) Within 3 business days, the Sonoma Covered project contacts lead agency to inform them of the request.
- 4) Within 5 business days of receiving the request, Sonoma Covered project staff inform the client requesting the transfer of their ability/inability to complete an internal transfer. If an internal transfer is not immediately available, staff inform the client that they can;
 - a. Wait for a safe unit to become available for an internal transfer,

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- b. Offer placement into a different project type if housing is not available (internal emergency shelter for example),
- c. Request an external emergency transfer, and/or
- d. Pursue both an internal and external transfer at the same time in order to transfer to the next available safe unit in the CoC.

Clients may pursue some, all, or none of the above options, may pursue multiple options at the same time, and may change which options they wish to pursue at any time.

- 5) Sonoma Covered project staff connects client to local victims' services providers (YWCA, Family Justice Center, Verity) to discuss any additional resources available for additional placements and resources.
- 6) If client requests an external transfer within Sonoma County, the Sonoma Covered project staff will inform the lead agency and the Coordinated Entry (CE) Operator of the request. The client will be given absolute priority over all other referrals. The Coordinated Entry operator will inform the covered project of the housing options that are available. If a project opening has specific eligibility criteria, the CE operator will coordinate with the Sonoma Covered project staff to see if the individual requesting the transfer meets the project's eligibility criteria.
- 7) When an external transfer is available, the CE operator will inform the Sonoma Covered project of the opening. The client can elect to take one of the available options or wait for another option. If the client elects to wait for another option, they maintain absolute priority for all future openings. The Coordinated Entry operator will inform the Sonoma Covered project staff of upcoming housing opportunities before they are presented at case conferencing. If/When the client selects a project, the CE operator will immediately make the referral to the project. The CE operator will inform the housing program receiving the referral of the special nature of the referral and that it will not be made in case conferencing. The CE operator will not share any information about the referral with the case conferencing group.
- 8) If the client requests a transfer outside Sonoma County, the Sonoma Covered project will inform the lead agency of the request and the jurisdiction the client is requesting a transfer to within 3 business days. The lead agency will contact the new jurisdiction to see if that jurisdiction will prioritize transfer requests from outside their jurisdiction. If the transfer is possible, the lead agency, in coordination with the Sonoma Covered project provider requesting the transfer, will facilitate completing the transfer. If the jurisdiction will not prioritize the individual for placement, the Sonoma Covered project requesting the transfer

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will inform the client. The client can decide to seek any of the transfer options listed in number 4 of this procedure.

- 9) If/When a transfer option is selected, the Sonoma Covered project that requested the transfer request will provide a "warm handoff' to the new project.
- 10) The Sonoma Covered project will inform the lead agency when the transfer is complete.

Transfers between Programs within the Same Program Model

Transfers between programs within the same program model shall be prioritized above any other referral to ensure continuity of services.

- 1) When a current household must transfer to another program within the same program model (PSH to PSH, RRH to RRH) the provider must contact CES Operator ahead of CES Case Conference and request transfer, detailing the reasons why the household needs to be transferred.
- 2) If the reason for transfer is administrative (change of eligibility, funding, or program structure) the transfer shall be prioritized first (or after any simultaneous transfers as a result of the above Emergency Transfer Plan for survivors of domestic violence) and presented for referral at the next CES Case Conference in which openings that meet the participant's eligibility are available.
- 3) If the reason for transfer is due to participant request or case management circumstances, the Housing Provider shall present the case at the next CES Case conference in which there are openings that meet the participant's eligibility. The community present at that CES Case Conference shall vote to approve or deny the transfer, and if approved, the referral shall be prioritized above any other referral within the intervention type.
 - a. If denied, the Provider or Participant may appeal the decision to the Shelter and Appeals Subcommittee of the Coordinated Entry Advisory Committee.
- 4) If approved, the CES Operator shall place the participant back on the active CES Dynamic Housing Roster and make the referral within HMIS within 24 hours of the CES Case Conference.
- 5) The new Housing Provider shall have one week to accept the referral, coordinate warm handoff, and complete the transfer. The outgoing Housing Provider may request a longer timeline if needed. The outgoing Housing Provider must provide the original eligibility

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documentation to the new provider. The new Housing Provider shall notify the CES Operator once completed and document the reason for the transfer.

6) The CES Operator shall remove the participant from the CES Dynamic Housing Roster and discharge from the CES HMIS program, documenting in case notes that the transfer occurred.

Progressive Engagement Transfers

Progressive Engagement is a person-centered approach to ending someone's homelessness, by starting with lower-intensity interventions that meet someone's immediate needs and increasing services until they are able to stabilize fully. In the Sonoma County Coordinated Entry System, participants in a housing intervention targeting lower vulnerability populations may be progressively engaged to an intervention targeting higher vulnerability populations if they are still in housing, to ensure housing stabilization progress is maintained and to avoid the retraumatization of re-entering homelessness. This includes RRH to PSH, or in some cases RRH to Other Housing Projects that serve higher needs than RRH.

Progressive Engagement transfers must meet the eligibility requirements of the program being transferred to, and meet community prioritization standards for the program being referred to.

A Progressive Engagement Form (appendix 6) is used to determine if a participant meets the community prioritization standards for the intervention they are being transferred to and that all attempts to stabilize the participant within the current intervention have been exhausted.

Progressive Engagement Transfers shall be prioritized above any other referral aside from Emergency Transfers to ensure continuity of services.

- 1) A housing program may complete a Progressive Engagement Form (appendix 6) and submit it to the Operator to request a Progressive Engagement transfer. Ideally the program will also submit evidence for each prioritization standard the participant meets as described on the form.
- 2) The Operator shall verify that the form or evidence is correctly completed. The Housing Provider shall present the case at CES Case Conference for approval. The community present at CES Case Conference shall vote on approval with simple majority of those attending required to approve the Enhanced Prioritization. The Operator shall not have a vote.

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- 3) If approved, the CES Operator shall place the participant back on the active CES Dynamic Housing Roster and follow Referral: <u>Uniform Referral Procedure</u>.
- 4) Once referred, it shall be the responsibility of the outgoing housing provider to complete eligibility documentation for the incoming provider.
- 5) The new Housing Provider shall accept the referral, coordinate warm handoff, complete the transfer, and notify the CES Operator.
- 6) The CES Operator shall remove the participant from the active CES Dynamic Housing Roster.

Moving On Transfers

Participants in more service-intensive interventions can be transferred to less service-intensive interventions when it is appropriate for the participant's needs, the participant chooses to, and the eligibility criteria of the less service-intensive intervention allow for the transfer. This process, called a Moving On Transfer, opens opportunities for high service-intensive interventions, usually PSH, to go to new participants who have been assessed and prioritized as needing that intervention. These transfers also support independence and choice for those who are ready to and desire to move on from high intensity housing services. The process shall utilize CES Case Conference and the Enhanced Assessment - Mitigation Form (appendix 5). Those present at CES Case Conference shall assess whether the participant is housing stable in all ways but for ongoing rental support. Only participants successfully housed for at least two years shall be eligible for Moving On Transfers.

- 1) When Move On housing opportunities become available, CES Case Conference points of contact for housing providers with higher service needs interventions than the Move On opportunities shall be notified by the CES Operator. The providers shall be invited to assess their current caseloads for any participants who no longer need or want the intensive services offered but continue to need rental assistance to maintain their housing.
- 2) For any participants identified as strong candidates for a Move On Transfer, the provider shall present the potential Move On option to the participant. If the participant wishes to proceed, the housing provider shall complete the Enhanced Assessment Mitigation Form (appendix 5), as well as assess and provide the following information, including details if the answer to any of the following are "yes":
 - a. Does the participant owe any arrears for their rental portion?
 - b. Does the participant owe any arrears for their utility payments?

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- c. Has the participant had any lease-violations in the last six months?
- d. Has the case manager had to intervene in any housing crisis in the last six months?
- 3) The provider shall provide the form and information a.-d. to the CES Operator ahead of case conference where the Move On housing opportunity will be presented for referral. The CES Operator shall invite points of contact from community providers who are familiar with the client case and are part of the CES/HMIS Release of Information structure to attend.
- 4) The housing provider shall present the case, including the form and information gathered, at CES Case Conference. The community present at that CES Case Conference shall vote to approve or deny the transfer.
- 5) If approved, the more service-intensive housing provider shall enroll the participant in the relevant HMIS CES Program without completing a new standardized assessment tool.
- 6) The CES Operator shall complete the referral in HMIS.
- 7) The housing provider receiving the Move On Transfer shall accept the referral in HMIS, coordinate warm handoff, complete the transfer, and notify the CES Operator.
- 8) The CES Operator shall discharge from the HMIS CES Program.

