



NorCal Continuum of Care™

HMIS/CEP Committee Meeting
September 09, 2022

10:30 am – 12:00 pm
1450 Court St Ste. 109

Please join my meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/372784373>

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Access Code: 372-784-373

To Address the Board: Members of the public may address the Board on any agenda item. Pursuant to the Brown Act (Govt. Code section 54950, et seq.) Board action or discussion cannot be taken on non-agenda matters but the board may briefly respond to statements or questions. Persons wishing to address the Board on agenda items or during public comment please sign up by emailing Shannon Goodwin at smgoodwin@co.shasta.ca.us. You may also submit your public comment via email that will be read into the record.

1. Call to Order/Quorum Established/Introductions

2. Public Comments (limited to 3 mins. per comment)

Members of the public will have the opportunity to address the Board on any issue within the jurisdiction of the Board. Speakers will be limited to three minutes.

3. Approval of Meeting Minutes

Board members will review and approve minutes from the July 08, 2022 Meeting (Attachment A) and Special Meeting from August 05, 2022. (Attachment B)

4. Action

- I. Continuing State of Emergency Teleconferencing
- II. Approve Committee Member Daphne Cortese-Lamber-Member (Del Norte) (Attachment C)
- III. Adding Foster Care Assessment Questions
- IV. ROI Update (Attachment D)

5. Discussion

- I. Access Points (standing item)
- II. Service Providers (standing item)
- III. Housing Interventions (standing item)
- IV. Outreach Teams (standing item)

HMIS/CEP

Committee Members

Cathy Rahmeyer
County of Plumas,

Kintay Johnson
County of Del-Norte,

Vacant
County of Sierra

Maddelyn Bryan
County of Siskiyou

Grace Poor
County of Lassen
Vice-Chair

Carol Madison
County of Modoc
Chair

Michele Alexander
County of Shasta



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- V. Assessment Questions- Homeless Prevention (Attachment E) - Crystal Johnson
- VI. Research Agreement Update
- VII. Expectations for Committee Meeting Attendance
- VIII. Evaluation and Monitoring the Coordinated Entry Process (Attachment F)

6. County Updates

7. Lead Agency Updates

8. Discussion Items for Next Meeting

9. Adjournment

Next Meeting

October 14, 2022

10:30 am – 12 pm

If requested, the agenda shall be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof. You may contact the Shasta County Housing and Community Action Agency at 530-225-5160 for disability-related modifications or accommodations, including auxiliary aids or services, in order to participate in the public meeting. **The agenda shall include information regarding how, to whom, and when a request for disability-related modification or accommodation, including auxiliary aids or services, may be made by a person with a disability who requires a modification or accommodation in order to participate in the public meeting.**



**NorCal CoC HMIS Committee Meeting Minutes
July 8, 2022
10:30am –11:30am
Via Teleconference**

1. Call to Order/Quorum Established/Introductions

Meeting was called to order at 10:34 Roll Call was taken.

Members Present: Roy Jackson (Del Norte), Grace Poor- (Lassen), Maddelyn Bryan- (Siskiyou), Michele Alexander (Shasta)

Absent:

Lead Agency: Shannon Goodwin, Paul Tunison

Members of the Public: Robin Bostain, Sarah Brown, Lisa Sellars

2. Public Comments (limited to 3 mins. per comment)

Members of the public have the opportunity to address the Board on any issue within the jurisdiction of the Committee. Speakers are limited to 3 minutes.

Robin Bostain (HSA): Voiced her concern about eliminating the ROI. Her programs work closely with Cal Works who have very strict rules around confidentiality.

Shannon Goodwin wasn't sure about the protocol of addressing this item that appears on the agenda.

3. Approval of Meeting Minutes, (Attachments A)

HMIS Committee Minutes for June 10,202 were reviewed. Grace Poor made a Motion to approve the minutes as Submitted. Motion was seconded by Michele Alexander.

Roll Call Vote was taken. 3-Approved Maddelyn Bryan- abstained None-opposed



4. Action

I. Continuing State of Emergency Teleconferencing (Standing)

Due to the increase number of cases throughout the service Region, DelNorte is in outbreak mode, Grace stated Lassen has staff out with it. Grace Poor made a motion to continue with the State of Emergency. Teleconferencing. Motion was seconded by Maddelyn Bryan. Roll Call vote was taken: All-approved None-opposed

II. Chair and Vice Chair (Tabled)

Shannon stated this needs to be addressed for the upcoming Fiscal year. It has been on the Agenda several times.

Roy asked about notifying the present Chair and Co-Chair about being replaced due to lack of participation. Shannon is to look into it, she is unfamiliar with the process. Roy believes there is something in the Charter that stated this.

It has been very difficult to get all committee members to show up. Two of which the Chair and Co- Chair positions.

It was decided that there would be a Special Meeting held to vote new Chair and Co-Chair.

