HOMELESS SERVICES OVERSIGHT COUNCIL (HSOC)
Coordinated Entry Committee Meeting Agenda

October 23, 2024, 11am

Committee members must participate in person (except for just cause reasons, or for emergency reasons approved by the HSOC):

Room 356, County of San Luis Obispo Department of Social Services
3433 South Higuera Street, San Luis Obispo

Members with approved just cause reasons and the public may participate by Zoom video call:

https://us06web.zoom.us/j/89406170518?pwd=hfNqUX8aQ8eCjNiFhgMMbiinaWS9Lm.1

Or call: +1 669 444 9171
Meeting ID: 894 0617 0518
Passcode: 616800

1. Call to Order and Introductions

2. Public Comment

3. Consent: Approval of Minutes

4. Action/Information/Discussion

    4.1. Information Item: Coordinated Entry Guidance Updates

    4.2. Discussion Item: Update on Current Coordinated Entry System Activities

    4.3. Action Item: Approve Coordinated Entry Access Policy

    4.4. Action Item: Coordinated Entry Assessment Policy

    4.5. Information Item: Prohibition Against Involuntary Family Separation

    4.6. Discussion Item: Prioritization and Referral

5. Future Discussion/Report Items

6. Next Regular Meeting: November 27, 2024

7. Adjournment

The full agenda packet for this meeting is available on the SLO County HSOC web page:

https://www.slocounty.ca.gov/departments/social-services/homeless-services-division/homeless-services-oversight-council

HOMELESS SERVICES OVERSIGHT COUNCIL (HSOC)
COORDINATED ENTRY COMMITTEE MEETING MINUTES

Date
September 25, 2024

Time
11:07am-12:07pm

Location
Room 356, Department of Social Services, 3433 S. Higuera St., San Luis Obispo, CA 93401

Members Present
Janna Nichols
Lawren Ramos
Lisa Fraser
Liz Smith
Mark Lamore
Morgan Torell
Scott Collins
Susan Lamont

Members Absent
Jack Lahey
Linda Belch
Wendy Blacker
Wendy Lewis

Staff and Guests
Abby Burgess
Kate Bourne
Kari Howell
Laurel Weir
Russ Francis
Sheena Luten
Staci Dewitt
Suzie Freeman

1. Call to Order and Introductions
Mark called the meeting to order at 11:07am.

2. Public Comment
None.

3. Consent: Approval of Minutes
Janna made a motion to approve the minutes, seconded by Scott. The motion passed with all in favor.

4. Action/Information/Discussion
4.1. Information Item: Committee Updates
None.

4.2. Information Item: Coordinated Entry Guidance Updates
Laurel reported that Jack Lahey has said CAPSLO (Community Action Partnership of San Luis Obispo) are currently working to hire a new person to manage Coordinated Entry.

4.3. Discussion Item: Update on Current Coordinated Entry System Activities
Abby presented the new Coordinated Entry system dashboard, including a community queue overview showing 380 individuals, of which 138 were chronically homeless people. The Committee discussed the VI-SPDAT (Vulnerability Index - Service Prioritization Decision Assistance Tool), the definition of chronic homelessness, and how people show up as chronically homeless in Clarity. Janna suggested reporting out data on subpopulations, e.g. seniors, to the full HSOC. The Committee requested adding families and family size to the analysis. Abby confirmed that people are auto exited from the system at 90 days.

4.4. Discussion Item: Coordinated Entry Access Policy
4.5. Discussion Item: Coordinated Entry Assessment Policy
Laurel reported that Jack and Erica Jaramillo have worked on revisions to the Coordinated Entry Access Policy and Coordinated Entry Assessment Policy, and requested feedback by email to Jack and Laurel.

5. Future Discussion/Report Items
Mark confirmed that the Coordinated Entry Access Policy and Coordinated Entry Assessment Policy will be coming back to the Coordinated Entry Committee for final review.

6. Next Regular Meeting: October 23, 2024

7. Adjournment
Mark adjourned the meeting at 12:07pm.

SAN LUIS OBISPO COUNTY CONTINUUM OF CARE
COORDINATED ENTRY POLICIES AND PROCEDURES

OVERVIEW AND SCOPE

The U.S. Department of Housing and Urban Development (HUD) requires Continuums of Care (CoCs) to establish and operate a "centralized or coordinated assessment system" (referred to as "Coordinated Entry" or "Coordinated Entry process") with the goal of increasing the efficiency of local crisis response systems and improving fairness and ease of access to resources, including mainstream resources. Coordinated Entry processes are intended to help communities prioritize people who are most in need of assistance. They also provide information to CoCs and other stakeholders about service needs and gaps to help communities strategically allocate their current resources and identify the need for additional resources. The development of a comprehensive crisis response system in each community, including new and innovative types of system coordination, is central to the key objectives and strategies outlined in *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, the approach used by HUD and its Federal partners to address homelessness.[1]

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

The ensuing set of Coordinated Entry Policies and Procedures documents the San Luis Obispo County Continuum of Care's operation of its Coordinated Entry System (CES) and acts as a guide to its continuing operation in compliance with the CoC and ESG Interim Rules and CPD 17-01.

Except as otherwise specified, these Coordinated Entry Policies and Procedures apply to all geographic areas and all subpopulations in the San Luis Obispo County Continuum of Care, including individuals, families, and unaccompanied youth.

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These Coordinated Entry Policies and Procedures apply to all housing and homeless services in the San Luis Obispo County Continuum of Care, including Emergency Solutions Grant-funded programs and emergency services, as well as the use of the CoC's HMIS to operate the CES.

These Policies and Procedures shall be made publicly available and must be applied consistently throughout the CoC geographic areas for all populations.

II. KEY TERMS

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

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

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

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

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

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related assistance.

Entry Point. Entry points are the places–either virtual or physical–where an individual or family in need of assistance accesses the Coordinated Entry process.

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

External Emergency Transfer. An emergency relocation of a tenant to another unit where the tenant would be categorized as a new applicant (i.e., tenant must undergo an application process to reside in the new unit).

Internal Emergency Transfer. An emergency relocation of a tenant to another unit where the tenant would <u>not</u> be categorized as a new applicant (i.e., tenant may reside in new unit without having to undergo an application process).

Prioritization. In the context of the Coordinated Entry process, these Policies and Procedures use the term "Prioritization" to refer to the Coordinated Entry-specific process by which all persons in need of assistance who use Coordinated Entry are ranked in order of priority, in accordance with written standards established under 24 CFR 576.400(e). In addition, the Coordinated Entry process must, to the maximum extent feasible, ensure that people with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability. Regardless of how prioritization decisions are implemented, the prioritization process must follow the requirements in Section II.B.3. and Section I.D. of HUD Notice CPD 17-01.

Suitability. Suitability gauges the appropriateness of a match between a consumer and a program based on that match being right for a particular person given the case at hand and resource limitations. Suitability will be considered in the matching process, but may not conflict with any other system characteristics, including the System's low barriers, Housing First orientation, or client choice, as described below.

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Scoring. In the context of the Coordinated Entry process, HUD uses the term "Scoring" to refer to the process of deriving an indicator of risk, vulnerability, or need based on responses to assessment questions. The output of most assessment tools is often an "Assessment Score" for potential project participants, which provides a standardized analysis of risk and other objective assessment factors. While assessment scores generally reflect the factors included in the prioritization process, the assessment score alone does not necessarily determine the relative order of potential participants for resources. Additional consideration, including use of case conferencing, is often necessary to ensure that the outcomes of the assessment more closely align with the community's prioritization process by accounting for unique population-based vulnerabilities and risk factors.

III. SYSTEM CHARACTERISTICS

Cultural and linguistic competency. All persons administering assessments shall use culturally and linguistically competent practices. Assessments shall include trauma-informed culturally and linguistically competent questions for special subpopulations, including immigrants, refugees, and other first-generation subpopulations; youth; persons fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking; and LGBT+ persons.