Compliance with Fair Housing Laws and Equal Access Rule

Referrals through CES follow all Federal, State, and local Fair Housing Laws. Participants may not be "steered" or directed to a particular housing type, facility, or neighborhood because of race, color, national origin, sex, disability, or presence of children.

Cooperating agencies in must also comply with the HUD Equal Access Rule in accordance with their gender identity.

G. CES Case Conference

The CES Case Conference is the forum in which participant prioritization, referral, eligibility, transfer, and referral rejection decisions are made transparently and agreed upon by community members present.

Procedure:

1) CES Case Conference occurs weekly.

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- 2) Three business days prior to each CES Case Conference at 2 pm, the CES Operator will:
 - a. Confirm available openings with all Housing Providers.
 - b. Run the active CES Dynamic Housing Roster report. Identify likely referrals based on current openings, prioritization tier and if relevant, PSH prioritization, and known eligibility.
 - c. Contact known Access Point and Access Partner staff who have documented recent history in HMIS for likely referrals to inform them their participant may be referred to housing at the CES Case Conference and request their presence.
- 3) All those in attendance at the CES Case Conference shall be a staff of a Cooperating Agency listed on the HMIS and CES Releases. Staff attending shall be required to sign in and certify that they are staff of an HMIS and CES release Cooperating Agency.
- 4) At the CES Case Conference, new referrals shall be made following above E. Referral policies and procedures.
- 5) Housing providers shall have an opportunity to problem solve past referrals, and seek referral rejection approval if needed.
- 6) As time allows, housing providers shall have an opportunity to problem solve alreadyenrolled cases that are in danger of returning to homelessness.

H. Eligibility Documentation Roles and Responsibilities

Many entities have a role in collecting eligibility documentation before, concurrently with, and after a referral is made. However, the ultimate responsibility for collecting all necessary eligibility documentation and verifying eligibility is with the housing provider. Specifically, the program providing housing case management is responsible for collecting eligibility documentation, unless specific contract, housing provider internal policies and procedures, or other written guidelines define the property management or subsidy provider as having that responsibility.

The roles associated with the collection of eligibility documentation are below, inclusive of, but not exclusive.

Before Referral

• The eligibility documentation process begins at CES Assessment, during which the Access Point shall collect available documentation and within the bounds of staffing availability

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- support the participant in collecting further documentation, and upload all documentation to HMIS.
- When a participant is likely to be referred to an available housing opening, in the days prior the CES Operator shall proactively notify points of contact at agencies that have served or have a relationship with the participant and are a CES Participating Agency, and ask them to attend the CES Case Conference and be prepared to discuss documentation needs. The Operator will also notify the By-Name-List Lead for the subregion the participant is in, who will assign actions to staff working with the participant in their subregion to also collect eligibility documentation.

Concurrent with Referral

- At CES Case Conference, providers that have served or have a relationship with the referred participant shall be invited to look up eligibility documentation in databases not available to the CES Operator or housing agencies, i.e. medical or justice databases. Within the bounds of applicable release of information agreements, these providers shall send relevant documentation to the housing provider.
- Providers that currently have a relationship with the referred participant shall be invited to CES Case Conference to assist the housing provider in contacting or locating the referred participant to collect eligibility documentation.
- The CES Operator shall send the housing provider the HMIS program history at the same time as the referral is made to support with homelessness or chronic homelessness documentation requirements.
- The CES Operator shall connect over email the housing provider with any known community providers who have had a relationship with the participant and could not attend the CES Case Conference where the referral was discussed.

After Referral

- The housing provider shall download previously uploaded eligibility documents from HMIS.
- The housing provider shall follow up with all other providers they have been connected to as needed. It is ultimately the responsibility of the housing provider to make contact with and collect eligibility documentation for the referred participant.
- Providers who currently have a relationship with the referred participant shall contact and coordinate with the housing provider when they encounter the participant during the eligibility documentation process, within the bounds of staffing limitations.
- I. Accommodations and Grievances

Documentation of Reasonable Accommodation Requests, and Enforcement Activities

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Individuals can make requests for reasonable accommodations regarding their experience in CES to any CES staff member in any form, at any time. CES staff shall be available to assist individuals with requests for reasonable accommodations. Individuals making requests for reasonable accommodations must participate in assessment and an interactive process with staff for requested accommodations to be considered.

Reasonable Accommodations regarding housing provider activities and services would be reviewed by the housing provider.

A Notice of Rights must be provided to all applicants, participants, beneficiaries, and other interested persons. This notice shall inform individuals of their rights under disability nondiscrimination laws and the applicability of these laws to the CES entity's services, programs, and activities.

Coordinated Entry Operator staff shall be trained in ADA law and requirements.

- If at any point a participant indicates they wish to make a reasonable accommodation request regarding their experience in CES, Access Point staff shall contact CES Operator staff to receive the request.
- 2) CES Operator staff shall engage with the individual making the request. Data collection shall reflect relevant information on Reasonable Accommodation requests.
 - a) Data related to Reasonable Accommodation requests shall be entered into the Coordinated Entry System Case Management Touchpoints.
- 3) Coordinated Entry Case Management Touchpoints shall be updated to show follow-up on efforts made to connect individuals with services in response to Reasonable Accommodation requests.
 - a) CES Staff's focus on identifying reasonable accommodations shall support access to all forms of permanent housing.
- 4) Documentation shall record the following:
 - a) The individual's stated disability or need for accommodation
 - b) The date and type of accommodation(s) requested or considered
 - c) Whether the request was granted or denied

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- (1) Documentation of an accommodation request shall be recorded in the Coordinated Entry Contact Form Touchpoint to reflect the reasons for rejection or allowance.
 - (a) If an Accommodation is allowed, documentation shall reflect actions taken toward fulfillment of that request.
 - (b) In the event of a rejection of an accommodation request, documentation shall reflect the reasons for denial and any subsequent actions taken.
- 5) Approving and Providing Reasonable Accommodations
 - a) Once it is determined that a requested accommodation is reasonable and necessary, the need for this accommodation (not the person's diagnosis) shall be prominently documented in the person's HMIS dashboard and flagged to ensure that the accommodation is provided by any staff member handling the case or interacting with the individual.
 - i) Many accommodations, such as assistance completing an application, shall be provided on the same day they are requested. Other accommodations shall be provided in time to prevent any denial of equal and meaningful access to the entity's programs and services.
 - ii) While CES staff are permitted to grant accommodations to clients, they alone do not have the authority to deny or refuse accommodation requests.
- 6) CES Operator staff must provide notice to agencies receiving referrals of the accommodation needed for the participant.
 - a) Participant must meet initial eligibility requirements for the program and be prioritized for placement.
 - i) In the instance an ADA accommodated placement becomes available, agencies shall notify CES of the opening, and the highest prioritized individual requiring accommodations shall be referred over for placement.
 - b) Agencies have 72 hours to respond to CES accommodation request confirming receipt of request.

Grievances

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Participants have the right to file a grievance relating to their experience with CES without being discriminated against by any CES Participating Agency or the CES Operator and without fear of being denied services or access to CES. The grievance procedure provides an opportunity to have any CES-related concerns or rights violations investigated. There are multiple methods for submitting grievances, including:

- Handing or emailing a written grievance to any CES Access Point staff or CES Operator staff;
- Leaving a voicemail at the CES Operator call line at (866) 542-5480;
- Sending an email to <a>CE@homefirstscc.org;
- Sending a letter to: HomeFirst Coordinated Entry, 507 Valley Way, Milpitas CA 95035;
 - This option provides an opportunity to submit an anonymous grievance if the participant wishes; to do so, the sender should put the same address as the return address and leave the grievance unsigned.