Maddelyn brought up a ruling in the Advisory Board, Shannon felt this was to remove individuals from membership and not Chair and Co-Chair positions.

Special Meeting: August 5, 2022 10:30am Shannon is to send out emails pertaining to these positions.



III. **Research Agreement (Attachment B)**

Shannon explained that before the proposed changes be made that it has to go before Shasta County Council for approval since Lead Agency will be signing on behalf of the NorCal CoC.

Grace Poor made a motion to send the draft with the proposed changes to Shasta's County for approval. Motion was seconded by Michele Alexander.

Roll call Vote was taken: All-approved None-opposed

IV. **HMIS User Agreement (Attachment C)**

During the Security Audit a couple of Legal Points came up. The form did not address Non-Licensed users.

Grace stated that there were staff members that were uncomfortable signing the agreements when they had not completed any training, as they were volunteers entering data.

Shannon spoke on adding Licensed Users Only to the Agreement. First, 4 bullet points are affected by this.

Maddelyn agreed with Grace as did Roy.

Motion was made to approve HMIS user agreement with changes that had been discussed, by Michele Alexander. Motion was seconded by Grace Poor.

Roll Call Vote was taken: All-approved None-opposed

5. Discussion

I. **Access Points:**

Del Norte- Main Office and is adding Behavioral Dept.

No one else had anything.



II. **Service Providers:**

None

III. **Housing Interventions:**

Siskiyou- Grant application for a Congregate Shelter, from the Board of State Corrections. They are still waiting on an answer. Old Goodwill building.

Del Norte- Just received approval for Congregate Shelter, they have a building and are sending bids out soon and hope to have that going in the next 6mos. Home Safe Program is getting ready to go.

Lassen- Nothing to report

Shasta- Still working on the Micro Shelters, SSVF Grant-shallow subsidy 50% of rent for 2yrs for families in danger of becoming homeless. Shasta, Tehama, Trinity, Siskiyou, Modoc and Lassen. They also have funds for VHA- placing Veterans in Motels.

IV. **Outreach Teams:**

Siskiyou- Nothing new

Lassen- is adding new staff to the team

Shasta- added another outreach manager

Del Norte- still has a strong outreach team

V. **At Risk of Homelessness**

Assessment questions: The intake does not identify these individuals or there risk. **Vspdat** does not score people accurately. Questions are fitting for individuals at risk.

Find a more effective tool to score these individuals.



Roy asked if Lead Agency could look into what other Counties are using to capture this information. Shannon stated they could create this.

VI. Change Request Form (Attachment D)

Updated changes are accepted, there were no other changes identified.

To be placed on the August Agenda as an Action Item.

VII. Assessment Questions: Foster Care (Attachment E)

Liked the information. The committee would like to take it to Social Workers for their input.

To be placed on August Agenda as an Action Item.

VIII. Removing ROI

Committee would like to keep the form and add an A or update to addendum and update to Verbal Consent. Can it be changed without, Client Signature? Change request will be submitted.

To be placed on August Agenda as a Discussion Item.

6. County Updates:

Del Norte- Hired a New HMIS- Lead

Lassen- No updates



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Modoc-

Plumas-

Shasta- No updates

Sierra-

Siskiyou- No updates

7. Lead Agency Updates: No updates

8. Discussion and Action Items for Next Meeting:

Chair/ Co-Chair Positions
ROI

Action:

Change Request Form
Assessment Question changes

9. Adjournment 11:39am

Motion was made by Michele for Adjournment. Motion was seconded by Grace.

Special Meeting:
August 5, 2022
10:30 am- 11:30am



NorCal CoC HMIS Special Committee Meeting Minutes
August 5, 2022
10:30am –12:00 pm
Via Teleconference

1. Call to Order/Quorum Established/Introductions

Meeting was called to order at 10:39 Roll Call was taken.

Members Present: Grace Poor (Lassen), Carol Madison (Modoc) Maddelyn Bryan (Siskiyou) Michelle Alexander (Shasta)

Absent: Roy Jackson (Del Norte), Cathy Rahmeyer (Plumas) Lauri Marsh (Sierra)

Lead Agency: Shannon Goodwin

Members of the Public: Daphne Cortese-Lambert

2. Public Comments (limited to 3 mins. per comment)

Members of the public have the opportunity to address the Board on any issue within the jurisdiction of the Committee. Speakers are limited to 3 minutes.

None

3. Action

I. Continuing State of Emergency Teleconferencing (Standing)

Due to the increase number of cases and wildfire, it is difficult and to get out in Siskiyou County. Maddelyn Bryan made a motion to continue with the State of Emergency.

Teleconferencing. Motion was seconded by Michelle Alexander.

