

SANTA MARIA / SANTA BARBARA 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 Santa Maria / Santa Barbara 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 Santa Maria / Santa Barbara County Continuum of Care, including individuals, families, and unaccompanied youth.

¹ Amended in 2012 and 2015. <https://www.usich.gov/opening-doors>.

These Coordinated Entry Policies and Procedures apply to all housing and homeless services in the Santa Maria / Santa Barbara 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-

related assistance.

Entry Point or Hub. 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.

Emergency transfer plan. Provides for emergency transfers for DV survivors receiving rental assistance or residing in units subsidized under a covered housing program (including CoC- and Emergency Solutions Grant (ESG)-funded programs).

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 not 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.

Safe unit: a unit believed to be safe by an individual or family who qualifies 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.

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.

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.

Santa Maria / Santa Barbara County Continuum of Care will offer annual 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. Santa Maria / Santa Barbara County Continuum of Care’s Coordinated Entry System serves people who speak languages commonly spoken in the community.

HMIS. The Santa Maria / Santa Barbara County Continuum of Care uses the single 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 Mediware’s ServicePoint as its Homeless Management Information System.

Inclusive. The Santa Maria / Santa Barbara 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 Santa Maria / Santa Barbara County Continuum of Care Board of Directors (“CoC Board”) will continuously evaluate and improve the process ensuring that all subpopulations are well served.

Approved by the Santa Maria / Santa Barbara County Continuum of Care Board on
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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 Santa Maria / Santa Barbara 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 Santa Maria / Santa Barbara 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. Santa Maria / Santa Barbara 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. Santa Maria / Santa Barbara 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

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 Santa Maria / Santa Barbara 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, including supporting the safe transition of participants from an access point or emergency shelter to housing, and supporting participants in identifying and accessing an alternate suitable project in the rare instance of an eligible participant being rejected by a participating project.

Referral protocols. 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. Santa Maria / Santa Barbara 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 stakeholder consultation. Santa Maria / Santa Barbara County Continuum of Care engages in ongoing planning with all stakeholders participating in the Coordinated Entry process, including participating projects and households that participated in Coordinated Entry. Feedback from individuals and families experiencing homelessness or recently connected 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 for both participating projects and households. Feedback methodologies may include:

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

- approximate the diversity of participating households; or
- Any combination of these methods.

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

Participants selected by the CoC to participate in these evaluations must include individuals and families currently engaged in the Coordinated Entry process or who have been referred to housing through the Coordinated Entry process in the last year.

As required by the Santa Barbara Governance Charter, the Coordinated Entry Committee of the CoC Board will include at least three knowledgeable members of the community, including at least one representative of the lead operator of the CES, one representative from a designated entry point, and one neutral and impartial CoC Board member. This Committee will meet at least quarterly to monitor the progress of the Coordinated Entry System. At least once per year, at one of these meetings, the Coordinated Entry Committee will use the feedback methodologies listed above to gather feedback from recent participants in the Coordinated Entry System by attempting to schedule interviews with at least five participants.

IV. ACCESS

A. FULL COVERAGE

Santa Maria / Santa Barbara County Continuum of Care's Coordinated Entry System covers the CoC's entire geographic area.

B. NON-DISCRIMINATORY ACCESS

The Santa Maria / Santa Barbara County Continuum of Care does not tolerate discrimination based on actual or perceived membership in any protected class. The entirety of Santa Maria / Santa Barbara 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 Santa Maria / Santa Barbara 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 Board 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 Board 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

Santa Maria / Santa Barbara 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

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

Santa Maria / Santa Barbara 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 Entry process.

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. The Coordinated Entry System will be tied to Santa Maria / Santa Barbara County Continuum of Care's emergency care system through a Memorandum of Understanding between the CoC and emergency service providers that includes the following duties:

- Emergency service providers must notify Coordinated Entry staff regarding new homeless consumers who have been served at night within 48 hours, so that those consumers can be integrated into the Coordinated Entry system as soon as the access point opens for business.
- Emergency service providers, including all domestic violence hotlines, emergency service hotlines, drop-in service programs, emergency shelters, domestic violence shelters, and other short-term crisis residential programs, will receive and care for consumers including during hours when Coordinated Entry hubs may be closed for business.
- The CoC Board will host a meeting between homeless services providers and emergency services providers at least annually to discuss strategies for reducing barriers to communication and collaboration.
- No specific program will be required to change its hours or operating schedule as a result of these Policies.