Procedure:

- 1) For the best chance of a successful investigation, grievances should be submitted within 48 hours of the issue occurring.
 - a) If the grievance is about non-CES staff or agency but related to a CES activity, the participant is encouraged to first utilize the internal grievance procedure of the agency where the grievance occurred.
 - b) If the grievance is related to CES Operator staff behavior but not related to CES processes, the CES Operator internal grievance procedure shall be followed.
- 2) Any grievance submitted to the CES Operator shall be investigated by the Operator.
 - a) If the grievance is submitted anonymously, the CES Operator shall make every effort to resolve it, but the investigation may be limited if important information is missing, such as identifying information.
- 3) The CES Operator shall investigate the grievance and respond in writing within 1 week of receiving the grievance.

Appeals

The appeals procedure shall be followed if a participant wishes to appeal the outcome of either a grievance investigated by the CES Operator or a reasonable accommodation decision made by the CES Operator. Appeals decisions are made by the Shelter and Appeals Subcommittee, a subcommittee of the Coordinated Entry Advisory Committee made up of impartial representatives from community organizations and community members. Any member of the subcommittee with a conflicting interest (i.e. they are employed or volunteer for an organization where a grievance originated) shall recuse themselves.

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Procedure:

1) Appeals should be submitted in within 48 hours of receiving the reasonable accommodation or grievance decision. The Shelter and Appeals Subcommittee may waive this timeframe. Appeals should be submitted to:

Thai Hilton
Coordinated Entry Coordinator
Sonoma County Department of Health Services
Homeless Services Division
1450 Neotomas Avenue, Suites 115/120
Santa Rosa, California 95405
Thai.hilton@sonoma-county.org
Ph: (707) 565-4086

- 2) The participant shall be given a date and a time for the next Shelter and Appeals Subcommittee meeting and shall be invited to present their case. They are encouraged to bring an advocate if they wish.
- 3) The Shelter and Appeals Subcommittee shall respond in writing with a final decision within 72 hours of meeting.

J. Data Management

The HMIS is key to centralizing information to measure outcomes and determine client needs through Coordinated Entry. Not all stakeholders have direct access to HMIS. Throughout the Homeless Coalition, service provider agencies that directly interact with people facing homelessness actively use and contribute to the HMIS. All HMIS Lead personnel (including employees, volunteers, affiliates, contractors and associates), and all participating agencies and their personnel, are required to comply with the HMIS User Policy, Agency Participation Agreement, and Code of Ethics Agreement. All personnel in the CES participating agencies with access to HMIS must receive and acknowledge receipt of a copy of the Participation Agreement and receive training on this Privacy Policy before being given access to HMIS.

To comply with federal, state, local, and funder requirements, information about the homeless persons, their dependents, and the services that are provided to them, is required to be collected in the HMIS. When assistance is requested it is assumed that the client is consenting ("inferred consent") to the use of the HMIS to store this information. The participants have the right to explicitly refuse the collection of this information, and participating agencies are not permitted to deny services for this reason. However, such refusal may severely impact the ability of any

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participating agency throughout the CES to qualify the client for certain types of assistance or to meet their needs.

Data collection should not be confused with data sharing ("disclosure"). Participating agencies are required to provide the client with an opportunity to consent to certain disclosure of their information with CE and cooperating agencies, either in writing or electronically. If the client consents to the disclosure of their information, they enhance the ability of CES to assess their specific needs and to coordinate delivery of services for them.

To protect the privacy and the security of client information, the HMIS is governed by data access control policies and procedures. Every user's access to the system is defined by their user type and role. Their access privileges are regularly reviewed and access is terminated when users no longer require that access. Controls and guidelines around password protection and resets, temporary suspensions of User Access and electronic data controls are in place and are outlined in detail in the HMIS User Agreement.

Services shall not be denied if the participant refuses to allow their data to be shared, unless Federal statute requires collection, use, storage and reporting of a participant's personally identifiable information as a condition of program participation.

HMIS users shall be informed and understand the privacy rules associated with collection, management, and reporting of client data.

The CES Operator is responsible for maintaining data quality with the HMIS CES programs, including working with and training users accessing those programs on data quality.

Privacy Protections

The Homeless Coalition ensures adequate privacy protections of all participant information per the HMIS Data and Technical Standards (CoC Interim Rule – 24 CFR 578.7(a)(8). All providers participating in Coordinated Entry must undergo training provided by the HMIS Technician II and CES Operator before gaining access to the CES Dynamic Housing Roster. Participant consent is obtained in a uniform written release of information and is stored in a secure location. If the participant agrees to data sharing on their release of information, that release of information shall be uploaded into the CES dashboard on HMIS. Participants are informed of all cooperating agencies who may have access to their information for purposes of referral through the CE process. All users of HMIS in cooperating agencies in CE are trained by the HMIS Administrator and CES Operator on data collection, management, and reporting.

The Homeless Coalition prohibits denying services to participants if they refuse their data to be shared <u>unless</u> Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information as a condition of program participation. The Homeless Coalition

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only shares participant information and documents when the participant has provided written consent through the CES Release of Information.

Staff shall not share specific diagnoses nor domestic violence victim status of participants when entering data into the CES programs in HMIS or participating in CES Case Conference. CES Cooperating Agencies share information on a need-to-know basis to protect confidentiality and safety of participants (in accordance with the Violence Against Women Act), and Coordinated Entry Systems are prohibited from making prioritization decisions based on a particular disability or diagnosis (HUD Notice CPD-17-01).

No information regarding a household's immigration status may be shared within the CES HMIS project.

Procedure:

- 1) In the event of a data quality or privacy infraction pertaining to CES, including failing to upload a release of information for identifiable participants while entering new data, the CES Operator shall notify the staff responsible and their supervisor and request corrections be made.
- 2) In the event of additional infractions or lack of corrections to existing infractions within 1 week, the CES Operator shall notify the staff responsible, their supervisor, and the HMIS lead for the agency and offer additional training.
- 3) In the event of a 3rd infraction or lack of corrections to previous infractions, the CES Operator has the ability to revoke access to the CES programs in HMIS for the staff responsible. The supervisor, HMIS lead, and CES contact identified on the CES MOU shall be notified if so. The staff responsible shall be required to take the HMIS Ethics and Confidentiality training and any additional training identified by the CES Operator specific to the infraction before CES access is renewed.

Collaboration with Homeless Service Providers and Mainstream Resource Providers

The Homeless Coalition shares aggregate data from Coordinated Entry with mainstream resource providers such as Federally Qualified Health Centers as well as criminal justice stakeholders (Department of Probation) and other county stakeholders in the Department of Human Services, Health Services, and Behavioral Health.

Additionally, the Homeless Coalition collaborates with other multidisciplinary teams focused on high utilizers of system resources/utilizers of multiple systems in efforts such as IMDT. The

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Homeless Coalition provides aggregate data in these efforts; in some cases, a specific subpopulation or group may require client level data. In that case, additional written consent shall be required from participants.

K. Evaluation

On a quarterly basis, beginning in October 2022, the CES Operator shall complete a CES Performance Evaluation and monitor progress towards meeting the CES Vision and the goal of reaching "functional zero."

The CES Performance Evaluation includes the following:

- What is the number of individuals assessed during the calendar year?
 - o Broken out by race/ethnicity, gender, age group
 - o Broken out by Transitional Aged Youth (TAY), families, individuals
- What is the number and percentage of those assessed during the year who are prioritized for housing?
 - Broken out by race/ethnicity, gender, age group
 - o Broken out by TAY, families, individuals, seniors (if/when implemented)
- What is the percentage of individuals enrolled in CE who are referred to housing by acceptance status (accepted or rejected)?
 - Broken down by program
 - Broken by race/ethnicity
- What is the percentage of clients enrolled in CE who exit to housing during the year?
 - Broken out by race/ethnicity, gender, age group
 - Broken out by TAY, families, individuals
- What is the median amount of time it takes for a person to move through the CE system across the following stages?
 - From assessment to housing referral (among those referred)
 - From referral to housing (among those with a move-in date), broken out by project type

On the second and fourth quarter of the year, the Performance Evaluation shall also include the following measures:

- Geographic gaps analysis, comparing the CES Assessments in each subregion to the Subregional By-Name-Lists
- Referral rejections percentage out of total for rejection reason
 - o Broken out by program

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- Exit destinations from CE by percentage and total number
- Participants who are active vs inactive at the end of the quarter Broken out by race/ethnicity, gender, age group
 - o Broken out by TAY, families, individuals
- Percentage of total CES population
 - Broken out by race/ethnicity, gender, age group
- Total population enrolled in Coordinated Entry as a percentage of program total enrolled population
 - Broken out by outreach programs
 - Broken out by shelter programs