San Luis Obispo County Continuum of Care will offer training to participating projects that receive referrals in culturally and linguistically competent practices so that appropriate resources available to participants are as comprehensive as possible.

Fair and equal access. All people in the CoC's geographic area shall have fair and equal access to the Coordinated Entry process, regardless of where or how they present for services. Fair and equal access means that people can easily access the Coordinated Entry process, whether in person, by phone, or some other method, and that the process for accessing help is well known. San Luis Obispo County Continuum of Care's Coordinated Entry System serves people who speak languages commonly spoken in the community.

HMIS. The San Luis Obispo County Continuum of Care uses the Homeless Management Information System (HMIS) for the geographic area it chose under 24 CFR § 578.7(b)1 to collect and manage data associated with assessments and referrals. As of the date of this version of these Policies and Procedures, the CoC has chosen to use Belldata as its Homeless Management Information System.

Inclusive. The San Luis Obispo County Continuum of Care's Coordinated Entry System includes all subpopulations, including people experiencing chronic homelessness, Veterans, families, youth, seniors, persons with disabilities, and survivors of domestic violence. The San Luis Obispo County Continuum of Care will continuously evaluate and improve the process ensuring that all subpopulations are well served.

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

Leverage local attributes and capacity. The San Luis Obispo County Continuum of Care's physical and political geography, including local agency capacity, and the opportunities unique to the CoC's context, shall inform local Coordinated Entry implementation.

Low barrier. The San Luis Obispo County Continuum of Care's Coordinated Entry System is Housing First oriented, such that people are housed quickly without preconditions or service participation requirements. The CoC's Coordinated Entry System does not screen people out for assistance due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance use, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record–with exceptions for state or local restrictions that prevent projects from serving people with certain convictions.

Participant autonomy. San Luis Obispo County Continuum of Care's Coordinated Entry process allows participants autonomy to freely refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to assistance.

Person-centered approach. San Luis Obispo County Continuum of Care uses a person-centered approach, and incorporates the following principles:

1. *Person-centered assessments.* Assessments shall be based in part on participants' strengths, goals, risks, and protective factors.

2. *Accessible tools and processes.* The policies and procedures below ensure effective communication with individuals with disabilities, including providing accessible formats for persons with disabilities per II.B.5(c) of CPD 17-01.

3. *Sensitivity to lived experiences.* Sensitivity to participants' lived experiences shall be incorporated into every aspect of this Coordinated Entry system, including the ongoing assessment ensuring that assessment tools and delivery protocols are trauma informed, minimize risk and harm, and address potential psychological impacts. Assessments are based in part on participant's strengths, goals, risks, and protective factors.

4. *Participant choice.* Participants' choices in Coordinated Entry process decisions, such as location and type of housing, level and type of services, and other program characteristics, shall be accommodated to the fullest extent possible given overriding health and safety concerns and compliance with outstanding legal requirements. The ongoing development of assessment processes that provide options and

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recommendations similarly shall be guided and informed by participant choice, as opposed to rigid decisions about what individuals or families need.

5. *Clear referral expectations*. These policies and procedures shall continue to be modified to ensure that participants will be able to easily understand to which program they are being referred, what the program expects of them, what they can expect of the program, and evidence of the program's rate of success.

6. *Commitment to referral success*. The participants in San Luis Obispo County Continuum of Care's Coordinated Entry System commit to successfully completing the referral process once a referral decision has been made through Coordinated Entry.

Referral protocols. All referrals to the Coordinated Entry, including screening for program eligibility and prioritization, occur according to these Coordinated Entry Policies and Procedures. Programs that participate in the CoC's Coordinated Entry process accept all eligible referrals unless the CoC has a documented protocol for rejecting referrals that ensures that such rejections are justified and rare and that participants are able to identify and access another suitable project.

Referral to projects. San Luis Obispo County Continuum of Care's Coordinated Entry System makes referrals to all projects receiving ESG and CoC Program funds, including emergency shelter, Rapid Rehousing (RRH), Permanent Supportive Housing (PSH), and Transitional Housing (TH), as well as other housing and homelessness projects. Once full implementation of Coordinated Entry is achieved, the goal is for all projects in the CoC that are dedicated to serving people experiencing homelessness to fill all vacancies through Coordinated Entry System referrals.

Ongoing planning and partner agency consultation. San Luis Obispo County Continuum of Care engages in ongoing planning with all partner agencies participating in the Coordinated Entry process. Feedback from participating agencies and case managers that connect clients to housing through the Coordinated Entry process is gathered at least annually and used to improve the process.

Solicitations for feedback shall, at a minimum, address the quality and effectiveness of the entire Coordinated Entry experience. Feedback methodologies may include:

- Monthly emails designed to reach a representative sample of participating providers;
- Focus groups of case managers from participating agencies at monthly meetings;
- Individual interviews with participating providers; or

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- Any combination of these methods.

The CoC shall use the feedback to make necessary updates to these Coordinated Entry Policies and Procedures.

Case managers selected by the CoC to participate in these evaluations must be currently engaged in the Coordinated Entry process or who have been referred clients to housing through the Coordinated Entry process in the last year.

IV. ACCESS

A. FULL COVERAGE

San Luis Obispo County Continuum of Care's Coordinated Entry System covers the CoC's entire geographic area.

B. NON-DISCRIMINATORY ACCESS

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

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

- Familial status
- Marital status

CoC- and ESG-funded providers may not deny admission to, or separate family members when they enter, shelter or housing, based on age, sex, gender, LGBT status, marital status or disability. Family members must be served together & in accordance with each family member's self-reported gender.

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

All aspects of the San Luis Obispo County Continuum of Care Coordinated Entry process comply with all Federal, State, and local Fair Housing laws and regulations. Participants will not be "steered" toward any housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children.

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

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

C. AFFIRMATIVE MARKETING AND OUTREACH

San Luis Obispo County Continuum of Care shall affirmatively market its housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach, and maintains records of those marketing activities. Housing assisted by HUD and made available through the CoC also are made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105 (a)(2). Nondiscrimination and affirmative

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

San Luis Obispo County Continuum of Care's Coordinated Entry System links to street outreach efforts so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the Coordinated Entryprocess.

D. EMERGENCY SERVICES

Low barrier. Access to emergency shelter and services, including all domestic violence and emergency services hotlines, drop-in service programs, and emergency shelters, including domestic violence shelters and other short-term crisis residential programs, is provided with as few preconditions as possible.

Not subject to prioritization. Access to emergency services, such as entry to emergency shelter, shall not be prioritized based on severity of service need or vulnerability. Emergency services funded through the ESG Program shall promulgate written standards required under 576.400(e)(3)(iv).

Twenty-four hour connection to emergency system. Persons will be able to access emergency services independent of the operating hours of the Coordinated Entry's intake and assessment processes.

E. STANDARDIZED ACCESS AND ASSESSMENT

Standardized access and assessment. These Policies and Procedures establish the same assessment decision making approach at all access points, and all access points must be usable by all people who may be experiencing homelessness or at risk of homelessness. Households who present at any entry point, regardless of whether it is an entry point dedicated to the population to which the household belongs, shall be afforded easy access to an appropriate assessment process that provides the CoC with enough information to make prioritization decisions about that household.

Standardized Prioritization in the Referral Process. San Luis Obispo County Continuum of Care's prioritization policies, herein documented, shall be applied consistently throughout the CoC areas for all populations.

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San Luis Obispo County Continuum of Care's Coordinated Entry System shall ensure the safety of the individuals seeking assistance. People fleeing domestic violence (DV) have safe and confidential access to the Coordinated Entry process and domestic violence services, and that all data collection adheres to the Violence Against Women Act (VAWA).

There a couple safe house locations for domestic violence survivors located throughout San Luis Obispo County. Victims of domestic violence in current danger who are entering the domestic violence shelter are screened using a tool specific to the single agency providing that service in San Luis Obispo County. Shelter and street outreach staff are familiar with the referral process to the DV shelter; DV staff in turn provide safe access to their own intake process.