Roll Call vote was taken: All-approved None-opposed

II. Chair and Vice Chair

The current Chair is Cathy Rahmeyer (Plumas) and current Co-Chair is Kentay Johnson (Del Norte). Neither were present. It was asked if anyone wanted to volunteer as Chair or Co-Chair with no immediate answer. It was asked is there were any nominations for either



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position, again with no comment. Carol Maddison volunteered as Chair. She explained she could do it and would be at the meetings. There was no opposition, and it was asked if someone would make the nomination.

Grace Poor volunteered as Co-Chair. There were no oppositions or other volunteers for the positions.

Roll call vote was take Michelle Alexander made the motion to approve Carol Madison (Modoc) Chair and Grace Poor (Lassen) Co-Chair. Seconded by Maddelyn Bryan. All approved, Non opposed.

4. Adjournment 10:45

Motion was made by Grace Poor for Adjournment. Motion was seconded by Michelle Alexander.

Next Meeting:
August 12, 2022
10:30 am- 12:00 pm



Executive Committee Name HMIS-CEP

Name Daphne Cortese-Lambert County Del Norte County

Phone 707-954-7319 Title Director of Homeless Services

Email dcortese-lambert@dnmissionpossible.org Agency Name Del Norte Mission Possible

Select the category that best describes you:

- Member Appointed by Executive Board on July 2022
- Alternate Appointed by Executive Board on _____
- Participant or Volunteer

I understand that I will attend, with frequency, the above-named Committee, when scheduled. I will collaboratively participate at each meeting and will share knowledge and information freely.

If I am a member:

- I will notify the alternate member if I cannot attend a meeting.
- I will provide updates to my local Advisory Board on progress and/or action items of the Committee.
- I will discuss with my Executive Board member on the action items from the Committee that will be up and coming on the Executive Board agenda.

Signature: Daphne Cortese-Lambert

Date: 8/3/2022

**Homeless Management Information System (HMIS)
Client Informed Consent & Release of Information Authorization**

I, (print consumer's name) _____, understand that (Service Provider) _____ collected information about me and/or dependents listed below to enter it into a database system called Homeless Management Information System (HMIS). This database helps us to better understand homelessness, to improve service delivery to the homeless, and to evaluate the effectiveness of services provided to the homeless. Participation in data collection and release, although optional, is a critical component of our community's ability to provide the most effective services and housing possible. The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth by federal, state, and local regulations governing confidentiality of client records. Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information.

BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:

The information gathered and prepared by this agency will be included in a HMIS database of participating agencies (list available), and only to participating agencies, who have entered into an Intra-Agency HMIS Data Sharing Agreement and shall be used to:

- a. Produce a client profile at intake that will be shared by collaborating agencies
- b. Produce anonymous, aggregate-level reports regarding use of services
- c. Track individual program-level outcomes
- d. Identify unfilled service needs and plan for the provision of new services
- e. Allocate resources among agencies engaged in the provision of new services
- f. Disclosed if required by court order or as required by law

BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:

I authorize the participating agencies and their representatives to share basic information regarding my family members listed below and/or me. I understand that this information is for the purpose of assessing my/our needs for housing, utility assistance, food, counseling and/or other services.

The information may consist of the following Protected Identifying Information (PPI):

- Name
- Date of Birth
- Social Security Number
- Gender
- Ethnicity & Race
- Program entry date
- Program exit date
- Income and Non-Cash benefits information
- Housing information
- Residence prior to project entry
- Homeless history
- Zip Codes of last permanent address
- Family composition
- Employment status
- Veteran Status
- HIV/AIDS
- Domestic Violence
- Mental Health
- Disabling condition
- Alcohol & drug
- Legal history
- Photo (if applicable)

I UNDERSTAND THAT:

- Use of my likeness in a photograph will be viewable by other participating agencies and may be cropped or edited, as needed. I waive the right to approve or inspect the finished photograph.
- Information I give concerning physical or mental health problems will **not** be shared with other participating agencies in any way that identifies me.
- The participating agencies have signed agreements to maintain confidentiality regarding my information.

- The release of my information does not guarantee that I will receive assistance, and my refusal to authorize the use of my information does not disqualify me from receiving assistance.
- If I revoke my authorization, all information about me already in the database will remain but will become invisible to all of the participating agencies.
- My records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise provided for in the regulations, law, or court order.
- Auditors or funders who have legal rights to review the work of this agency, including the U.S. Department of Housing & Urban Development may see my information.
- People using HMIS information to write reports may see your information. Researchers must sign an agreement to protect my privacy before seeing HMIS data. My private information will never appear in research reports.
- This authorization will remain in effect until I revoke it in writing, and I may revoke authorization by signing a “Revocation of Consent to Release Information form”, but that cancellation will not be retroactive.
- Additionally, I understand that participation in data collection is optional, and I may choose not to participate.
- This release is valid for three (3) years from the date of my signature below.
- I also understand that I may withdraw my consent at any time.
- I understand that my personal information will not be made public and will only be used with strict confidentiality.

Participating agencies: A list of the participating agencies within the NorCal Homeless Continuum of Care Homeless Management Information System may be viewed prior to signing this form.