The Performance Evaluation shall also consist of a qualitative evaluation consisting of a survey of Access Points seeking feedback and input on the system. This qualitative data shall consist of:

- Each quarter, feedback shall be collected from community providers through an in-person meeting on ongoing CES operations;
- On an annual basis, provided funding is available, the Operator also shall collect input and feedback from those experiencing or who have experienced the CES system. These surveys shall include questions about the CES Assessment experience;
- At least annually, any Cooperating Agency who completes at least 50 assessments on an annual basis shall be "shadowed" by CES Operator staff as CES Assessments are being completed to ensure compliance to CES Assessment Policies and Procedures;

The Performance Evaluation shall result in a Performance Evaluation Report that will:

- Describe the efforts taken in the past quarter to address gaps and disparities identified in the previous quarter and respond to qualitative feedback from the previous quarter;
- Present the quantitative and qualitative data described above;
- Provide analysis of the quantitative and qualitative data presented, identifying further gaps and disparities;
- Highlight successes, including individual provider highlights in their utilization and cooperation with CES;
- Recommend further actions for the Operator and Coordinated Entry Advisory Committee, including updates to these Policies and Procedures.

The Coordinated Entry Advisory Committee, consisting of impartial Homeless Coalition Board Members, individuals experiencing homelessness or who have experienced homelessness previously, and local subject matter experts, shall have the opportunity to review the Performance Evaluation Report each quarter, and confirm or make new recommendations to the Homeless

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Coalition Board. The Coordinated Entry Advisory Committee shall be invited to participate in a special session annually to complete the HUD CES Self-Assessment Tool. This tool shall be included in the corresponding quarter's Performance Evaluation Report.

The public shall be invited to provide feedback at the Coordinated Entry Advisory Committee meetings or in writing to the CE Operator and Homeless Coalition Lead Agency.

Procedure:

- 1) Every quarter, the CES Operator and DHS Staff shall complete the CES Performance Evaluation and prepare a CES Performance Evaluation Report.
 - a. Bi-annually, participant feedback shall be gathered from current or former participants of CES through a survey. All survey information shall be kept confidential, and no personally identifiable information shall be recorded.
 - Annually, the Report shall include a HUD CES Self-Assessment tool completed in a special session of the Coordinated Entry Advisory Committee. *
 - c. Every Cooperating Agency who completes at least 50 CES Assessments annually shall be "shadowed" by CES Operator staff on an annual basis to review compliance to these Policies and Procedures. Findings shall be provided to the Cooperating Agency and Lead Agency. Technical assistance and training shall be provided to the Cooperating Agency staff as needed.
- 2) A quarterly meeting shall be hosted by the CES Operator of Access Sites staff to present the Report and collect feedback about the system operations. This feedback shall be analyzed and included in the following quarter Report.
- 3) The Report shall be reviewed by the Coordinated Entry Advisory Committee, who shall make recommendations to the Homeless Coalition Board based on the findings and analysis of the Report.

*HUD Self-Assessment found here: https://www.hudexchange.info/resource/5219/coordinated-entry-self-assessment/

L. Training

Access Point Training

To ensure that Access Point partner staff obtain the necessary guidance and direction, initial CES Access and Assessment trainings shall be carried out in two parts, which can occur separately or in

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one sitting. The initial two trainings shall be guided by the 6 Principles of Incorporating a Person Centered Approach described in HUD Notice CPD-17-01. The trainings shall be structured as follows:

- Coordinated Entry System Overview and Initial Assessment, including:
 - CES Overview
 - System Flow
 - Community Prioritization Standards
 - Homeless status eligibility
 - o Policies and procedures
 - CES Grievances and discrimination complaints
 - Housing First
 - Trauma-Informed Assessment Practices
 - Safety in Assessment Practices
 - CES ROI
 - HMIS Search
 - Diversion/ Housing Problem Solving Conversation
 - Mainstream resources (such as 211, General Assistance, Cal-Fresh, SSI/SSDI, public legal services, and free employment services)
 - Domestic Violence Access
 - Crisis Navigation and Connection
 - CES By-Name-List Access
- Standardized Assessment Tool and Prioritization
 - Completing the Standardized Assessment Tool
 - HMIS Data Entry
 - HUD Touchpoints
 - Case Noting
 - Anonymous entries
 - Collection of Initial Eligibility Documentation
 - How Assessment Informs Prioritization
 - Enhanced Assessment
 - Enhanced Prioritization at CES Case Conference

The initial trainings shall be provided quarterly, with a shorter refresher training provided in a targeted fashion to sites requesting it or who have been identified through the Performance Evaluation Report as needing more support. All individual staff must undergo training prior to gaining access to Coordinated Entry in HMIS and the CES By-Name-Lists.

A more in-depth training on Enhanced Assessment and Prioritization shall be offered quarterly, with a focus on using observational data in Enhanced Assessment and Prioritization through the SPDAT.

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New Access Points shall attend an individual consultation with the CES Operator to determine how to integrate the CES Assessment into the Access Point's existing intake process to ensure the CES Assessment is as trauma-informed as possible.

Training for agency staff serving as Access Points shall be held at minimum quarterly and more frequently as needed. Access Point staff are encouraged to complete the CES Access and Assessment training once a year.

Access Partner Training

To ensure that Access Partners have the tools they need to successfully assist participants in navigating the system, a training shall be provided when the agency agrees to become an Access Partner. This training shall consist of the first half of the Access and Assessment training Access Points receive, "Coordinated Entry System Overview and Initial Assessment."

Housing Providers Training

In addition, managers from Housing Programs accepting referrals from CES shall be required to attend a training on Accepting Referrals from CES, which includes the following topics:

- Notification of new openings
- CES Case Conference receiving new referrals
- Participant Choice in Housing Offers
- Due Diligence and Case Noting
 - CES Referral Standard Location Practices
- Problem Solving in CES Case Conference
 - Referral Rejection Policies and Procedures
- CES Grievances and discrimination complaints
- HMIS referral acceptance process
- Literally homeless or chronic homelessness documentation requirements based on provider being trained

Chronic Homelessness Verification shall also be offered as-needed to housing providers who must verify Chronic Homelessness for eligibility.

Additional CES Best-Practice Training Series

Optional in-person and/or virtual training opportunities on evidence-based practices shall be provided monthly to Access Points and housing provider staff. Trainings that CES Operator staff are not able to deliver shall be carried out through partnerships with local providers and outside technical assistance agencies with field-specific expertise. New training topics shall be identified through the Performance Evaluation Report process, as well as input from the Homeless Coalition

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Lived Experience Advisory Board. Each monthly training shall highlight a best practice from a local Access Point or housing provider.

Topics that support CES activities will, at minimum, include:

- Diversion/Rapid Exit for housing providers
- Mainstream benefits and resources: deeper dive
- Harm Reduction focused on Access Points, to prevent barriers to entry
- Conflict mediation and de-escalation
- Serving survivors of domestic violence
- Safety Planning
- Trauma-informed care
- Housing Mediation
- Fair Housing Rights
- Strengths-based "Person Centered" approach to assessment

Approved and adopted the 24th of September 2025 by the Sonoma County Homeless Coalition Board.

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Appendix 1 – Coordinated Entry Memorandum of Understanding for Cooperating Agencies

MEMORANDUM OF UNDERSTANDING

Between

The Department of Health Services as Lead Agency for the Homeless Coalition
AND
Cooperating Agency:
Agency Name

This Memorandum of Understanding (MOU) is entered	d into on by the Department of
Health Services (DHS) as Lead Agency for the Sonoma	County Homeless Coalition and
(Cooperating Agency).	
(Cooperating Agency) Agrees to work in p	partnership with DHS and the Operator
of the Sonoma County's Homeless Coalition Coordinate	ed Entry System (CES).

BACKGROUND

Provisions in the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC)

Program and Emergency Solutions Grant (ESG) Program interim rules require that all CoCs establish a

coordinated entry system by January 23, 2018. As a result, the Sonoma County Homeless Coalition Board has also adopted the Coordinated Entry System (CES) requirement for their grantees.