For the safety of those individuals and/or families who are fleeing or attempting to flee domestic violence, referrals are made to programs identified as victim service providers for assistance whenever those services are immediately available and desired by the household.

A client fleeing or attempting to flee domestic violence, dating violence, and/or human trafficking must be offered a choice to have their personally identifiable data entered into HMIS conventionally or have it entered anonymously. Existing entries can be de-identified if a clients' status changes to fleeing and they are already in the HMIS system.

Domestic Violence Policies

A. **Privacy and Safety:** Programs which are primarily for survivors of violence ("victim service providers") are prohibited from contributing client-level data into the HMIS System. However, these programs must record client-level data within a comparable internal database and be able to generate aggregate data for inclusion in reports.

    1. Victim service providers should ask incoming households experiencing homelessness whether they want their HMIS record to be de-identified in HMIS if such a record exists.

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2. If a non-victim service provider becomes aware that a household being served is fleeing or attempting to flee violence, the provider should:
   a. Immediately offer the household a warm referral to a victim service provider; and
   b. Check the HMIS System to see if there is an existing record for the household and proceed as follows:
      i. If there is no existing HMIS System record for the household, explain the Release of Information and offer the household the option to have their information entered into HMIS de-identified. The provider should explain the process for housing referrals if entered without personal identifying information(PII) (referral would be processed through the service provider entering the record into HMIS, who would then attempt to locate the client if a referral is made).
      ii. If there is an existing HMIS System record for the household that includes the household's personal identifying information, offer the household the option to make this existing HMIS profile de-identified. The provider should immediately notify the HMIS Lead or designee if they change a previously existing profile from identified to de-identified so that other providers serving the household are notified of this change.
      iii. If the DV survivor is part of a household in HMIS that includes their abuser, offer the survivor the option to remove their identity from the existing household and create a new and separate de-identified client profile. The provider should notify the HMIS Lead or designee.

Safeguards for Domestic Violence Survivors

A. **Access:** All staff conducting assessments at DV-dedicated and non-DV-dedicated access points will be trained on the complex dynamics of domestic violence, trauma informed care, privacy and confidentiality, and safety planning, including how to handle emergency situations.

B. **Assessment**
   1. Victim Service Providers
      i. The participating domestic violence service providers will conduct the VI-SPDAT or Family VI-SPDAT triage assessment with the individuals and families staying in their shelters and transitional housing programs. These service providers are prohibited by law from using HMIS, so the VI-SPDAT or Family VI-SPDAT and additional eligibility criteria that is usually included in the HMIS standard intake will be completed on a paper form. This modified intake form will only include the minimum information necessary to determine

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eligibility and prioritization and it will specifically exclude personally identifying information, including: name, date of birth, social security number, and last permanent address. The service provider completing the form will include the name of the agency, the appropriate staff contact, and an alternate staff contact. All communication about the assessment and any possible placements will be conducted through the service provider to maintain client confidentiality. The domestic violence service provider will include an internally generated ID number that the agency can associate with the client, but that cannot otherwise be identified with the client. Coordinated Entry staff will use this number to identify the client when communicating with the service provider.

2. Non-Victim Service Providers
   i. Prior to initiating the VI-SPDAT or Family VI-SPDAT, access points that are not victim service providers will screen all incoming households to determine whether they are DV survivors at risk of harm by using the Pre-Screening in the Guidelines and then DV Screening Tool if appropriate.
   ii. If a household indicates that they are DV survivors at risk of harm, the assessor must offer them the choice of:
       1. An immediate offer of a warm handoff to a victim service provider for services, including safety planning and the VI-SPDAT or Family VI-SPDAT; or
       2. Continuing to receive the VI-SPDAT or Family VI-SPDAT from the non-victim service provider who will enter the household's information into the community queue in HMIS without PII; or
       3. Continuing to receive the VI-SPDAT or Family VI-SPDAT from the non-victim service provider who will enter the household into the community queue in HMIS.
   iii. If a DV survivor is already in the community queue because they have undergone a VI-SPDAT or Family VI-SPDAT with their abuser, the survivor should be given the option to be re-assessed without the abuser.

G. PRIVACY

The San Luis Obispo Continuum of Care exceeds the privacy requirements mandated in the 2020 HMIS Technical and Data Standards by requiring explicit, written consent from all clients before entering their personally-identifiable data into the Homeless Management Information System or sharing that data across agencies. Clients are advised orally of the purpose of data collection, given a chance to refuse to share part or all of their data, and then asked to sign an 815 Release of Information that details privacy protections available under HIPAA, the Lanterman-Petris-Short Act, and other applicable law.

Even after data is entered into the system, clients' privacy is protected by protocols that

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require that data be accessed only from secure locations where papers and computer monitors cannot be observed by unauthorized personnel, and that agencies take affirmative steps to resist involuntary disclosure of private information to, e.g., law enforcement officers.

A full set of rules to protect the privacy of clients in the Coordinated Entry System is available from the County of San Luis Obispo as the "HMIS Privacy Policy."

H. ENTRY POINTS

Access to San Luis Obispo County Continuum of Care's Coordinated Entry System will be channeled through a semi-centralized multi-site access model, allowing for early concentrations of expertise in assessment and referral techniques while still maintaining reasonable geographic coverage and diversity.

As of the drafting of these procedures, El Camino Homeless Organization, Community Action Partnership of San Luis Obispo, and 5 Cities Homeless Coalition are expected to serve as the primary physical entry points, with potential supplemental participation by Transitions Mental Health Association, the San Luis Obispo County Department of Behavioral Health, the San Luis Obispo County Department of Drug and Alcohol, and additional partnering agencies. Clients who present outside these access points will be referred to the most convenient access point, and, where resources permit, will be assisted.

These initial access points were chosen to optimize accessibility for as many consumers as possible with respect to geography, language, culture, and subpopulation-specific needs.

I. ENTRY POINTS – OPERATIONAL AND PROGRAMMATIC PRACTICES

The Coordinated Entry System Lead Operator shall maintain practices at every Entry Point; should be following.

Pre-screening questions. Upon first contact, Entry Point staff should ask consumers questions to determine homelessness status and identify any urgent safety concerns.

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Emergency Services. If pre-screening questions determine that a consumer has an emergency need for medical care or shelter, the client will be immediately considered for referral to the appropriate emergency care center, such as a hospital or emergency shelter.

Prevention / diversion. If pre-screening questions determine that a consumer is not literally homeless, Entry Point staff shall connect the consumer with prevention or diversion resources as directed by CES Coordinating Agency staff.

Category Four. If pre-screening questions determine that a consumer is fleeing or attempting to flee domestic violence (DV), Entry Point staff shall offer to connect the consumer with a victim service provider. Consumers fleeing domestic violence are still entitled to access all other Coordinated Entry resources as normal, and are <u>not</u> required to limit themselves to DV-specific programs. However, non-DV-specific programs may offer a somewhat reduced expectation of privacy (e.g., client data may be shared across agencies), and the client should be made aware of this and offered a choice as to which housing and service opportunities should be considered.

Other consumers experiencing homelessness. If pre-screening questions determine that a consumer is literally homeless, Entry Point staff shall walk the consumer through the following process:

1. Offer the consumer an overview of Coordinated Entry and the assessment, prioritization, and matching process.
2. If the consumer agrees to proceed, Entry Point staff shall have the consumer fill out an 815 Release of Information Form. The completed form shall be filled out in HMIS and any original paper copies shall be destroyed.
3. Entry Point staff shall then collect Universal Data Elements intake questions and enter the consumer's answers into HMIS.
4. Once the Universal Data Elements information is collected, Entry Point staff shall begin a VI-SPDAT interview, as detailed below. The VI-SPDAT shall be rendered in a private room/space if possible. All available contact information shall be collected from the consumer.
5. At the end of the VI-SPDAT, Entry Point staff shall remind the consumer that completion of the VI-SDPAT is not a guarantee of housing.
6. Upon the completion of the VI-SPDAT, Entry Point staff may begin to address any immediate wrap around needs.
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J. ADDITIONAL ENTRY POINTS

The San Luis Obispo County CoC's Coordinated Entry System includes an entry point that focuses on the subpopulation of adults accompanied by children, and another entry point that that focuses on homeless veterans. The veteran access point will be operated by the VA, SSVF or by VA partners, and will not exclude non-veterans except insofar

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is required by the need to provide services inside a veteran-only facility.