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. Santa Maria / Santa Barbara County Continuum of Care’s prioritization policies, herein documented, shall be applied consistently throughout the CoC areas for all populations.

F. SAFETY PLANNING

Santa Maria / Santa Barbara 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 are several safe house locations for domestic violence survivors located throughout Santa Barbara 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 Santa Barbara 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. If de-identification is desired, the victim service provider

should have the survivor sign a letter stating the request. The victim service provider must then send the request to the HMIS Lead or designee.

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

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 Santa Barbara Continuum of Care exceeds the privacy requirements mandated in the 2004 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 Omnibus 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

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 Santa Barbara as the “HMIS Privacy Plan.”

H. ENTRY POINTS

Access to Santa Maria / Santa Barbara 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, United Way of Northern Santa Barbara County, Good Samaritan, and PATH are expected to serve as the primary physical entry points, with potential supplemental participation by 2-1-1, the Santa Barbara County Department of Behavioral Wellness, Dignity Health, and the New Beginnings Counseling Center. Clients who present outside these access points will be referred to the most convenient access point, and, where resources permit, will be assisted with transportation and/or a “warm handoff” to ensure that they arrive at the designated access point in a timely fashion.

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 and update binders for all Entry Points that detail all operational and programmatic practices every Entry Point should be following.

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

1. Can you please tell me where you slept last night?
2. Do you have a place to sleep tonight?
3. Are you currently in danger?
4. What is your most urgent need today?

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 not 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 HMIS Omnibus Release of Information Form. The completed form shall be scanned into 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.
7. All consumers shall be given Coordinated Entry System contact information before they leave.

J. ADDITIONAL ENTRY POINTS

The Santa Maria / Santa Barbara 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 focuses on homeless veterans. The veteran access point will be operated by the VA or by VA partners, and will not exclude non-veterans except insofar

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. The family-focused entry point may, resources permitting, choose to use a specialized assessment tool such as the Houston Family Assessment Tool (FAT). If a non-VI-SPDAT tool is used, the agency(is) using that tool must take financial and logistical responsibility for ensuring that scores on the specialized tool are converted into percentile scores so as to allow for a fair and uniform decision-making process that provides opportunities for consumers at all entry points to be prioritized for housing opportunities on an equitable basis.

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.

All people requesting shelter are also screened for critical health and safety needs to identify people with more severe service needs and provide an appropriate response.

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,

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. If financial assistance is part of the diversion service, please notify CES Lead Agency of the Client ID, service and amount within 48 hours. Staff must consult HMIS for concurrent enrollments. 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). This tool was selected based on the community’s satisfaction that it met the following characteristics:

- Tested, valid, and appropriate
- Reliable (provide consistent results)

- 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.

If resources are located and dedicated to preparing an alternate assessment tool such as the Houston Family Assessment Tool (FAT) so that the tool can be reliably and thoroughly incorporated into the community’s overall assessment process without negatively impacting data quality or HUD compliance, then the CES Coordinating Agency may initiate a shift to that alternate assessment tool.

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 Santa Maria / Santa Barbara County Continuum of Care’s Coordinated Entry Policies and Procedures, including any adopted variations for specific

- 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 Santa Maria / Santa Barbara 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

Coordinated Entry are required 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 encouraged 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.