The Homeless Coalition CES is designed to assess and assist in meeting the housing needs of people at–risk of homelessness and people experiencing homelessness no matter where or how people present. CES is a collaborative effort between homeless assistance organizations, domestic violence Cooperating Agencies and other mainstream services whose main function is to help people experiencing homelessness connect to the most appropriate housing intervention.

The Operator of the Coordinated Entry System is designated by the Sonoma County Homeless Coalition Board and is subcontracted with DHS. The Operator is charged with managing the daily activities associated with CES planning, implementation, operations, and evaluation. DHS will ensure that the following requirements of CES are met:

- Covers the entire geographic area claimed by the Homeless Coalition;
- Easily accessed by individuals and families seeking housing our services:
- Well advertised;
- Includes a comprehensive assessment of individuals and families for housing and services;
- Includes a specific policy to guide the operation of the coordinated entry assessment system to

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address the needs of individuals and families who are fleeing, or attempting to flee, domestic

violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers.

Cooperating Agencies in the Homeless Coalition CES agree to work collaboratively with DHS and the CES Operator to assist in accomplishing the aforementioned requirements of CES.

PURPOSE

The Homeless Coalition has established a service strategy for CES that reflects local community resources, participant needs, provider capacity and unique Homeless Coalition geography characteristics to better serve participants through Coordinated Entry.

In order to ensure the consistent implementation of the guiding document "Homeless Coalition CES Policies and Procedures", the DHS has developed several documents, including this Agreement, to establish standard local agreements for the implementation of this Homeless Coalition CES. Additionally, this Agreement ensures that all providers in this Homeless Coalition are using the Coordinated Entry System in an open, transparent, and consistent way.

Description of Access Point Types

Access Point Type	Description
External Access Point	External Access Points provide the full CES Assessment to ALL participants who present to them seeking CES Access within their "catchment" area, regardless of location that individual spends most of their time in, enrollment status in the Access Point provider's programs, or population type. External Access Points that are dedicated to one of the 5 HUD allowable subpopulations (see CPD-17-01 II.B.2) may conduct a warm handoff to connect the individual to an appropriate External Access Point. CES Assessment can occur over the phone or in person. It may be provided by appointment only or as drop-in capacity.
	Examples: An Access Point may include a homeless services drop in center, outreach team, or shelter that has the capacity to offer CES Assessment to any individual or household who presents to them seeking it.
Internal Access Point	Internal Access Points agree to provide the CES Assessment to their own served participants.
	Examples: An emergency shelter that is not able to support walk-ins, or a street outreach team whose geographic "catchment" area changes day-by-day and is not able to respond to individual CES Assessment requests.

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Access Point Type	Description
Housing Program	CES Housing Programs participate in CES. Their Access
	Point requirement is to provide the CES Assessment to
	participants they are exiting into homelessness.

NOW, THEREFORE, the parties to this MOU set forth the following as the terms and conditions of their understanding:

Cooperating A	Agency operates a pro	ogram or site t	hat is a (check all	that apply	v):

1) CES External Access P	oin
□ 2) CES Internal Access Po	oint
3) CES Housing Program	

The definitions of the above Access Points (inclusive of CES Housing Programs) can be found in the CES Policies and Procedures. Cooperating Agency agrees to the terms and conditions as described below corresponding to each selected Access Point type above. Terms and conditions as described below that correspond to any Access Point type above that is not selected are not applicable.

The Cooperating Agency's CES External Access Point(s), CES Internal Access Point(s), and CES Housing Program(s) (applicable to agencies who check boxes 1,2, and 3) will:

1) Provide a point of contact to participate in the Homeless Coalition's Coordinated Entry
planning and management
activities as established by Coalition leadership; this can be one contact for the agency of
one for each participating program;
Durani dan Camba at

Provider Contact:	_
Phone Number:	
Email:	

- 2) Notify the CES Operator of any changes to staffing that impact CES;
- 3) Ensure that all staff participating in CES attend at least annually a training on the system offered by the CES Operator;
- 4) Provide regular supervision of staff participating in CES;
- 5) Ensure adherence to necessary CES policies including non-discrimination and grievance, fair and equal access;
- 6) Distribute marketing materials provided by CES Operator to local stakeholders to ensure consistent and comprehensive communication about CES;
- 7) For each CES Case Conference, at least one representative from the Cooperating Agency will attend; this can be the agency POC (identified in 1) above), or a representative for each Access Point or Housing Provider program who is knowledgeable about participant cases identified for discussion ahead of the meeting by the Operator; required attendance may

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be excused in advance by the Operator, dependent on Cooperating Agency relevance to cases discussed;

- 8) Enter all data on participants in HMIS, as required by Homeless Coalition and HMIS data timeliness, completeness, and quality standards;
- 9) Maintain confidential records of participants entered into HMIS anonymously, and when those participants are referred to housing, Cooperating Agency will contact the participant and with their consent connect them to the housing provider via warm hand-off;
- 10) Provide feedback on ongoing operation to CES Operator;
- 11) Provide contact info of current and past participants who have engaged with CES to Operator when Operator completes bi-annual participant feedback gathering;
- 12) Review any reports from the Homeless Coalition on the performance of the agency in CES; and
- 13) Ensure that the agency is meeting local performance standards for CES;
- 14) If a participant is fleeing domestic violence, or is a family with children, will offer to either conduct the CES Assessment or conduct a warm hand-off to the Access Point that is dedicated to that population;
- 15) If a participant known to the Cooperating Agency is referred to housing through CES, the Cooperating Agency will provide to the housing provider, as allowable by the CES and HMIS Release of Information, a warm hand-off connection to the housing provider, and all information and documentation necessary for a successful housing outcome;
- 16) Ensure all homeless and eligible participants of the Cooperating Agency in any program that is not an External or Internal Access Point or participating Housing Program are offered the CES Assessment as defined in the CES Policies and Procedures within 3 days of presenting to the agency, which can be accomplished by internal staff or warm handoffs to an external Access Point;
- 17) Refer participants to CES Operator to appeal any grievances related to CES that cannot be resolved by the Cooperating Agency's grievance and appeal process;
- 18) Operate in compliance with any applicable requirements or guidelines described in the (i) Federal, State, or County statutes, regulations, and administrative guidance (hereinafter "Applicable Regulations"); and (ii) CES Policies and Procedures.

The Cooperating Agency's External Access Point(s) (applicable to agencies who check box 1) will:

1) Provide the CE Assessment as defined in the CES Policies and Procedures to any household who qualifies for the CE Assessment and requests it from the Cooperating Agency within 3 business days of the request; OR if the External Access Point is dedicated to a specific HUD-defined Subpopulation (see CES Policies and Procedures) will link to the appropriate Access Point through warm hand-off (phone call or email).

The Cooperating Agency's Internal Access Point(s) (applicable to agencies who check box 2) will:

1) Offer and complete the CE Assessment as defined in the CES Policies and Procedures to any household who qualifies for the CE Assessment and is served by one of the Cooperating Agency's programs, within 3 business days of enrollment.

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2) Provide information on External Access Points to any household that presents seeking the CES Assessment that cannot be enrolled by the Internal Access Point.

The Cooperating Agency's CES Housing Program(s) (applicable to agencies who check box 3) will:

- 1) Provide written standards for participant eligibility and enrollment determination and Cooperating Agency grievance and appeal, including the enrollment rejection appeal process, to the Coordinated Entry Operator for publishing;
 - Multiple programs/types can be listed; please differentiate between type as needed (ie. Rapid-Rehousing, Permanent Supportive Housing and corresponding eligibility)
- 2) Notify the CES Operator of project vacancies as soon as those vacancies can be predicted and confirm vacancies when they appear for efficient system operation;
- 3) Limit project eligibility requirements to those that are required by funders;
- 4) Only enroll those participants referred according to the Homeless Coalition's designated CES referral strategy and via CES HMIS referral process;
- 5) Exhaust all options in attempting to enroll referred participants, and document all attempts as case notes in the HMIS CES program;
- 6) Only request to reject a referred participant for one of the allowable reasons in the CES Policies and Procedures;
- 7) Bring requested referral rejections to CES Case Conference, present all options explored to enroll the participant, and follow up on any additional solutions identified by community in CES Case Conference;
- 8) Only reject referred participants when that denial has been approved within the CES Case Conference or by the Coordinated Entry Advisory Committee appeals process;
- 9) Provide rejected participants the reason for rejection in writing, and the agency's appeal procedure;
- 10) Notify the CES Operator when a referred participant moves into permanent housing, so that Operator can exit the participants from CES program in HMIS;
- 11) Bring potential discharges into homelessness to CES Case Conference for problem solving or progressive engagement;
- 12) If a housing program must discharge any participant into homelessness, the program will offer and complete the CES Assessment as defined in the CES Policies and Procedures after discharge.