All entry points will require a uniform decision-making process, including equal access to emergency services.

V. ASSESSMENT

All assessments are conducted using trauma-informed, client-centered methods. Areas where consumer assessments are conducted shall be continually assessed for their safety and privacy to allow individuals to identify sensitive information or safety issues in a private and secure setting.

A. COLLECTION OF INFORMATION

All participants in the Coordinated Entry process will be freely allowed to decide what information they provide during the assessment process and to refuse to answer assessment questions. Although participants may become ineligible for some programs based on a lack of information, a participant's refusal to answer questions will not be used

as a reason to terminate the participant's assessment, nor will it be used as a reason to refuse to refer the participant to programs for which the participant appears to be eligible. Participants may refuse to answer assessment questions and to reject housing and service options offered without retribution or limiting their access to assistance.

Persons conducting assessment shall engage participants in an appropriate and respectful manner to collect only necessary assessment information. Should a consumer choose not to provide a piece of requested information, the person conducting his or her assessment shall communicate to the consumer the impact of incomplete assessment responses. Persons conducting assessment shall make every effort to assess and resolve the person's housing needs based on a participant's responses to assessment questions no matter how limited those responses.

B. ASSESSMENT IN PHASES

The assessment component of the Coordinated Entry process may be implemented in phases in order to capture information on an as-needed basis as participants navigate the process, recognizing that trauma-informed approaches are necessary throughout these phases. The assessment process, including information gathered from assessment tools,

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case workers, and others working with households, shall provide sufficient information to make prioritization decisions.

Assessment phases may include:

1. Screening for diversion or prevention;
2. Assessing shelter and other emergency needs;
3. Identifying housing resources and barriers; and
4. Evaluating vulnerability in order to prioritize for assistance.

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

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

The phased assessment process used during Coordinated Entry is not intended to replace those more specialized assessments but rather to connect participants to the appropriate housing solution as quickly as possible. Similarly, the assessment process does not preclude the use of complementary assessments designed to support access to mainstream services that are made available during assessment or otherwise conveniently accessed.

C. PREVENTION AND DIVERSION/RAPID RESOLUTION

All people requesting shelter are screened for other safe and appropriate housing options (temporary or permanent) and resources to obtain/maintain their housing. People who have other safe and appropriate housing options or resources are diverted away from emergency shelter and instead offered problem-solving assistance and immediate linkage to homelessness and immediate linkage to homelessness prevention assistance, as needed, desired, and available.

Diversion Diversion/Rapid Resolution/Problem Solving. A 'light touch' strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. A client and case manager should work together to develop creative solutions to the current housing problem if possible. Financial assistance should only be considered when absolutely necessary for an immediate resolution to re-enter housing. Individuals and families do not need to be referred through CES to receive diversion services. The goal of diversion is to prevent a household's entry into a shelter or the streets by diverting them to other safe, appropriate options or resources provided by the household's social support network and/or community resources.

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The diversion process takes place during an individual or family's initial contact with a provider. An exploratory conversation should take place between the individual or family and a provider staff member to determine if their current housing issue could be solved using this approach. Diversion conversations should be had with all households seeking homeless service assistance.

Prevention. Households that may avoid becoming homeless through the receipt of available housing supports will be referred by Entry Point staff to short-term rental assistance, utility assistance, landlord conciliation or conflict resolution services, and other homelessness prevention services as appropriate.

D. REQUIRED INFORMATION DURING THE ASSESSMENT PROCESS

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

Any consumer may refuse to answer any assessment question at any time for any or no reason. Consumers should be advised that incomplete assessment responses may limit the variety of their referral options as a natural consequence of the system being unable to determine the consumer's eligibility for a given service, but consumers will never be denied consideration for a housing or service opportunity as an artificial "punishment" for refusing to answer questions. Assessment questions that the client refuses to answer may be scored as "zero," but if the client answers other questions on the assessment, then the client's total score based on the questions that were answered must still be logged and considered.

When a consumer does not specifically refuse permission for assessment staff to conduct an investigation, the assessment team may attempt to gather the information needed for eligibility assessment from other sources, e.g., third-party verification, documentary evidence, case notes, etc.

E. ASSESSMENT SCRIPT

The CES Coordinating Agency may choose to draft and circulate a standard "assessment script" to guide the intake process after accumulating sufficient experience with the advantages and disadvantages of different techniques for assessing consumers.

F. ASSESSMENT TOOL - INDIVIDUALS

The Coordinated Entry System will consistently assess all individuals using the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) plus additional supplemental questions. This tool was selected based on the community's satisfaction that it met the following characteristics:
- Tested, valid, and appropriate
- Reliable (provide consistent results)

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- Comprehensive (provide access to all housing and supportive services within the CoC)
- Person-centered (focused on resolving the person's needs, instead of filling project vacancies)
- User-friendly for both the person being assessed and the assessor
- Strengths-based (focused on the person's barriers to and strengths for obtaining sustainable housing)
- Housing First-oriented (focused on rapidly housing participants without preconditions)
- Sensitive to lived experiences (culturally and situationally sensitive, focused on reducing trauma and harm)
- Transparent in the relationship between the questions being asked and the potential options for housing and supportive services

Application of the VI-SPDAT may not produce the entire body of information necessary to determine a household's prioritization, either because of the nature of self-reporting, withheld information, or circumstances outside the scope of assessment questions. Therefore, case workers and others who work with households may provide additional information, through case conferencing or otherwise, that appears relevant to the CoC's written prioritization policies.

G. ASSESSMENT TOOL - FAMILIES

Because there are currently insufficient resources to integrate a non-VI-SPDAT tool into the assessment process and into the associated HMIS software, the CoC will use the Family-VI-SPDAT (F-VI-SPDAT) to assess homeless families. To mitigate the potentially traumatic impact of certain questions on the F-VI-SPDAT, all staff assessing homeless

families must first be certified by a CoC-funded family homeless services provider, designated by the CoC Board, as having completed an appropriate course on trauma-informed interviewing.

H. ASSESSMENT TRAINING

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

- Review of San Luis Obispo County Continuum of Care's Coordinated Entry Policies and Procedures, including any adopted variations for specific

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subpopulations;

- Requirements for use of assessment information to determine prioritization;
- Criteria for uniform decision-making and referrals;
- Cultural and linguistic competency;
- How to conduct trauma-informed assessments, including for special populations;
- Safety planning and how to identify safety issues during the assessment process; and
- Personal and data privacy considerations, and procedures to protect confidential information.

I.   HMIS DATA ENTRY

Personally identifiable data cannot be entered into HMIS if any of the following conditions apply:

- The client has not consented to share data.
- The client has not signed a Release of Information Form within the last three years.
- The agency entering data is a Victim Service Provider.

Assuming that none of the conditions above apply, the entry point must enter HMIS data on each client who has been assessed within 7 business days of the client's assessment. At a minimum, this data, should include the client's VI-SPDAT (or other assessment tool) score, the client's HMIS Universal Data Elements, where and when the client was assessed, how the client can be reached, and which services (if any) the client was referred to.

VI. PRIORITIZATION

Individuals and families are prioritized for a full continuum of housing and service interventions according to San Luis Obispo County Continuum of Care's CoC and ESG Written Standards, which prioritize those with the most urgent and severe needs, as defined in 25 CCR § 8409. Those with the highest VI-SPDAT scores are prioritized highest for longer-term housing solutions. The CoC shall use the Coordinated Entry process to prioritize homeless persons within the CoC's geographic area for access to housing and supportive services.