Permanent Supportive Housing for Individuals

Housing Type	Priority Group	Primary Criteria	Secondary Criteria
PSH	1	VI-SPDAT Score: 8+ Chronic Homelessness Tri-Morbidity (3+ HUD Disabling Conditions)	Length of Time Homeless
PSH	2	VI-SPDAT Score: 8+ Chronic Homelessness 2+ HUD Disabling Conditions	Length of Time Homeless
PSH	3	VI-SPDAT Score: 8+ Chronic Homelessness	Length of Time Homeless
PSH	4	VI-SPDAT Score: 8+ 1+ HUD Disabling Conditions	Length of Time Homeless
PSH	5	VI-SPDAT Score: 8+	Length of Time Homeless

Rapid Re-Housing for Individuals

Housing Type	Priority Group	Primary Criteria	Secondary Criteria
RRH	1	VI-SPDAT Score: 7 1 + HUD Disability Condition	Length of Time Homeless
RRH	2	VI-SPDAT Score: 5+ 1+ HUD Disabling Condition	Length of Time Homeless
RRH	3	VI-SPDAT Score: 4	Length of Time Homeless

Permanent Supportive Housing for Families

Housing Type	Priority Group	Primary Criteria	Secondary Criteria
PSH	1	VI-SPDAT Score: 9+ Chronic Homelessness Tri-Morbidity (3+ HUD Disabling Conditions)	Length of Time Homeless
PSH	2	VI-SPDAT Score: 9+ Chronic Homelessness 2+ HUD Disabling Conditions	Length of Time Homeless
PSH	3	VI-SPDAT Score: 9+ Chronic Homelessness	Length of Time Homeless
PSH	4	VI-SPDAT Score: 9+ 1+ HUD Disabling Conditions	Length of Time Homeless
PSH	5	VI-SPDAT Score: 9+	Length of Time Homeless

Rapid Re-Housing for Families

Housing Type	Priority Group	Primary Criteria	Secondary Criteria
RRH	1	VI-SPDAT Score: 8 1 + HUD Disability Conditioning	Length of Time Homeless
RRH	2	VI-SPDAT Score: 6+	Length of Time Homeless
RRH	3	VI-SPDAT Score: 5	Length of Time Homeless

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.

Getting clients document ready. Outreach workers and the Coordinated Entry System should work to make the top ten percent of the highest-prioritized clients enrolled in the Coordinated Entry System document ready.

Enrollment: Permanent Supportive Housing. Once a housing opportunity becomes available and a match(es) for that opportunity has been suggested, providers have five business days to determine eligibility. If the client is eligible for the program, then the providers shall spend up to five business days attempting 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.

Family prioritization. Family prioritization will follow a substantially similar scheme, pending final selection of a vulnerability assessment tool for homeless families and the need to work out a 1:1 comparison between the family vulnerability assessment tool and the VI-SPDAT. For example, if the CoC chooses to use the FAT, then a scheme must be worked out to compare FAT scores to VI-SPDAT scores. It is anticipated that families will typically use units that are specifically earmarked for families, such as 2-bedroom and 3-bedroom units. However, where there are mixed-use units that could be assigned to either a family or to one or more individuals, and within a given priority group, the case conferencing team will have discretion to consider the total length of time homeless spent by all members of a family. The fact that a family contains multiple people may not be used to automatically shift a family up into a higher priority group.

Emergency Transfer priority. Per the Violence Against Women Act and the Santa Maria / Santa Barbara 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.

For program participants who qualify for an emergency transfer but a Safe Unit is not immediately available for an internal transfer, the household shall have priority over all other applicants for CoC-funded rental assistance and/or External Emergency Transfer to TH and PSH projects, provided:

- The household meets all eligibility criteria required by Federal law or regulation or HUD NOFA; and
- The household meets any additional program eligibility criteria or preferences established in accordance with 24 CFR 578.93(b)(1), (4), (6), or (7).
- The individual/family shall not be required to meet any other eligibility criteria or preferences for the project and shall retain their original homeless or chronically homeless status for purposes of the transfer.

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. The assessor will need to complete the VI-SPDAT Score Revision Worksheet (Appendix A) and discuss their

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recommendation during the next available case conferencing meeting. The assessor must provide a clear and specific rationale for the adjustment based on the worksheet.