Monitoring and Compliance

To ensure adherence to the above terms and conditions for Agencies who check boxes 1,2, and/or 3, and remain in compliance with the CES Policies and Procedures, the DHS and Cooperating Agencies agree to the following:

1) The CES Operator as subcontractor of the DHS, will monitor Cooperating Agencies participation through the following means, inclusive of but not exhaustive:

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- Data: To include Cooperating Agency rate of referral denials, comparison of data between Access Points to ensure standard participant experience; Cooperating Agency CES Case Conference attendance;
- From time to time, and as needed, Operator will visit CES Access Points and "shadow" staff completing CES Assessments; Operator will give Cooperating Agency notice and opportunity to identify a time that is minimally impactful on Access Point operations;
- Operator will seek participant feedback about quality and standard of CES Assessments;
- 2) When noncompliance with the above applicable terms and conditions for Agencies who check boxes 1, 2, and/or 3 is identified, CES Operator will offer any technical assistance and training needed to the Cooperating Agency to support with compliance; Operator will report these activities and progress towards compliance to DHS at minimum quarterly;
- 3) When noncompliance with the above applicable terms and conditions for Agencies who check boxes 1, 2, and/or 3, and are contracted to provide CES Access Point and Housing services with DHS, is identified, and Operator efforts to support with training and technical assistance have not resolved the compliance issue, DHS will act in accordance with its contract monitoring responsibilities;
- 4) When noncompliance with the above applicable terms and conditions for Agencies who check boxes 1, 2, and/or 3, and are not contracted to provide CES Access Point or Housing services with the DHS, is identified, and Operator efforts to support with training and technical assistance have not resolved the compliance issue within 90 days, this MOU may be terminated and the Cooperating Agency may lose its CES Access Point status.

CONFIDENTIALITY

All parties agree that they shall be bound by and shall abide by all applicable Federal or State statutes or

regulations pertaining to the confidentiality of participant records or information, including volunteers. The parties shall not use or disclose any information about a recipient of the services provided under this agreement for any purpose connected with the parties' contract responsibilities, except with the written consent of such recipient, recipient's attorney, or recipient's parent or guardian.

EQUAL OPPORTUNITY

DHS and Cooperating Agency mutually agree to be bound by and abide by all applicable antidiscrimination statues, regulations, policies, and procedures as may be applicable under any Federal or State contracts, statutes, or regulations, or otherwise as presently or hereinafter adopted by the agency.

INCONSISTENCY WITH APPLICABLE LAW

If any inconsistency exists or arises between a provision of this MOU and a provision of any Applicable Law, the provisions of the Applicable Law shall control.

TERMS OF AGREEMENT

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This MOU shall be effective upon adoption by each signatory agency and entity. The agreement shall remain in effect until termination by either parties or upon expiration of the period of performance.

Termination. Any party may terminate this MOU for any reason or no reason by giving the other parties ninety (90) days prior written notice. The party wishing to terminate this agreement for cause must provide a written intent to terminate notice to the party in breach or default. The notice will provide thirty (30) days for the party in breach or default to respond to said notice with an acceptable plan to cure cause for termination

Severability. If any provision of this Agreement is judged invalid by any court, the remaining provisions shall remain in full force and effect and be interpreted, performed and enforced as if the invalid provisions were not part of this Agreement.

Cooperating Agency:	Department of Health Services, Homeless Services	
	Division as Lead Agency for the Sonoma County	
	Homeless Coalition	
Signed:	Signed:	
Print Name:	Print Name:	
Title:	Title:	
Date:	Date	

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Appendix 2 – Additional CES Resources

For additional CES documents and resources, including copies of the Combined Primary Assessment and system flow charts, please visit the following web page: https://sonomacounty.ca.gov/development-services/community-development-commission/divisions/homeless-services/continuum-of-care/compliance

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Appendix 3 – Combined Primary Assessment

Sonoma County Coordinated Entry Assessment Assessor:

Co	mplete the following yourself: 1. Date of Assessment:
	2. Access Point completing Assessment:
	3. Sonoma Location of Assessment: □ North County, □ Sonoma Valley, □ West County,
	☐ Santa Rosa, ☐ South County/Petaluma, ☐ Rohnert Park
As	sessor: Ask the following questions for every assessment:
1.	In your entire life, how many months (how much time) have you been without stable
	housing? Examples include: staying in a RV/vehicle or any structure without basic
	utilities/amenities, a shelter, or anywhere outside# of months \square Refused
2.	Has experiencing unsheltered homelessness caused you to have medical conditions due to
	weather exposure? (If the client asks for examples, say frostbite, hypothermia or heat
	stroke) □ Yes □ No □ Refused
	In the past year, have you been admitted to the hospital for at least one night? Yes $\ \square$ No $\ \square$ Refused
IfY	es: How many times?# of times
4.	Have you or any member of your immediate household ever been taken to a medical
	center for a mental health crisis? \square Yes \square No \square Refused
5.	Have you attempted to, or been able to, talk to a mental health or behavioral health
	professional or counselor in the past six months? \square Yes \square No \square Refused
	Do you have or feel you have a learning disability or developmental disability? Yes □ No □ Refused
7.	Have you been prescribed medications while unhoused that you misplaced or didn't take
	for any reason? ☐ Yes ☐ No ☐ Refused
8.	In the past six months, how many times have you talked to law enforcement for any
	reason?# of times □ Refused
9.	Have you ever been to jail, prison, or juvenile hall? \square Yes \square No \square Refused 10. Have you, or any member of your immediate household, ever overdosed or
	experienced any other challenges with alcohol or other drugs? \square Yes \square No \square

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	RefusedHave you experienced any situations where you felt unsafe or were harmed
	since you became homeless? \square Yes \square No \square Refused
11.	Have you ever experienced significant barriers to securing housing, employment,
	or education due to discrimination? \square Yes \square No \square Refused
	Where did you live prior to becoming homeless? ☐ Sonoma Co, ☐ Northern CA, er part of CA, ☐ Other(SPECIFY), ☐ Refused
13.	What type of living arrangement did you have prior to becoming homeless? $\hfill\square$ A
	home rented or owned by you or your partner, \square With Friends/Relatives, \square
	Motel/Hotel,
□ Jail,	Prison, \square Subsidized Housing or Permanent Supportive Housing \square Refused
14.	Do you have a disability that limits your mobility?
(i.e. w	neelchair, amputation, unable to climb stairs)? \square Yes \square No \square Refused
	Are you open to a private bedroom in a shared permanent housing environment? \Box No \Box Refused
16.	Do you currently have an animal you intend to live with? ☐ Yes ☐ No ☐ Refused
	sor: Is the participant under 25 years of age without minor children? If so, ask the ring questions:
follow 1.	sor: Is the participant under 25 years of age without minor children? If so, ask the
follow 1. □ Yes	sor: Is the participant under 25 years of age without minor children? If so, ask the ring questions: Have you ever had to leave your housing because of your health or safety?
follow 1. □ Yes	sor: Is the participant under 25 years of age without minor children? If so, ask the ring questions: Have you ever had to leave your housing because of your health or safety? □ No □ Refused
follow 1. □ Yes 2.	sor: Is the participant under 25 years of age without minor children? If so, ask the ring questions: Have you ever had to leave your housing because of your health or safety? No Refused In the past six months, how many times have you received health care at an
follow 1. □ Yes 2.	sor: Is the participant under 25 years of age without minor children? If so, ask the ring questions: Have you ever had to leave your housing because of your health or safety? No Refused In the past six months, how many times have you received health care at an emergency department/room?# of times Refused
follow 1. □ Yes 2. 3.	sor: Is the participant under 25 years of age without minor children? If so, ask the ring questions: Have you ever had to leave your housing because of your health or safety? No Refused In the past six months, how many times have you received health care at an emergency department/room?# of times Refused In the past six months, how many times have you been transported to the hospital in
follow	sor: Is the participant under 25 years of age without minor children? If so, ask the ring questions: Have you ever had to leave your housing because of your health or safety? No Refused In the past six months, how many times have you received health care at an emergency department/room?# of times Refused In the past six months, how many times have you been transported to the hospital in an ambulance?# of times Refused
follow	sor: Is the participant under 25 years of age without minor children? If so, ask the ring questions: Have you ever had to leave your housing because of your health or safety? No Refused In the past six months, how many times have you received health care at an emergency department/room?# of times Refused In the past six months, how many times have you been transported to the hospital in an ambulance?# of times Refused Do you have any serious health issues? Yes No Refused
follow	sor: Is the participant under 25 years of age without minor children? If so, ask the ring questions: Have you ever had to leave your housing because of your health or safety? No Refused In the past six months, how many times have you received health care at an emergency department/room?# of times Refused In the past six months, how many times have you been transported to the hospital in an ambulance?# of times Refused Do you have any serious health issues? Yes No Refused Are there any physical disabilities or challenges that impact your housing
follow	sor: Is the participant under 25 years of age without minor children? If so, ask the ring questions: Have you ever had to leave your housing because of your health or safety? No Refused In the past six months, how many times have you received health care at an emergency department/room?# of times Refused In the past six months, how many times have you been transported to the hospital in an ambulance?# of times Refused Do you have any serious health issues? Yes No Refused Are there any physical disabilities or challenges that impact your housing preferences and ability to live independently? Would you need help to live
follow	sor: Is the participant under 25 years of age without minor children? If so, ask the ring questions: Have you ever had to leave your housing because of your health or safety? No Refused In the past six months, how many times have you received health care at an emergency department/room?# of times Refused In the past six months, how many times have you been transported to the hospital in an ambulance?# of times Refused Do you have any serious health issues? Yes No Refused Are there any physical disabilities or challenges that impact your housing preferences and ability to live independently? Would you need help to live independently?