The Coordinated Entry prioritization process combines the individual person's assessment results with the CoC's prioritization policies and procedures to determine that person's level of vulnerability. The person's assessed vulnerability will establish his or her level of priority for resources in the homeless system and lead to identification of vacancies at housing and supportive services projects that the person can be referred to.

A. PRIORITIZATION SCHEME

The CoC shall make decisions of prioritization based on the scheme outlined below. Each "Priority Group" represents a group of people who are considered to be of roughly the same priority. Priority Group 1 is the highest priority group. Programs participating in

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Coordinated Entry are <u>required</u> to attempt to fill each housing opportunity with clients from the highest remaining priority group unless (a) there are no such clients, or (b) the bed is dangerously unsafe for all of the clients in that priority group because it lacks the appropriate supportive services. Programs participating in Coordinated Entry are <u>encouraged</u> to fill each housing opportunity in order based on the secondary criteria, with clients who have a longer length of time homeless being housed before clients with a shorter length of time homeless, but case workers have discretion to override the secondary criteria based on subjective criteria such as suitability, client choice, and the relative difficulty of finding and preparing a particular client to enter housing.

<u>Housing for Individuals</u>

Housing Type	Priority Group	Primary Criteria	Secondary Criteria
70Now	**1**	VI-SPDAT Score: 11+ Chronic Homelessness	Length of Time Homeless
CoC	**2**	VI-SPDAT Score: 8-10 Chronic Homelessness	Length of Time Homeless
HDAP	**3**	VI-SPDAT Score: 8-10 Chronic Homelessness & no SSI	Length of Time Homeless
RR	**4**	VI-SPDAT Score: <7 Chronic Homelessness	Length of Time Homeless

Clients with VI-SPDAT scores of 8 or higher may be considered for referrals to Rapid Rehousing as appropriate.

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Primary vs. Secondary criteria. Client must have all of the "primary criteria" for a priority group to be included in that group. Within each group, the individuals with the longest length of time homeless will receive first priority.

Enrollment: Permanent Supportive Housing. Once a housing opportunity becomes available and a match(es) for that opportunity has been suggested, program manager will be in contact with the client through the case manager. If the client is eligible for the program, then the providers shall attempt to locate the matched client(s) and an additional five business days to enroll the client in to their program.

If a client cannot be located or enrolled within these time periods after a match or referral has been made, he or she shall be returned to the Coordinated Entry System to be considered for future match opportunities.

If, after being referred to a housing program, a client misses his or her appointment to sign a lease, and does not sign the lease within five business days from the initial missed appointment, then the referral shall be revoked and the client shall be returned to the Coordinated Entry System to be considered for future match opportunities.

Enrollment: Rapid Rehousing. Rapid rehousing programs should let the CES Coordinating Agency know how many referrals they think they have the capacity to enroll and immediately serve at any given time.

Upon receiving client referrals from the CES Coordinating Agency, rapid rehousing programs shall have five business days to determine if they are eligible for their program. If the client is eligible, then the rapid rehousing program has another five business days to confirm their enrollment.

If during the initial five business day period, the CES Coordinating Agency accepts individualized evidence submitted by a rapid rehousing program that the program does not have the capacity to enroll and immediately serve a specific client, then the referral may be considered rejected and the client shall be returned to his, or her, previous place on the Coordinated Entry System prioritization queue. In making any such decisions, the CES Coordinating Agency shall confirm that the rejection of a referral does not run afoul of any anti-discrimination policies followed by the Santa Maria / Santa Barbara County Continuum of Care, including Housing First principles. The CES Coordinating Agency shall keep records of any decisions made according to this provision.

Rapid rehousing programs have 30 to 90 days to secure housing for the clients referred. If clients cannot be housed within 30 to 90 days, then the program will participate in case conferencing with the CES Coordinating Agency to determine alternative strategies for housing placement. Once the entire pool of clients referred to a specific provider has been housed, another pool will be referred to that provider.

Monitoring. Providers will be monitored on an ongoing, regular basis by the CES Coordinating Agency to ensure that they are complying with the prioritization order above and with objective methods of implementing VI-SPDAT assessments and scores.

Eligibility and suitability. Case conferencing will be used to ensure that clients are not referred to programs for which they are ineligible. If a client is unsuitable for a particular program because, e.g., the program lacks services that the client needs, then the Coordinated Entry System may select a different client with a substantially identical priority who is more suitable for the current opening. When this occurs, the substitution and the reason for the substitution must be documented by both the provider and by the Coordinated Entry System, and the client who was not referred for housing should be

placed back in the Community Queue to be considered for future housing opportunities.

Emergency Transfer priority. Per the Violence Against Women Act and the San Luis Obispo County CoC's Written Standards, any consumer who is a victim of domestic violence, dating violence, sexual assault, or stalking who expressly requests an emergency transfer and a) against whom a sexual assault occurred on the premises of his or her HUD-funded housing program during the 90-day calendar period preceding the date of the request for transfer; or b) who reasonably believes that he or she is imminently threatened by harm from further domestic violence, dating violence, sexual assault, or stalking if they remain in their HUD-funded dwelling unit, qualifies for Emergency Transfer priority.

Program participants who qualify for an Internal (intra-program or -provider) Emergency Transfer shall be given priority over all other applications for the next available, safe internal unit.

Prioritization Alternative Process. When a qualified assessor believes that a program participant's VI-SPDAT score is not reflective of their vulnerability, or the participant is unable to complete the VI-SPDAT (e.g. due to poor mental health), the assessor can recommend the participant for another prioritization group by contacting the Master List Coordinator or CES lead.

Recommendation will occur during the next available case conferencing meeting. The assessor must provide a clear and specific rationale for the adjustment.

In cases where a person is impacted by a severe and persistent mental health condition and is unable to complete the VI-SPDAT an observational assessment may be completed by a designated advocate from the provider agency. The designated advocate will complete the worksheet on paper and only non- identifying information will be transferred to HMIS without an HMIS consent.

In cases where an individual program participant scores lower than 7 on the VI-SPDAT or a family participant scores higher than a 8, the program provider may recommend housing once they complete the VI-SPDAT and discussion with the Master List Coordinator or CES Lead has occured and if the participant:

- Meets other housing program criteria (e.g., chronic homelessness, disabling conditions, etc.);
- Is referred to case conferencing due to objective, community-wide criteria; (Such as steady and adequate income, voucher, support system, self-sufficiency as determined through assessment, etc,) and,
- Through case conferencing, the community determines that there is a substantial likelihood that housing will meet the client's housing and service needs.

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In cases where an individual program participant scores lower than 7 on the VI-SPDAT or a family participant scores higher than a 8, the program provider may recommend housing once they complete the VI-SPDAT Score Revision Worksheet or the program participant:

- Has a terminal illness and will need supportive services in the near future
- Has a condition that makes their continued lack of stable housing potentially fatal and there are no other housing opportunities

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C. CASE CONFERENCING

CES Coordinating Agency staff shall convene case conferencing meetings a minimum of once a month. The purpose of the case conferences is to discuss potential matching options for participants at the top of the CoC's priority list.

Under normal circumstances, each case conference should be attended by a diverse group of staff such that:

- Each client is represented by at least one case manager or outreach worker who has had prior contact with that client;
- Each potentially relevant housing opportunity, including emergency shelters and Veterans' Grant Per Diem programs, is represented by at least one case manager or program manager who understands the eligibility requirements of that housing opportunity; and
- At least one CES Coordinating Agency staff person is present at the case conference.

The CES Coordinating Agency will ensure that as much information as possible is available on each client being considered for the housing opportunities, subject to limitations imposed by the CoC's HMIS Privacy Plan and HMIS Security Plan.