List all Dependent children under 18 in household, if any (first and last names):

1.	2.
3.	4.
5.	6.
7.	8.

Please initial one of the following levels of consent:

_____ I give authorization for mine and my dependents listed above, protected personal and relevant information **to be entered into HMIS and shared between participating agencies.**

OR

_____ I give authorization for mine and my dependents listed above, protected personal and relevant information **to be entered into HMIS, but NOT shared between participating agencies.**

OR

_____ I do not consent to the inclusion of personal information in HMIS about me and my dependents listed above.

Verbal Consent Give. Reason signature was not obtained:

Consumer's Signature/Authorized Signer

Date

NorCal CA 516 Continuum of Care
HMIS Request for Policy Addition, Deletion, Change

Organization: FaithWorks
Name: Crystal Johnson
Date: 07/08/2022

I request that the following change(s) be made to the HMIS Policies & Procedures Manual:


Change the following existing policy:
NA

Delete the following existing policy:
NA

Add the following:
Provide in clear and concise language the policy to be considered by the HMIS Committee to be inserted / deleted in or from the current Policies and Procedures manual. Please be clear and specific.

Policy:
NA

Provide a brief description of the policy or process. Please be clear and specific.

Description:
I am requesting that the "Homeless Prevention Housing Assessment at Exit" be added to our HMIS. FaithWorks plans to utilize this assessment for our Options Homeless Prevention Program. 
Provide in detail the procedure for the policy identified above. Please be clear and specific.

Procedures:
I attached the assessment

24 - Homeless Prevention Housing Assessment at Exit

Able to maintain the housing they had at project start--Without a subsidy

Able to maintain the housing they had at project start--With the subsidy they had at project entry

Able to maintain the housing they had at project start--With an on-going subsidy acquired since project entry

Able to maintain the housing they had at project start--Only with financial assistance other than a subsidy

Moved to new housing unit--With on-going subsidy

Moved to new housing unit--Without an on-going subsidy

Moved in with family/friends on a temporary basis

Moved in with family/friends on a permanent basis

Moved to a transitional or temporary housing facility or program

Client became homeless - moving to a shelter or other place unfit for human habitation

Client went to jail/prison

Client died

Client doesn't know/Client refused

Data Not Collected (no exit interview completed)

Total



Coordinated Entry Policies and Procedures

July 2021

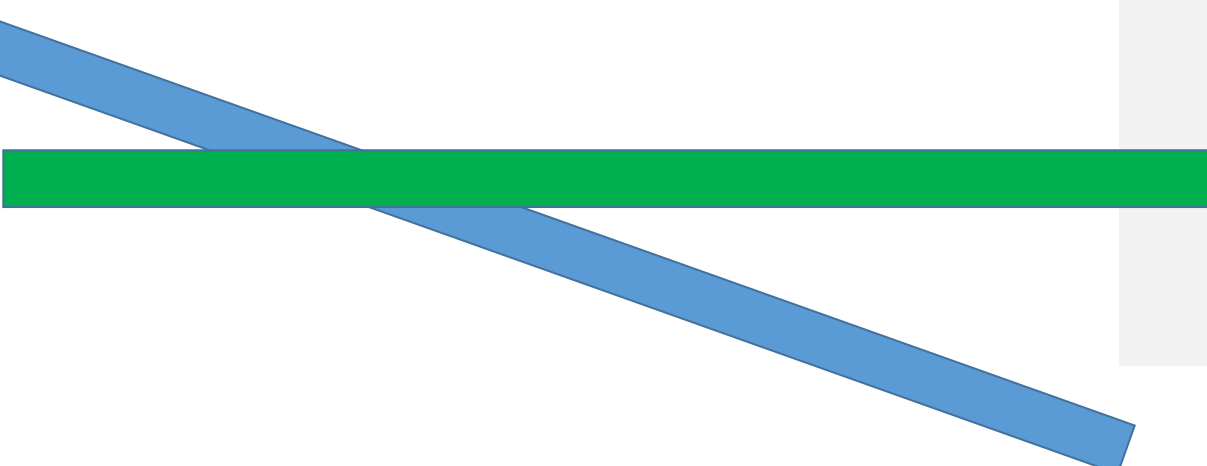


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Coordinated Entry – Purpose and Background

The U.S. Department of Housing and Urban Development’s (HUD) Continuum of Care (CoC) and Emergency Solutions Grant (ESG) Program interim rules requires each CoC to implement coordinated entry¹ policy guide to centralize/expedite homeless and housing resources in order to achieve improved outcomes for people experiencing homelessness. The legal term remains “*centralized*” or “*coordinated assessment system*”, but for the purposes consistent with HUD’s written materials and Notice², this document uses either term: “**coordinated entry**” (CE) or “**coordinated entry process**” (CEP). This policy guide will provide assistance identifying key principles to ensure success of homeless assistance and/or prevention procedures, matching needs to the most vulnerable populations, through various evidenced-based intake and assessment tools under the Housing First³ approach. In addition, HUD requires this written policy to guide how it will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers.