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 using the VI-SPDAT Score Revision Worksheet. 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 8 on the VI-SPDAT or a family participant scores higher than a 9, the program provider may recommend Rapid Rehousing once they complete the VI-SPDAT Score Revision Worksheet and if the participant:

- Meets other RRH 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 RRH will meet the client's housing and service needs.

In cases where an individual program participant scores lower than 8 on the VI-SPDAT or a family participant scores higher than a 9, the program provider may recommend Permanent Supportive 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

In cases where consensus at a case conferencing meeting cannot be met, an independent review panel will be convened made up of non-conflicted stakeholders to review referral forms completed by a minimum of two separate agency representatives detailing the reason to reconsider the housing intervention recommendation.

Fractional Housing Resources. A “fractional housing resource” is a unit of funding or services that is too small to fully support a homeless person's return to housing, including Emergency Solutions Grant (ESG) and Continuum of Care (CoC) RRH projects, consistent with State and federal regulations. Examples include:

- A security deposit
- The cost of a moving van and/or professional movers
- Payment of up to three months of rental and/or utility arrears, if the arrears were incurred before the client made contact with the Coordinated Entry System

- 10 hours or less of case management services
- The contact information of a private landlord willing to rent to formerly homeless people

Fractional housing resources may not be immediately useful to or needed by clients in the same order as typical housing resources. For example, a security deposit may not be useful to a homeless individual who has not yet obtained identification or other sources of mainstream benefits/income.

In order to take full advantage of a release of Housing Choice Vouchers or equivalent - unique, limited-time subsidized housing opportunity - fractional housing resources may be distributed through the Coordinated Entry System with increased flexibility at the discretion of the CES Coordinating Agency. Rather than allow Housing Choice Vouchers to go unused because no person in a higher Priority Group has such a need, the Coordinated Entry System may offer the available resource to the highest-vulnerability household in the System that can put the resource to use. Moreover, when substantially all of the households in a higher Priority Group are already in the process of receiving assistance from the Coordinated Entry System, a household in a Priority Group may be provided with a fractional housing resource in order to take advantage of a Housing Choice Voucher or equivalent that has already been awarded to that household.

The same household should not receive more than two fractional housing resources in the same calendar year unless the household is in the highest remaining Priority Group. Neither rental assistance nor leased housing is ever considered a fractional housing resource.

Transitional Housing/Rapid Re-Housing Hybrid Joint Component Type. Combines the activities of a transitional housing project with those of a rapid re-housing project. They provide a new way to meet some of the pressing challenges that communities are facing. They provide a safe place for people to stay – crisis housing – with financial assistance and wrap around supportive services determined by program participants to help them move to permanent housing as quickly as possible. Stays in the crisis housing portion of these projects should be brief and without preconditions, and participants should quickly move to permanent housing.

The Coordinated Entry System Lead Agency and the referring agency will pursue all local housing resources and attempt to find assistance and housing in the location where a household has a support network. If re-location is considered households need to be made aware of all potential impacts with the eligible household being the decision maker on whether to relocate. CES Staff or Physical Entry Point Staff should complete a Housing Preference Form to determine where the client is willing to accept housing. Once a transitional housing opportunity becomes available and a match(es) for that opportunity has been suggested providers shall spend up to five business days attempting to locate the matched client(s) and five business days to determine eligibility. If the client is eligible for the program, then then the provider has 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 lease signing appointment, and does not

complete the lease signing process within five business days from the initial missed appointment, the then referral shall be revoked and the client shall be returned to the Coordinated Entry System to be considered for future match opportunities.

Individuals and families are referred through CES to receive Transitional Housing/Rapid Re-Housing Joint component assistance.

The goal of the Transitional Housing/Rapid Re-Housing Joint Component type is to provide a safe place for people to stay with wrap around supportive services that moves them quickly to permanent housing.

The Transitional Housing/Rapid Re-Housing Hybrid Joint Component type is available to all individuals and families on the Coordinated Entry System List who have been prioritized for Rapid Re-Housing.