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

When one or more clients have indicated that they prefer housing opportunities in a sub-region of the CoC (e.g., North County), a case conference may focus on those housing opportunities and may primarily involve staff from the appropriate sub-region. However, no staff member at a CoC or ESG-funded program may be excluded from a case conference solely because of the staff member's sub-region.

When a housing opportunity becomes available that is only offered in a particular sub-region of the CoC (e.g., South County), a case conference may focus on the clients who have indicated that they are willing to live in that sub-region. For convenience, the case conference may construct a subset of the main Priority List that shows the relative priority of only clients who are interested in living in the sub-region where the opportunity is available. However, no client may be excluded from consideration (at a case conference or otherwise) merely because of the client's actual or perceived residence in a particular sub-region.

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into account when generating referrals.

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

F. WHEN PROGRAMS REJECT A CLIENT

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

- That client is ineligible to participate in the program because of restrictions imposed by government regulations or outside funding sources;
- The client's household presents with more people than the number of peoplewho were referred, and the larger household cannot be legally accommodated in the available unit; or
- The program lacks the capacity to safely accommodate that client or the safety of other clients that would result from the referral.

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

When a client has been rejected from a program, Coordinated Entry staff shall investigate the reasons provided (if any), attempt to determine whether the client can be safely and

lawfully placed in that program, and, if not, raise the client's case again at the next case conference to locate alternative housing for the client.

A household shall not lose its priority or be returned to a general waiting list simply because it was rejected by a provider.

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

G. INCORPORATING MAINSTREAM SERVICES

Consumers in the Coordinated Entry System shall be referred to other forms of homelessness assistance in the CoC service area, regardless of their receipt of CoC or ESG funding.

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The CoC should include relevant mainstream service providers in the following activities: identifying people experiencing or at risk of experiencing homelessness; facilitating referrals to and from the Coordinated Entry process; aligning prioritization criteria where applicable; coordinating services and assistance; and conducting activities related to continual process improvement. Examples of mainstream housing and service providers include Public Housing Agencies; affordable housing operators; VA Medical Centers; public child welfare agencies; providers of mental, physical or behavioral health services; schools; early childhood care and education providers; out of school time providers; hospitals; correctional facilities; and workforce investment programs.

VIII. SAFETY PLANNING

The San Luis Obispo County CoC Coordinated Entry System shall ensure that individuals fleeing domestic violence have safe and confidential access to the CoC's Coordinated Entry process and domestic violence services, and that the CoC's Coordinated Entry process addresses the physical and emotional safety and privacy and confidentiality needs of participants.

The CoC shall continue to work with victim service providers within the CoC's geographic area to establish client-driven, trauma-informed and culturally-relevant assessment and screening tools, as well as referral policies and procedures.

A. CATEGORY FOUR

In these Policies and Procedures, the shorthand terms "victim(s) of domestic violence" includes all individuals and families who qualify under the fourth category of the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 "Homeless" Definition Final Rule, 24 CFR Parts 91, 582, and 583. That definition includes any individual or family who:

(1) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence*; and
(2) Has no other residence; and
(3) Lacks the resources or support networks to obtain other permanent housing.

* This includes victims of human trafficking.

The CoC Program Interim Rule clarifies that the imminent threat of harm must be from further domestic violence, dating violence, sexual assault, or stalking, which would include threats from a third party, such as a friend or family member of the perpetrator of the violence.

B. PRIVACY AND DATA SECURITY PROTECTIONS

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All victims of domestic violence shall be ensured safe and confidential access to Coordinated Entry except pursuant to content covered by Release of Information forms signed by such victims.

All data collection practices under this section shall adhere to the applicable requirements of the Violence Against Women Act and the CoC's HMIS Policies and Procedures.

Per CoC Program Interim Rule Section 578.103(b), the address or location of any family violence project assisted with Continuum of Care funds shall not be made public, except with written authorization of the person responsible for the operation of the project.

C. SYSTEM ENTRY

Separate access point. At the time of the publishing of these Policies and Procedures, the CoC chooses not to create a separate access point for victims of domestic violence.

Pre-screening determination. When an individual or family presents at a System Entry Point, the head of the household shall be asked several pre-screen questions to determine, among other aspects of the household's status, whether the household is fleeing domestic violence. If the household answers in a way that suggests that the household is fleeing

domestic violence, Entry Point staff shall call a local domestic violence hotline with the victim so that the hotline provider can proceed with Coordinated Entry assessment and data entry according to the practices kept by the receiving victim service provider.

Immediate access to emergency services such as domestic violence hotlines and shelters. If pre-screen questions suggest that the household wishes to be connected to emergency services, the Entry Point shall provide the household immediate access to the contact information for an appropriate emergency services provider, as well as arrange transportation for the household to the emergency services provider, as possible. The Entry Point shall, without transmitting any personally identifiable information, notify the local domestic violence hotline of the pre-screening interview and transfer to the emergency services provider within 24-hours of the exchange with the household.

D. ASSESSMENT

At the time of the publishing of these Policies and Procedures, there are no victim services providers in San Luis Obispo County that receive CoC funds. As such, should a victim of domestic violence choose to access the San Luis Obispo Coordinated Entry System for access to housing and supportive services, a victim service provider shall use the VI-SPDAT to assess that victim.

HMIS data entry. Under the Violence Against Women Act, victim service providers are prohibited from entering client-level data into HMIS.

Consent to HMIS data entry. If a victim chooses to be enrolled in a CoC- or ESG-funded

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non-victim services provider program, that victim must be asked to sign a Release of Information form to consent to having personally identifiable information entered into the CoC's HMIS.

Refusal to have information entered into HMIS. All households, regardless of their domestic violence status, have the right to refuse to share their information among providers within the CoC. However, some information may be requFired by the project, or by public or private funders to determine eligibility for housing or services, or to assess needed services. Therefore, it may be necessary to collect client data without sharing that data with other providers. In these cases, the provider who collects and enters the client's information is responsible for adjusting its HMIS privacy settings for that client to ensure that the client's data will not be shared with other providers.

E.   PRIORITIZATION

Victims fleeing domestic violence shall be prioritized according to the aforementioned prioritization protocols, with top priority assigned for emergency transfers. Case managers who conducted the assessment of a victim shall be informed by CES Coordinating Agency staff when one of these anonymous victim's records rises to the top ten spots in a prioritization queue.

F.   MATCHING

Because victim information cannot be entered into HMIS, case managers who conducted the assessment of a victim shall represent victims in case conferencing discussions. Case managers may not disclose any personally identifiable information nor any more information than necessary to represent the victim's interests in the case conferencing, matching, referral, and placement process.

G. REFFERAL AND PLACEMENT – SHELTER AND SERVICES FROM NON-VICTIM SERVICE PROVIDER PROJECTS

At the time of the publishing of these Policies and Procedures, no victim services providers in San Luis Obispo County receives CoC Program funds.

Should a victim household be matched with a housing opportunity through the above process, the victim service provider case manager who conducted the assessment of the victim shall safely refer the household to an identified victim service provider, preferably with a warm hand-off including a phone call, transportation, or other transition determined to be a best practice by the victim service provider.

Placement outside the CoC: Tenant Based Rental Assistance. Per CoC program interim rule section 578.51(c), a victim of domestic violence may be moved to a different continuum of care geographic area to protect their health and safety and retain their CoC-funded rental assistance if the victim reasonably believe they are imminently threatened by harm from further domestic violence, dating violence, sexual assault, or stalking. *Please see*

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24 cfr 578.103(a)(5).

H.   TRAINING

The CES Coordinating Agency shall ensure that all Coordinated Entry staff are trained on the complex dynamics of domestic violence, privacy and confidentiality, and safety planning, including how to handle emergency situations at an Entry Point(s), whether a physical or virtual location. The CES Coordinating Agency also shall ensure that Coordinated Entry staff have up-to-date information on domestic violence shelters and general homeless shelters and housing options that are best equipped to serve households experiencing domestic violence based on their location, program model, and linkages to other supportive services.