Our Local Continuum of Care

NorCal Continuum of Care (NorCal CoC / CA-516) is a consortium of individuals and organizations with the common purpose of planning a housing and services system for people who are homeless. The NorCal CoC serves as a convening entity tasked with the critical mission of ending homelessness in the City of Redding and in the counties of Shasta, Lassen, Plumas, Sierra, Siskiyou, Del Norte and Modoc Counties. The NorCal CoC is responsible for managing Housing and Urban Development funds for homelessness and is uniquely positioned to identify system needs and take steps to address them with the collaboration and partnership of community stakeholders.

The NorCal CoC uses the CEP to engage individuals and families in housing and supportive services. The CEP is a process designed to streamline applicant intake and assessment to provide for appropriate service referrals. A CEP covers a specific geographic area, is easily accessed by individuals and families seeking services and housing, is well advertised, and includes a comprehensive and standardized assessment tool. The Continuum has developed a specific policy to guide the operation of the CEP on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. The CEP must comply with any requirements established by HUD.

¹ Authority established in [24 CFR 578.7\(a\)\(8\)](#), “This system must comply with any requirements established by HUD by Notice

² Notice [CPD-17-01](#) Establishing Additional Requirements for a CoC Centralized or Coordinated Assessment System

³ Housing First defined under California [Senate Bill 1380](#), Chapter 847, Section 1.(e)

The primary purpose of a CE is to ensure that all people experiencing a housing crisis have fair and equal access, quickly identified, and are assessed and connected to housing and homeless services prioritized based on their level of vulnerability and personal choice. The CEP uses standardized tools and practices through a system-wide Housing First Approach, and, in a time when resources are slim, coordinated housing support so that those with the highest and most severe needs are prioritized for housing services.

Additionally, a CEP is important in ensuring the success of homeless assistance and homeless prevention programs in communities. In particular, such assessment systems help communities systematically assess the needs of program participants and effectively match each individual or family with the most appropriate resources available to address that individual or family's particular needs.

A CEP is a federal requirement for programs funded under the Department of Housing and Urban Development; many programs funded through the California Department of Social Services; and for sub-recipients of CoC Funding. All CoC Program and ESG funded programs are required to participate in CE. The CoC aims to have all homeless assistance programs participate in the CEP and will work with all local programs and funders to facilitate their participation.

Key principles of Coordinated Entry:

- **Quality Assurance:** The CEP must have a mechanism for ongoing, regular quality assurance to ensure rigor and consistency in tools, standards, and staff trainings.
- **Access:** CE will ensure that participants quickly receive access to the most appropriate services and housing resources available.
- **Interdependency:** The CEP will promote interdependency between programs, by promoting trust about assessments, referrals, and warm handoffs. The CEP will promote interdependency between programs and clients, as clients are connected to the right intervention with consideration for their preferences.
- **Streamlined Process:**
 - For clients and front-line staff, utilizing standardized tools and practices reduces the number of times clients are asked redundant questions throughout the system of care, improving efficiency.
 - The CEP will operate with a person-centered approach.
 - CE will reduce the stress of the experience of being homeless by limiting assessments and interviews to only the most pertinent information necessary to resolve the participant's immediate housing crisis.
 - CE will implement standard assessment tools and practices and will capture only the limited information necessary to determine the severity of the participant's needs and the best referral strategy for him or her.
 - CE will utilize HMIS for the purposes of managing participant information and facilitating quick access to available CoC resources.

- **Address Barriers:** Promotes the Housing First approach, ensuring that clients with the highest level of acuity are provided the most intensive housing and service interventions available.

CE is not a stand-alone solution to end homelessness or a solution to the shortage of affordable housing. The CEP promotes access to and effective and efficient utilization of mainstream programs and to optimize self-sufficiency among individuals and families who are experiencing homelessness or are at imminent risk of homelessness.

System Governance

These policies and procedures will govern the implementation, administration and evaluation of the NorCal CoC CA 516 (NorCal CoC) CEP. This is a living document and will be reviewed annually upon evaluation of the process; changes can be made based on the information gathered through the evaluation process.

The CoC's HMIS/CEP Committee is responsible for the review and revision of CE Policies and Procedures. The revision process will be completed at least once annually. Upon the completion of the HMIS/CEP Committee's review and revision, the draft document will be presented to the NorCal CoC Executive Board for consideration and approval.

Any person who is interested in submitting suggestions for revisions to the document should email: hmis@co.shasta.ca.us

Participation Requirements

All housing programs serving people experiencing homelessness in NorCal Continuum of Care are encouraged to participate in Coordinated Access, and a subset of these programs are required to participate. HUD requires all programs receiving CoC and ESG funding to participate in their CoC's CEP. The U.S. Department of Veteran Affairs (VA) also established guidance that instructs Supportive Services for Veteran Families (SSVF) and some other VA-funded homeless services to participate in Coordinated Access. Specified programs funded by the State of California are also contractually required to participate in Coordinated Access.