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RefusedIn the past six months, how many times have you used a crisis service? # of times □ Refused **7.** Were you ever in the foster care system or did you ever live with other relatives or friends? □ Yes □ No □ Refused Assessor: Does the participant have a minor child they intend to live with? If so, ask the following questions: 1. Have you or any member of your immediate household ever had head trauma/stroke/concussion? ☐ Yes ☐ No ☐ Refused 2. Have you or any member of your family experienced any abuse or trauma that may have contributed to your housing crisis? ☐ Yes ☐ No ☐ Refused 3. Have you or any family member had any recent involvement with Child Protective Services or child welfare? (Assessor: Reiterate that the question is not to get you in trouble, it is designed to understand your family's vulnerability. If asked about the definition of recent, say 6 months or less) \square Yes \square No \square Refused **4.** Have you had any recent interaction with family court? (Assessor: If asked about the definition of recent, say 6 months or less) ☐ Yes ☐ No ☐ Refused

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Appendix 4 – Permanent Supportive Housing Enhanced Assessment Form

Sonoma County Coordinated Entry System Permanent Supportive Housing Enhanced Assessment Form

FORM CONTEXT:

The Sonoma County Coordinated Entry System connects people experiencing homelessness to permanent housing resources. It includes of an assessment of patient history and needs, with the goal of ensuring those who are most in need of housing are prioritized. Sonoma County Coordinated Entry prioritizes those who are most at risk of dying while homeless per the criteria listed below. This form supports in the assessment of that risk. This form should only be completed by a medical doctor who has treated the patient sufficiently to assess the criteria. Note: In lieu of completing this form, a medical doctor may also complete a letter describing the circumstances in which the following criteria are met by the patient's condition.

CRITERIA:

3. Homeless patient needs lifesaving treatment that will last ~1 year (or longer); very challenging to receive effective treatment unless stably housed

AND

4. High likelihood patient will pass away within ~6 months without said treatment

EXAMPLES:

The following examples could result in the above criteria being met by your patient's condition; please note this list is not exhaustive and there may be other conditions that result in the above criteria being met. This list is only intended to provide context to the assessment.

- Patient diagnosed with cancer, recommended treatment of chemotherapy, very challenging to undergo chemotherapy without stable housing
- Patient diagnosed with kidney disorder requiring dialysis; dialysis very challenging without stable housing
- Patient diagnosed with HIV/AIDs; patient has not been able to maintain compliance with treatment without stable housing
- Chronic seizure disorders that have been challenging to control without stable housing and may be life threatening
- Some chronic lung conditions that require Durable Medical Equipment (DME) such as oxygen

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- Congestive Heart Failure with reduced heart function (reduced ejection fraction) requiring complex medical management and monitoring to sustain heart function (very challenging without stable housing)
- Severe Diabetes with history of chronic feet wounds, peripheral artery disease and history
 of digital amputations due to wounds, chronic infections and/or osteomyelitis (bone
 infection)
- All of the above may be combined with intense mental health conditions to meet the
 criteria if those conditions are verified by a qualified medical professional and death is
 likely without intensive case management to support the mental health conditions in
 supportive housing.

ASSESSMENT:

Please assess, are all of the following criteria true for this patient?

By signing below, I certify that in my medical opinion, patient needs lifesaving treatment that will last about 1 year (or longer) and it will be very challenging to receive effective treatment unless the patient is stably housed; AND there is a high likelihood that the patient will pass away within about 6 months without this treatment.

PATIENT NAME:	PATIENT DOB:		
DOCTOR NAME:			
SIGNATURE:	DATE:		

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Appendix 5 - Enhanced Assessment - Mitigation Form

Introduction

The Sonoma County Coordinated Entry System uses a CES Assessment to identify vulnerabilities and needs and prioritize participants on the Dynamic Housing Roster for various housing interventions. Housing programs and interventions have set priority tiers that they serve. However, there is the ability to serve higher vulnerability participants than the program usually targets through the Enhanced Assessment and Prioritization procedure, with this form used to explore key areas of vulnerability. This form can also be used to assess appropriateness for Move-On housing opportunities. The intent of this form is to highlight the areas of vulnerability that should be mitigated/addressed in order to ensure that a placement of a participant in a program targeting a lower vulnerability, or a Move-On opportunity, is appropriate and in the best interest of the participant and their ability to maintain their housing stability.

Instructions

The following numbered items are vulnerability indicators measured by CES Assessment. Describe the service needs and future housing risks associated with each. Under each "mitigation plan" section, provide the factors or additional resources that are, or will be in place to support the participant in that area of vulnerability to ensure they are successful. For example, if someone has a long history of jail stays, the risk may be recidivism resulting in loss of housing, and the mitigation factor may be that there is a recent stronger connection with a probation officer. Work directly with the participant to gather the information, and supplement with additional facts as appropriate. Submit this form ahead of CES Case Conference to the CES Operator, and present the information at the Case Conference. The community present will vote with a simple majority vote to approve.

Participant Name:	Participant case number:
Participant Strengths, inc. successes, resources, skills	and networks:
Length of homelessness (historical housing c	hallenges) (complete for every household):
Mitigation plan:	

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2. Vulnerability to illness or death (significant health concerns and/or lack of access and follow

	through with medical care); Severity of behavioral health challenges or functional impairments, including any physical, mental, developmental, substance use or behavioral health disabilities; or past experience of discrimination; which require support in order to maintain permanent housing; (complete for every household):
Mitigat	tion plan:
3.	Risk of Victimization (Complete for single adults 25-59 only):
Mitigat	tion plan:
4.	High utilization of crisis services/ emergency services (Complete for TAY 18-24 only):
Mitigat	tion plan:
5.	Age (Complete for Seniors age 60+):
Mitigat	tion plan:

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6. Institutional utilization (history of jail, prison stays)(Complete for Seniors age 60+ OR house intending to live with a minor child):	holds
Mitigation plan:	
Additional Notes:	
Move-On opportunities <u>only</u> . If the answer is "yes" to any question, provide details in the space underneath.	
a. Does the participant owe any arrears for their rental portion? YES \square NO \square	
b. Does the participant owe any arrears for their utility payments? YES \square NO \square	
c. Has the participant had any lease-violations in the last six months? YES \Box NO \Box	
arrius the participant had any lease violations in the lase six months. 125 - 106 -	
d. Has the case manager had to intervene in any housing crisis in the last six months? YES \Box NO \Box	
Staff Name: Date:	
Title: Agency:	
Contact info:	

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Appendix 6 - Progressive Engagement Form

Introduction

Progressive Engagement is a person-centered approach to ending someone's homelessness, by starting with lower-intensity interventions that meet someone's immediate needs and increasing services until they are able to stabilize fully. In the Sonoma County Coordinated Entry System, participants in a housing intervention targeting lower vulnerability populations may be progressively engaged to an intervention targeting higher vulnerability populations if they are still in housing and all attempts to stabilize them have been exhausted, to ensure housing stabilization progress is maintained and to avoid the re-traumatization of re-entering homelessness. This includes RRH to PSH, or in some cases RRH to Other Housing Projects that serve higher needs than RRH.