The CES Coordinating Agency shall partner with local victim service provider agencies to ensure that trainings for relevant staff are provided by informed experts in the field of domestic violence, dating violence, sexual assault, stalking, and human trafficking.

IX. PARTICIPATING AGENCIES

Agencies that agree to serve as system Entry Points or otherwise participate in Coordinated Entry System shall sign an MOU with the CES Coordinating Agency. Such MOUs shall identify the respective duties and obligations of the participating agency and the CES Coordinating Agency.

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Interim Matching and Referrals Guidance

San Luis Obispo (SLO) Continuum of Care (CoC) Coordinated Entry System (CES)

The SLO CoC Coordinated Entry System (CES) Management Entity (staff) will match and refer adults, youth, and families with children experiencing homelessness to permanent housing resources, prioritizing following the criteria delineated in the CES policies and subsequent guidance.

CES will use a modified coordinated process (outlined below) to match and refer persons and households experiencing homelessness to appropriate housing resources and services within SLO CoC. The term "match" means the CES staff has identified that a client is eligible for a resource, and the term "refer" means that staff follow the HMIS workflow to reassign the client from the PHQ to the housing resource for the housing provider to process.

CES maintains a centralized Permanent Housing Queue (PHQ) within the CoC's designated Homeless Management Information System (HMIS) of persons and households–prioritized following the criteria established by the *Prioritization Scoring Guidance* –from which participants are matched and referred to available housing resources and services.

Unless otherwise designated, all CES-designated Permanent Supportive Housing (PSH) will be filled exclusively through this outlined process. In cases where the circumstances of an individual case necessitate an exception to this guidance, exceptions may be made and discussed through case conferencing at the discretion of the CES Management Entity.

Phases	Actions/Descriptions	Duration
Phase 1: Data Maintenance	CES staff will monitor the PHQ and relevant reports daily to maintain up-to-date and accurate client and housing data. CES- participating housing providers will regularly add unit vacancies in HMIS with all appropriate unit criteria	Ongoing
Phase 2: Identify Matches	CES staff will identify upcoming (or current) vacancies, review each unit's coordinating eligibility and thresholds, and identify eligible clients and households.	One to two business days upon vacancy entered into HMIS
Phase 3: Referral in HMIS	CES will send the referral to the housing resource through HMIS. Housing providers will acknowledge the referral in HMIS by setting the status to "In Process" and then will set up their interviews with clients in coordination with the case management/housing navigation team.	One to two business days upon vacancy entered into HMIS.

Updated: 8/2/24

	Housing providers will contact the Care Team, Assigned Staff, and client using the HMIS messaging tool to set up an interview (email and phone may also be used to reach the care team). If no response or communication is received within five business days, a referral may be denied and the subsequent referral processed.	
Phase 4: Referral Process	CES staff will contact the case manager/housing navigator (or designated point of contact) of the household identified as most eligible to begin working with the household to confirm that this is a housing resource they desire: the Care team and the housing provider to secure all needed confirmations to move forward with the match. Housing providers will contact the care team, assigned staff, and client using the HMIS messaging tool to set up an interview (email and phone may also be used to reach the care team). If no response or communication is received within five business days, a referral may be denied and the subsequent referral processed.	Interview to be set within five to ten business days of response from service provider
Phase 5: Resolution	If tenancy is offered, housing providers will accept the referral in HMIS and enroll the client into the housing program. If a client or housing provider declines tenancy, the housing provider will deny the referral (completing all required fields) and refer the client back to the PHQ, if appropriate. The grievance process will be available to the client if necessary.	Five business days upon completion of housing interview by housing providers

Updated: 8/2/24

San Luis Obispo County Continuum of Care
Homeless Services Oversight Council (HSOC) **Coordinated Entry Committee**
Coordinated Entry System Access Policy

Access Policy
San Luis Obispo Coordinated Entry System (CES)
Purpose
In keeping with the established CES principles the CES Access Policy establishes the basis for accessing the San Luis Obispo County Coordinated Entry System (CES). The policy and guidance documents will be used together to ensure that the CES serves to efficiently and effectively connect people experiencing homelessness and those at risk of homelessness to available housing resources and other services to best meet their needs.

Background
Access is the entry point or process that people at risk of or experiencing homelessness use to connect to services within the homeless services system, or CES. Access ensures that people who are at risk of or experiencing homelessness receive support with a Problem- Solving[1] conversation, and if no if no stabilizing outcome is identified through this conversation, they are connected to homeless programs and services available within CES.

Applicability
This policy governs all methods for access, via the web or over the phone, or in-person through outreach and access/drop-in centers. This policy outlines access to the CES, but does not guarantee particular resources, which are constrained by eligibility and availability. he application of this policy, through specific standards for service delivery, is further defined in additional guidance documents. The table below details how the CES principles are applied within this policy.

Applicability	Definition	CES Principal
Low-Barrier[1]	CES participating agencies will make enrollment decisions based on standardized eligibility criteria determined by program funding and CES guidance. No client may be turned away from crisis response services, homeless services, or housing resources dedicated for those experiencing homelessness due to perceived barriers related to housing or services, too little or no income, lack of employment, disability status, domestic violence history, active or a history of substance use, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record (with exceptions for state or local restrictions that prevent projects from serving people with certain convictions).	Housing Frist
No Wrong Door (NWD)	NWD response is to intentionally assist people to connect with the most appropriate service for them, no matter what service that may be. San Luis Obispo County CoC shall seek to ensure that the CES does not prohibit entry or create barriers to available resources and programs. When possible, CES attempts to remove barriers to services, and clarify the process and standards expected of services. CES and participating agencies must commit to a NWD approach with both CoC and non-CoC resources..	Housing First
Access Point Consistency	Ensure services offered via CES Access Point, street outreach workers, or any other pathway are readily available to all individuals and families, including tailored, person-centered decision-making and problem-solving conversations. Ensure available resources are consistently offered to all eligible and prioritized participants regardless of how they enter CES. CES Access Points will ensure that if the access point itself does not have the requested programming 'in house' then will ensure that a program referral is efficiently made to that program, regardless of location in SLO CoC.	Consistency & Non-Discrimination & Equity

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[1] Exceptions include instances when the project's primary funder requires such an exclusion, or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to clients with a specific set of attributes or characteristics. Funders restricting access to projects based on specific client attributes or characteristics will need to provide documentation to CES providing a justification for their eligibility policy.

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Harm Reduction	In supporting participant choice and recognizing the value in reducing adverse consequences of risky behaviors, extend non-judgmental and non-coercive services to participants, including those who use substances, without revoking access.	Person Centered Approach
Progressive Engagement	CES Access Points will use progressive engagement as an initial approach, to have staff engage in problem-solving conversations to identify the household strengths and most immediate needs for services. This approach is based on tailoring assistance to both the strengths and the needs of each household. Additional supports are applied on as as-needed basis, specific for each household.	Person Centered Approach
Access Point Data Standards	Ensure that all Access Point activities are documented in HMIS. All CES Access Points information will be available in access formats (online, posters), and in both Spanish and English. Access Points will disclose criteria for entry and exit from programming in a transparent and digestible process for employees, clients, and the CoC.	Transparency

Access Processes
CES staff will work with system partners, governing bodies, providers and participants to develop guidance which will clearly lays out the process by which participants access the CES and will address common barriers to access. This includes but is not limited to, access within the youth, family, and adult systems, as well as access for survivors of domestic violence, sexual assault, or trafficking. This guidance will ensure that participants are connected to system resources in a manner consistent with CES principles.

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Purpose
In keeping with the established CES principles, this CES Assessment Policy establishes basic principles for assessments within CES. The policy and guidance will be used together to ensure that the CES serves to efficiently, accurately, and effectively assess people experiencing homelessness so that CES providers can best meet their needs.

Background
Assessment refers to both the phased process whereby a participant's information is collected through a progressive engagement model, as well as to specified tools used to identify a participant's preferences, needs, and vulnerability to adverse outcomes. This information helps to determine eligibility and priority for various program types or system resources. The process is centered on an inclusive approach, where participants work in tandem with providers to define their unique experiences, strengths, needs, and aspirations.