Coordinated Entry Process (CEP)

The NorCal CoC CEP is a collaboration of multiple community, government, and faith-based agencies that, collectively, provide services that range from prevention of homelessness to permanent housing placements. The NorCal CoC covers an expansive geography that includes 7 counties: Del Norte, Lassen, Modoc, Plumas, Shasta, Sierra and Siskiyou. CE covers this full geography by identifying access points, standard assessments, and referral processes that are unique to each of those regional areas.

Eligibility

Our CEP is designed to serve any resident of our seven County CoC who is experiencing a housing crisis. This includes those who are:

- **Unsheltered** (e.g., living outside, in a car, on the streets, or in an encampment),
- **Sheltered** (e.g., in emergency shelter or transitional housing), or
- **At imminent risk of homelessness** (e.g., being evicted, unable to pay rent, doubled up, or in an unsafe living situation).

Core Practices

Providers will utilize the CEP to conduct initial evaluations of applicants to determine baseline eligibility. The CEP combines HUD's regulations for determination of Homeless Status along with consideration of the VI-SPDAT assessment score to determine those at highest vulnerability risk.

Core Practices:

- A. Prioritization through CEP: Access to assistance shall be prioritized for people with the most urgent and severe needs, including, but not limited to, victims of domestic violence. Programs shall seek to prioritize people who:
 - 1) Are unsheltered and living in places not designed for human habitation, such as cars, parks, bus stations, and abandoned buildings;
 - 2) Have experienced the longest amount of time homeless;
 - 3) Have multiple and severe service needs that inhibit their ability to quickly identify and secure housing on their own; and
- B. For homelessness prevention activities, people who are at greatest risk of becoming literally homeless without an intervention and are at greatest risk of experiencing a longer time in shelter or on the street should they become homeless.

All participating programs shall operate in a manner consistent with Housing First Practices as reflected in the Continuum of Care written standards and progressive engagement and assistance practices, including the following:

- 1) Ensuring low-barrier, easily accessible assistance to all persons, including but not limited to people with no income or no income history and persons with active substance abuse or mental health issues or persons with criminal history.
- 2) Helping clients quickly identify and resolve barriers to obtaining and maintaining housing.
- 3) Seeking to quickly resolve the clients housing crisis before focusing on other non-housing related services.
- 4) Allowing clients to choose the services and housing that meets their needs, within practical and funding limitations.

- 5) Connecting clients to appropriate supports and services available in the community that foster long-term stability.
- 6) The type, duration, and amount of financial assistance offered shall be based on an individual assessment of the household, and the availability of other resources or support systems to resolve their housing crisis and stabilize them in housing.
- 7) Any other practices promoted or required by HUD.

The NorCal Continuum of Care uses a phased approach to assessment which progressively collects only enough participant information to prioritize and refer participants to available CoC housing and support services.

HUD Coordinated Entry Core Elements

Planning

This document and accompanying materials ensure compliance with all stated HUD requirements for CEP, as noted HUD's "CE Core Elements" document and subsequent materials guiding CE system implementation. NorCal CoC implementation of CE began in 2017 with a segment of Shasta County participation. A pilot Coordinated Intake project with Shasta County Health and Human Service that serve individuals and households experiencing homelessness. The CEP implementation Continuum wide began in 2020 to cover the entire geographic area claimed by the NorCal CoC and is easily accessed by individuals and families seeking housing or services. The CEP will be well-advertised, utilizing flyers, website, social media, regionally dispersed access points, street/encampment outreach teams and also will foster connection with mainstream services such as healthcare providers and emergency services/first responders.

The NorCal HMIS/CEP Committee will have, at a minimum, quarterly meetings to review and ensure the CEP and procedures are reflecting current needs of the community.

Sub-Populations - In conjunction with the CoC's decision to adopt a multi-site access coordinated entry model, the Committee identified the following sub-populations coordination with agencies serving equal access to:

Coordination with Agencies Serving Victims of Domestic Violence

During the CE Diversion or Prevention Screening Phase, all CE Access Points will identify and provide equal access to any individual or family escaping or attempting to flee domestic violence, sexual assault, dating violence, stalking, or human trafficking. Such persons experiencing the aforementioned circumstances are provided opportunity to receive CES referrals for available services from either non-victim specific providers or victim service providers specializing in assistance to such persons fleeing or attempting to flee domestic

violence and/or sexual assault. Upon determining the household may be escaping or attempting to flee a violent situation, Access Points must also provide information and referral to the geographically designated Domestic and Family Violence Access Point.