Flexible Housing Subsidy Pool. A program for vulnerable individuals and families prioritized for a housing intervention called the Flexible Housing Subsidy Pool (FHSP). Based on the underlying philosophy that housing is a crucial form of healthcare for patients without a stable living situation, the goal of the FHSP is to secure quality affordable housing for people who are experiencing homelessness and have complex physical and behavioral health conditions. When rental subsidies are available FHSB can assist with other move-in costs and intensive case management services provided by local community organizations for clients. These organizations use a “whatever it takes” approach when providing services to clients as they move from homelessness to permanent housing.

In order to take full advantage of a permanent housing opportunity– FHSP resources may be distributed through the Coordinated Entry System with increased flexibility at the discretion of the CES Coordinating Agency. Rather than allow permanent housing opportunities to go unused because no person in a higher Priority Group has a permanent housing opportunity, the Coordinated Entry System may offer the available resource to an individual or family prioritized for a housing intervention that can put the resource to use. Moreover, when substantially all of the households in a higher Priority Group are already in the process of receiving assistance from the Coordinated Entry System, a household prioritized for a housing intervention may be provided with a FHSP resource in order to take advantage of a Housing Choice Voucher or other permanent housing opportunity that is available to that household.

Individuals and families are referred through CES to receive Flexible Housing Subsidy Pool assistance.

The goal of the FHSP is to permanently house vulnerable individual and families prioritized for a housing intervention.

The FHSP is available to individuals and families on the Coordinated Entry System List who have been prioritized for a housing intervention.

B. MANAGING THE PRIORITY LIST

To manage prioritization for referral and placement into CoC resources, HMIS shall be used to prepare a single priority list, maintained by the CES Coordinating Agency. The priority list shall include persons by name and/or identification code, their assigned VI-

SPDAT scores, and their placement ranking level according to the aforementioned prioritization scheme.

Sub-regional priority lists may be prepared for convenience and for case conferencing purposes, which contain only those clients who are interested in accepting housing in one of the CoC's three sub-regions. For example, the North County sub-regional priority list would list only clients who are willing to accept housing in North County (Santa Maria and surrounding towns north of Lompoc). However, clients may choose to be placed on all three sub-regional priority lists if they are willing to live anywhere in the CoC. Housing placements may not be "reserved" for someone who is local to a particular sub-region at the expense of a higher-priority client from another sub-region.

C. DOCUMENT READINESS

The Santa Maria / Santa Barbara County Continuum of Care has a strong local tradition of preparing clients to enter housing using informal, decentralized committees. Case workers from agencies who share a common subpopulation (e.g., clients with mental illness) or a common neighborhood will meet to discuss high-priority clients and discuss what can be done in advance to make these clients "document ready" so that they will have all required documentation and be legally able to enter housing as soon as a bed becomes available.

These decentralized meetings will continue, with the goal of focusing their efforts on the clients who have the highest priorities as assessed by the Coordinated Entry System. As the Coordinated Entry Coordinating Agency becomes more experienced with the community's needs, the Coordinating Agency is encouraged to help organize these meetings so that they can be even more effective.

VII. MATCHING & REFERRAL

A. IN GENERAL

All CoC-program and ESG-program recipients must use the Coordinated Entry process established by the CoC as the only referral source from which to consider filling vacancies in CoC- or ESG-funded housing and/or services. CES Coordinating Agency staff shall maintain and annually update a list of all resources that may be accessed through referrals from the Coordinated Entry process.

B. DETERMINING PROGRAM ELIGIBILITY

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

Coordinated Entry operators may not use the Coordinated Entry process to screen people out due to perceived barriers related to housing or services, including, but not limited to, too little or no income, active or past substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability, the services or supports that are

needed because of a disability, a history of evictions or of poor credit, a history of lease violations, a history of not being a leaseholder, a criminal record, as well as sexual orientation or gender identity and expression. Exceptions are state or local restrictions that prohibit projects from serving people with certain criminal convictions or other specified attributes.

C. CASE CONFERENCING

CES Coordinating Agency staff shall convene case conferencing meetings a minimum of once every two weeks, and more frequently if three or more beds have become open or are expected to open before the next scheduled case conference. 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.