Applicability
The outlined policy and guidance documents provide the basis for a consistent decision-making process and standardized tools for determining eligibility and/or prioritization for certain housing and services for each subpopulation (adults, youth, and families). This policy and its principles outlines assessment in CES, however, assessment does not guarantee access to resources, which are constrained by eligibility and availability. The application of this policy, through specific standards for service delivery, is further defined in additional guidance documents.

Applicability

The table below details how the CES principles are applied within this policy:

Applicability	Definition	CES Principal(s)
Problem-Solving	Problem Solving is a person-centered, housing-focused approach to quickly resolve housing crises by exploring creative, safe, and cost-effective alternatives to literal homelessness. The foundation of problem solving is a creative, strengths-based conversation that happens during every assessment, that helps people explore all safe housing options available to them – the person or household drives their own solutions. A problem solving resolution is achieved when a household has found a safe, indoor solution to their housing crisis outside of the HRS.	Housing First and Person-Centered Approach
Standardized Assessment	Ensure that assessment tools and methods are consistent, accurate at predicting vulnerability to adverse outcomes, and reduce bias towards those who are disproportionately represented in the homeless services system.	Consistency, Non-Discrimination & Equity, and Housing First

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Standardized Administration	Ensure standardized process flows form assessment tools and methods for different resources/pathways. Ensure consistent administration of assessment tools by staff to improve accuracy in determining eligibility for housing and services.	Consistency and Non-Discrimination & Equity
Participant Autonomy	Ensure that participants cannot be required to provide information they may not wish to disclose, such as disabilities or medical diagnoses. Protect participants' sensitive information. Ensure participants' right to decline an assessment and/or participate in an assessment based on their preferences and needs. Ensure that assessors make every effort to assess and resolve participants' housing crisis provided by the participant or based on other available information	Person Centered Approach and Housing First
Participant-Centered Choice	Ensure that participants lead in defining their needs, strengths, and preferences throughout the assessment process. Affirm the rights and choices of participants.	Person Centered Approach
Timely Assessment Data	CES assessments can and should be updated as contact information or life circumstances change to ensure a successful referral to an available housing resource and corresponding housing provider.	Transparency
Equity	Ensure that assessment tools and methods are developed to mitigate implicit bias and reduce disparities in the homeless services system for those disproportionately represented. Ensure that assessment tools and methods are delivered to participants based on their language needs and preferences, disabilities, or other characteristics.	Continuous-Improvement process
Safety Planning	Safety planning is done for all individuals who may be in danger or could be a danger to themselves or others including identifying appropriate supports and resources. These needs are uncovered through the assessment and responded to immediately to quickly offer appropriate referral linkages. Accessors will be trained on how to understand when a person is at risk of harming themselves or others and serve as mandated reporters so that they are equipped to call 911 when necessary or connect individuals or families to a local hospital for crisis supports.	Transparency & Person-Centered Approach

Assessment Processes

CES staff will work with system partners, governing bodies, providers, and participants to develop guidance which will clearly lay out the process by which participants will be assessed in CES. This includes but is not limited to, assessments within the youth, family, and adult systems, as well as assessments for survivors of domestic violence, sexual assault, or trafficking.[1] These pieces of guidance will ensure that participants are connected to system resources in a manner consistent with the principles stated in the above policy.

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[1] The principles are applicable to participants who are or have been fleeing, or attempting to flee, domestic violence, sexual assault, dating violence, stalking, or other life-threatening conditions including human trafficking. This policy supports survivors' ability to access services and resources through all available pathways. Further direction regarding survivor access to the CES will be addressed in guidance.

Prioritization Scoring & Eligibility Criteria Guidance
San Luis Obispo Coordinated Entry System (CES)

<u>**Prioritization Scoring**</u>

Households experiencing homelessness will be prioritized based on the Vulnerability Index-Services Prioritization Decision Assistance Tool (VI-SPDAT version 3 for adults, F-VI-SPDAT for families, and TAY-VI-SPDAT version 2 for youth) score. These assessment tools are to be used strategically and only when necessary for a household's housing placement needs. Completed assessments (or uploaded assessments, if the survey was completed on paper) will be synced to the Community Queue (CQ) in the Homeless Management Information System (HMIS). Households will be matched to appropriate and realistic housing resources based on the survey score, needs (as demonstrated by the assessment tool, data in HMIS, and case- case-conferencing records), and client-stated housing preferences. Additional matching information can be found in the CES Matching Policy.

The CQ is a dynamic list, allowing it to reflect real-time needs by subpopulation. Families, youth, and households fleeing domestic violence are prioritized for housing referrals. In cases where multiple people have the same score, the list could be filtered by the length of time the household has been homeless. In this situation, the homeless household with the longest length of time would be prioritized for the housing referral.

Households may be re-surveyed if their circumstances have changed, such as having had additional hospitalizations, a change in living situation or income, or worsening health, or if one year has elapsed since the survey was completed. When a household is re-surveyed, its revised score could change its position on the CQ.

Households surveyed but have been fully disengaged from services and unable to be located for over 90 days will be removed from the CQ and exited from CES after 30 additional days of inactivity. Households removed from the CQ or exited from CES can only be prioritized or considered for housing resources once they are re-activated through documented engagement in the CES program from a CES participating agency. If the household's whereabouts become known, they may be moved back onto the active list and should be re-surveyed.

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Eligibility Criteria

Permanent Supportive Housing with Intensive Services Support (PSH+)[1]
A participant's VI-SPDAT score must be 11 or higher for them to be eligible for these units. Households will be prioritized based on the highest overall prioritization score. This housing typology has high case management support with low caseload ratios. The supportive services are attached to the units, are not time-limited, and are delivered in a low-barrier, Housing First setting. Examples of PSH+ include but are not limited to No Place Like Home funded units and Housing Now! units.

Permanent Supportive Housing (PSH)[2]
In general, households with VI-SPDAT scores of 8-10 are eligible for Continuum of Care (CoC)-funded permanent supportive housing (PSH), with priority to those with the highest prioritization score. Households scoring higher than 10 on the VI-SPDAT may be offered CoC PSH if they are not eligible for PSH+ or if otherwise appropriate to their needs and preferences. CoC PSH provides case management and connects households to additional community resources as appropriate and available. CoC housing uses a low-barrier, Housing First approach.

Rapid Rehousing
Households with VI-SPDAT scores between 4-7 are eligible to be enrolled in RRH (e.g. Emergency Solutions Grant Program Rapid Rehousing (ESG RRH), etc.) based on the client's preferences and the criteria for each program. Households with VI-SPDAT scores of 8 or higher may be considered for referrals to RRH as appropriate.

Lesser of No Intervention (Problem Solving)
Households with a VI-SPDAT score between 0-3. These cases should be addressed by using problem-solving techniques, light touch reunification, and/or resources.

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[1] For PSH+: Households must meet the U.S. Department of Housing and Urban Development (HUD) definition of chronically homeless (24 C.F.R. Parts 91 and 578). Households do NOT have to be County residents to qualify.
[2] For CoC-funded units: Households must meet the U.S. Department of Housing and Urban Development (HUD) definition of chronically homeless (24 C.F.R. Parts 91 and 578). Households are not required to be County residents to qualify for CoC-funded permanent supportive housing. For HDAP-funded units: VI-SPDAT score of 8-10, prioritizing those with the highest prioritization score. Households must also have a disability and must not yet have SSI benefits. Households scoring higher than 10 on the VI-SPDAT may be offered HDAP housing if appropriate to the client's needs and preferences and if the client would be interested in a housing subsidy that is not permanent. HDAP provides case management and connects households to additional community resources as appropriate and available. Case management in this program is transitional, not permanent. In addition to receiving housing-focused case management, HDAP participants can receive assistance from case managers on their SSI or SSDI application or reconsideration.

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