Coordination with Agencies Serving Veterans

During the CE Diversion or Prevention Screening Phase, all CE Access Points will identify and provide equal access to any individual and their family who are veterans. Upon determining an individual is a veteran, Access Points may also provide information and referral to the geographic designated agency that provides supportive services for veterans.

Coordination with Agencies Serving Youth

During the CE Diversion or Prevention Screening Phase, all CE Access Points will identify and provide equal access to youths. Access Points must also provide information and referral to the geographically designated Youth Access Point.

Non-Discrimination

The CE Access Points and Authorized Providers must comply with the nondiscrimination provisions of federal civil rights laws, including the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II and III of the Americans with Disabilities Act, as well as HUD’s Equal Access and Gender Identity Rules, as applicable. Under these laws and rules, the following classes are protected from discrimination:

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

Access

Accessing the CEP

Due to the diversity and size of the NorCal CoC, access to the CEP is a multi-site approach, requiring multiple referral zones. The principles of this approach are:

- 1) A client can seek housing assistance through any of the participating access points within each community.
- 2) Clients should have equal access to information and advice about the housing assistance for which they are eligible in order to assist them in making informed choices about services that are available in the county and that meet their needs.
- 3) Participating providers have a responsibility to respond to the range of client needs pertaining to homelessness and housing, and act as the primary contact for clients who apply for assistance through their service unless or until another provider assumes that role.
- 4) Participating housing providers will work collaboratively, and when necessary, use case conferencing and warm hand-offs, to achieve responsive and streamlined access to services to achieve the best possible housing outcomes for clients, particularly for those with high, complex or urgent needs.

Refer to each County's Addendum on where clients can connect to services through CEP.

Assessment

The CoC has adopted the following steps to engage and serve persons seeking assistance through the Coordinated Entry system:

Diversion/Prevention Screening (Immediately): This step is to engage with a participant to divert a person from entering the crisis response system (including emergency shelter and transitional housing). The CE staff will examine existing CoC and participant resources and options that could be used to avoid the participant entering the homeless system of care. This screening will identify the need for financial assistance, case management, and/or services to prevent a person at risk of homelessness from becoming homeless. (*Appendix B- Diversion/Prevention Screening*)

Crisis Assessment (Immediately): This step of engagement will focus on identifying the immediate housing crisis and clarifying that the CoC crisis response system is the appropriate system to address the potential participant's immediate needs. CE staff will collect information to identify a necessary crisis response project such as emergency shelter or other homeless assistance project and assess the participant's housing and service needs with the intent to resolve that participant's immediate housing crisis.

Comprehensive Assessment and VI-SPDAT (Completed the same day or as soon as possible after the initial assessment): The CE staff will complete the CE and HMIS Intake Forms and VI-SPDAT, which will gather the necessary information to refine, clarify, and verify a participant's housing and homeless history, barriers, goals, and preferences. Assessment information supports the evaluation of the participant's vulnerability and prioritization for assistance. All access sites must offer the same assessment approach and referrals using uniform decision-making process. Depending on the participant's circumstances, it may be necessary to complete this step with more than one appointment with the participant.

Next Step / Move on Assessment (Ongoing): The final phase will collect information revealed or known after the Initial and Comprehensive Assessments are conducted. Any new information might suggest a revised referral strategy, or it will re-evaluate participants who have been stably housed for some time and who might be ready for less-intensive housing and service strategies.

Assessment Tools

Homeless Management Information System (HMIS) Intake Form (Addendum X): This form collects basic information about a participant, including information to determine eligibility and prioritization.

VI-SPDAT Form (Addendum X): Vulnerability Index – Service Prioritization Decision Assistance Tool is an evidence-based tool that prioritizes individuals, transition-age youth, and families for available permanent housing based on acuity and chronicity. Providers will utilize the VI-SPDAT

as the common assessment tool to screen individuals and families experiencing homelessness. There are two assessment tools, one for individuals and one for families in HMIS. Acuity is expressed as a number with a higher number representing more complex, co-occurring issues that are likely to impact overall housing stability. The VI-SPDAT score show the presence of these issues and indicates the potential best fit for housing and service intervention, based on scores across multiple dimensions.

Client Consent and Release of Information (ROI) Form (Addendum X): If the individual or family meets the threshold for acuity, a ROI is signed, and the information is entered into HMIS and referred to the Prioritization List.

These tools were selected based on their reputation as valid, tested, and reliable assessment tools, as well as their consistency with a Housing First assessment process focused on rapidly housing clients without preconditions. The tools gather only enough client information to determine the severity of need and eligibility for housing and related services. In addition, the community believes that these tools are appropriately adjusted according to specific subpopulations (i.e., youth, individuals, families, and chronically homeless), and based on responses to specific questions. The CoC believes that these tools reflect the developmental capacity of the clients being assessed. The tools incorporate a person-centered approach, in that they are at least partly based on clients' strengths, goals, risks, and protective factors, they are easily understood by clients, and they are sensitive to clients' lived experience.