D. WHEN APPROPRIATE BEDS ARE NOT AVAILABLE

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

E. WHEN CLIENTS ARE DIFFICULT TO LOCATE OR REFUSE HOUSING

When a client is referred for housing, Coordinated Entry staff should see to it that a diligent attempt is made to locate that client and persuade the client to enter the housing program. However, some homeless households may require significant engagement and contacts prior to entering housing. Moreover, the Santa Maria / Santa Barbara County CoC has a strong capacity for and dedication to preparing clients for housing in advance of a new housing opportunity so that most clients will be “document ready” when an opening appears.

Accordingly, programs are not required to allow units to remain vacant indefinitely while waiting for an identified homeless person to accept an offer of housing. Instead, if a referral remains unfilled after up to three calendar days of attempting to locate a client and up to three business days of attempting to prepare the client for housing, then the housing placement may be considered open again, and returned to the Coordinated Entry system for additional referral attempts with new client(s). Coordinated Entry staff shall complete a standardized form with case notes recording when and how attempts were made to contact the client during the six-day period. Such records shall be kept for two years.

The mere fact that a client could not be located or persuaded to enter housing should not be used to remove or cancel the client’s priority for receiving housing or services. However, if the same client is referred for housing opportunities on at least three occasions without a successful placement, then Coordinated Entry staff shall convene a case conference during which that client’s appropriateness for housing placement is reevaluated to determine next steps on a case-by-case basis. Depending on the client’s circumstances, appropriate responses may include referral to alternate project types and reclassification in the Coordinated Entry System as “inactive.” Case conference participants also shall determine which agency is best suited to reach out to the client to engage them in the discussion and report back to the group at the next case conference.

Some prospective tenants may explicitly reject a housing placement. When this happens, outreach workers should attempt to determine the reason for the clients’ refusal to accept the offered housing and to communicate this reason to the CES Coordinating Agency. Whenever possible, case conferencing participants should take clients’ known preferences

into account when generating referrals.

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

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 people who 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.

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 Santa Maria / Santa Barbara 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

Approved by the Santa Maria / Santa Barbara County Continuum of Care Board on June 6, 2019

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 Santa Barbara County that receive CoC funds. As such, should a victim of domestic violence choose to access the Santa Maria / Santa Barbara 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

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 required 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. REFERRAL 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 Santa Barbara 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*

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.

APPENDIX A

SANTA MARIA/SANTA BARBARA COORDINATED ENTRY SYSTEM SINGLE ADULT VI-SPDAT SCORE REVISION WORKSHEET

Directions: To fill out this form have the individual's original VI-SPDAT score in front of you. You must be designated as the lead in your agency to complete this revision worksheet.

For each category where the score *is not reflective* of the client's vulnerability, indicate the original score as self-reported and the revised score. Provide *clear, specific* rationale for the adjustment. Please note what type of records are available to validate the new score should follow up be needed. Tally the total at the bottom of each column. Program manager/director must review and sign. Email with encryption to ce@marinhousing.org upon completion.

Client Name:	DOB:	
HMIS ID if known:		
Person Completing the Form:	Org:	Date:
Program Manager / Director Name:		

	Categories	Original Score	Revised Score	Rationale (Please explain your reason and indicate what kind of records or documentation are available to validate your rationale). You may type your answers on a separate worksheet.
PRE	Age			
A. History	Where You Sleep			
	Length of Homelessness			
B. Risks	Emergency Service 4+ times			

	Risk of Harm			
	Legal Issues			
	Risk of Exploitation			
C. Socialization and Daily Functioning	Money Management			
	Meaningful Daily Activity		NA	This is a subjective measure and cannot be corrected
	Self-Care			
	Social Relationships			
D. Wellness	Physical Health			
	Substance Abuse			
	Mental Health			
	Tri-Morbidity			

	Medications			
	Abuse and Trauma			
	TOTALS			

PROGRAM DIRECTOR NAME

DATE

PROGRAM DIRECTOR SIGNATURE