Instructions

The following areas are vulnerability indicators Sonoma County uses to determine prioritization for housing. Describe the service needs and participant vulnerabilities associated with each. Ensure that all current housing concerns are described and all attempts to address those concerns in the current housing intervention have been documented. Submit this form and any evidence supplementing the answers ahead of CES Case Conference to the CES Operator, and present the information at the Case Conference. The community present must reach consensus approval to move forward, or a simple majority to approve the Progressive Engagement transfer.

Participant Name:	HIVIIS Case Number:
Date Submitted:	Current Income:
Current rental amount:	Housing date:
Participant Strengths, inc. successes, resources,	skills and networks:
1. Length of homelessness (historical hous	sing challenges) (complete for every household):
Evidence submitted:	

2. Vulnerability to illness or death (significant health concerns and/or lack of access and follow through with medical care); Severity of behavioral health challenges or functional impairments, including any physical, mental, developmental, substance use or behavioral health disabilities; or

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past experience of discrimination; which require support in order to maintain permanent housing; (complete for every household):

Evidence submitted:	
3. Risk of Victimization (Complete for single adults 25-59 only):	
Evidence submitted:	
4. High utilization of crisis services/ emergency services (Complete for TAY 18-24 only):	
Evidence submitted:	
5. Age (Complete for Seniors age 60+):	
Evidence submitted:	
6. Institutional utilization (history of jail, prison stays)(Complete for Seniors age 60+ OR house intending to live with a minor child):	holds

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Evidence submitted:	
	ty concerns – for each concern list attempts made to stabilize current housing intervention (Rapid Rehousing, typically):
Additional Notes:	
Staff Name:	Date:
Fitle:	Agency:

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Appendix 7 – History of Updates Since June 2022

- June 22 2022: significant revisions throughout, representing major rewrite of most Policies and Procedures.
- July 27 2022: addition of a "Move On Transfer" policy and procedure to the document.
- August 24 2022:
 - Clarification to Assessment eligibility to define those who are already in a housing program as not being eligible.
 - Clarification of "Universal Referral Procedure" to limit additional referrals for the same person past 24 hours, and identify process for participants to choose between available referrals.
 - Revisions to the "Prioritization for Other Housing Projects" policy to identify factors and process for determining score ranges.
 - Clarification to "By Name List Management and Inactive Policy" procedure for participants who have a referral rejected due to not being able to contact.

October 26, 2022:

- Removed 1 year required timeline for completing the Standardized Assessment Tool (the VI-SPDAT).
- Policy added to the CES By-Name-List Management policy that participants will be discharged from CES programs after 365 days of no contact with the system. Added clarification that participants must be within the geographic bounds of the Homeless Coalition or have a plan to return within 90 days.
- Enhanced Prioritization: references to the SPDAT were been removed, and clarification about the credentials of who can create prioritization documentation were added.

November 30, 2023:

 A change to allow referrals for Transitional Aged Youth (TAY) who meet category 2 (Imminent Risk of Homelessness) of HUD's definition of homelessness to specific Rapid Rehousing programs, and TAY in that category to be enrolled in CES.

• February 2, 2023:

- Added new category of CES Cooperating Agency called an "Information Sharing Partner.
- Added a procedure for adding new CES Cooperating Agencies, the trainings required for some categories, and that all Cooperating Agencies must be a legal entity.
- Clarified the number of referral that will be sent per program opening per week.
- Added a requirement that participants have 2 business days after an initial housing offer is made to decide whether they will accept.
- Added a timeline for pending referrals before rejection can occur.
- Added a procedure for enforcing accountability to data quality that removes CES access after repeated infractions.
- o Clarified when referrals would be retracted by Operator.

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 Changed all references to the Community Development Commission to Lead Agency.

• May 24, 2023:

- Included a minimum location standard in the "Unknown/Disappeared" Rejection
 Standard that defines the minimum attempts to contact a referred participant each program must complete before rejecting the referral.
- Included Domestic Violence status as equally prioritized with Chronic Homelessness status for Permanent Supportive Housing referrals when the project eligibility allows.

September 27th, 2023:

 The Privacy Protections policy was amended to restrict diagnoses and victim status from being named in Coordinated Entry HMIS case notes or the CES Case Conference.

October 25th, 2023:

 Only participants with "Verified Contact Information" will be referred to housing opportunities going forward. Language added that defines Verified Contact Information, and outlines a process to collect this information and proactively search for participants up for referral without this.

February 24th, 2024

- A new policy was added emphasizing the importance of housing providers acting within 30 days on referrals. Also adds a procedure in which referrals without activity for more than 30 days will be retracted, and projects with multiple instances of timeliness issues will be required to meet with the CES Operator before additional referrals can be made.
- The Rejection of Referrals procedure was modified such that housing providers should communicate with the CES Operator by noon the day before a CES Case Conference if they wish to add a referral to the agenda. In addition, the procedure requires a one week window between when a referral is requested to be rejected due to inability to contact the participant and when the referral is discussed for final rejection at CES Case Conference.

May 2024

- "By-Name-List" was updated to include "CES By-Name-List" where applicable to differentiate between different county-wide By-Name-Lists.
- Changes were made throughout the document in alignment with Dynamic Prioritization: allowing for a "priority group" to be established each month of participants likely to be referred, establishing a process to collect those participants' preferences among available housing options, and sending referrals based on those preferences. Relevant terms were added to Definitions.
- Updates made throughout to align with new Sonoma County Street Outreach Standards: "Collaboration with Street Outreach and Virtual Entry"; Definitions, "Warm Handoff"; "Collection of Initial Eligibility Documents".

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- Removed all references to a 25% cap on referrals for people who were prioritized through the Enhanced Assessment process.
- o Removed reference to "housing in hand" step down schedule for RRH referrals.

July 2024

 Added a policy and procedure allowing 3 referrals per open unit for Other Permanent Housing Projects without supportive services.

October 2024

- Clarification added to the PSH prioritization that for the purposes of PSH prioritization and eligibility referral screening, Chronic Homeless status need only to be met by the time the household is projected to be enrolled in the project they are being referred to.
- o Emergency Transfer Plan was updated.

February 2025

 The Rejection of Referrals policy was amended to include more detail about the appeals process a housing program can follow after unsuccessfully attempting to reject a referral.

March 2025

- Removed differentiation between TAY RRH prioritization and non-TAY RRH prioritization.
- Aligned housing documents collected during CES Assessment with the Sonoma County Street Outreach Standards.
- Referrals outside CC for survivors of DV- survivors of DV can request that their referrals are considered at a confidential, offline Case Conference with CES staff.
- Immigration confidentiality-codifying that immigration status cannot be shared or documented in CES HMIS.
- Offering deidentification for gender nonconforming participants- offer deidentification for all people being assessed, especially those who are gender nonconforming.

July 2025

- Edited Assessment and Prioritization sections to align with new CES model
 - Prioritization changes
 - Assessment changes
 - Enhanced Assessment, Prioritization, and Progressive Engagement Transfers
- Changed all mentions of VI-SPDAT to CES Combined Primary Assessment, By Names List/BNL to Dynamic Housing Roster
- Added Seniors population.
- o Added Additional Appendix- CES Combined Primary Assessment
- Added new Forms to Appendixes: Permanent Supportive Housing Enhanced Assessment Form, Enhanced Assessment – Mitigation Form, Progressive Engagement Form
- o Updated CES Performance Evaluation measurement criteria
- Updated MOU requirements for Cooperating Agencies

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- o Removed "Information Sharing Partner" Cooperating Agency designation
- Updated CES eligibility definition to align with the CoC/ESG rules rather than the HEARTH Act.
- Clarified that a simple majority is needed for all CES Case Conference votes EXCEPT the initial referral decision, which requires a unanimous.