Assessment - Policies and Procedures

Policy

No client will be screened out of the CEP due to perceived barriers 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, or a criminal record. All participants in the CEP will be free 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.

Procedure

All areas where in-person assessments are conducted will be made as safe and confidential as possible within reason so that people will feel comfortable identifying sensitive information or safety issues. CE access points are required to obtain participant consent with a signed Release of Information (attach) to collect, use and disclose (sharing) participants' personally identifiable

information (PII). All participant information collected, stored, or shared in the operation of CE functions, regardless of whether or not the data is stored in HMIS, shall be considered personal and sensitive information worthy of the full force of protection and security associated with data collected, stored or shared in HMIS. (Appendix XX, HMIS Security and Privacy Policy)

Policy

Whether the VI-SPDAT is first conducted on paper or directly inputted within NorCal Homeless Management Information System (HMIS), all VI-SPDAT assessments must be recorded in the HMIS Prioritization List within 2 business days of when the information was first collected.

Procedure

All licensed HMIS users who are CE participating agencies will have access to the CE Prioritization List within HMIS.

Policy

If the individual/family is not prioritized for any interventions, the provider administering the VI-SPDAT should explain why and what other services will be available to them (e.g., shelter case management, connection to mainstream resources, help connecting with family or friends).

Procedure

The client should be referred to the appropriate emergency shelter or other housing crisis resource, where they will receive case management and other services to help them access housing. The assessment process ends for the client at this point.

Policy

While some assessment questions may provide the opportunity for the client to disclose a disability or health diagnosis, no person will be pressured to provide diagnosis details in order to participate in the CEP. Any diagnostic information that is disclosed will only be used for the purpose of determining specific program eligibility to make appropriate referrals, or to provide a reasonable accommodation for the client being served.

Procedure

Assessment tools might 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 to the agency's Homeless Multi-Disciplinary Team member to present at the case conferencing.

Policy

Individuals may choose not to participate in data collection upon initial assessment or project entry may later decide that their information can be collected and entered into HMIS.

Procedure

Participant data in HMIS must be updated after an initial CE data collection period and for project enrollment. The data collected is to reflect emergence of new information, corrections to previously collected information, or additions of previously unanswered questions. The CoC will continuously work to improve participant engagement strategies to achieve completion rates that is required for HMIS data elements that are as high as possible.

Policy

Participant assessment information should be updated at least every 12 months.

Procedure

If the participant is served by CE for more than 12 months, an updated intake form is completed to meet HUD HMIS Data Standards. If the client cannot be located to complete an update, the client will be exited. Once the client's assessment information is updated, they are re-entered into CE. (Pg 32 of outline)

Prioritization

Clients are matched with available resources based on need and vulnerability. The most vulnerable clients are prioritized for available housing services. Determining *eligibility* is a different process than determining *prioritization*:

- **Prioritization** refers to the order in which eligible persons will be referred to a project based on factors such as need and vulnerability.
- **Eligibility** refers to limitations on who can be accepted into a program based on the program's funding sources, authorizing regulations, real estate covenants or rental agreements, and capacity to provide necessary services.

The homeless housing and services are available through the NorCal CEP, including:

- **Prevention/Diversion:** financial assistance or case management to stay housed
- **Basic Needs and Services:** showers, food, laundry, benefits enrollment, referrals, etc.
- **Emergency Shelter:** short-term, temporary place to stay
- **Rapid Re-housing:** time-limited rental assistance with case management
- **Permanent Supportive Housing:** long-term housing assistance with services and case management

CoC Priorities

The following represents the uniform process to be used across each community for assessing individuals/families, matching them to an appropriate housing intervention, and within each category prioritizing placement into housing. This will eliminate the need to complete multiple assessments with individuals.

The VI-SPDAT will be the only tool used to assess individuals at the point of entry. The VI-SPDAT scores will be used to triage individuals.

NorCal CoC has adopted the HUD released guidance for the prioritization of chronically homeless individuals and families, which can be found at Notice CPD 16-11. As such this CoC has established the following order of priority for individuals and families:

Permanent Supportive Housing (PSH):

For individuals that score (8+) and families that score (9+) on the VI-SPDAT signals the need for Permanent Supportive Housing. The prioritization for PSH is consistent with HUD's Prioritization/PSH Notice. Persons eligible for PSH will be prioritized for available units based on the following criteria (applying the definition of *chronically homeless* set by HUD in its December 2015 Final Rule):

- **1st Priority**—Chronically homeless individuals and families with the longest history of homelessness **and** with the most severe service needs.
- **2nd Priority**—Chronically homeless individuals and families with the longest history of homelessness but **without** severe service needs.
- **3rd Priority**—Chronically homeless individuals and families **with** the most severe service needs.
- **4th Priority**—All other chronically homeless individuals and families not already included in priorities 1 through 3.
- **5th Priority**—Homeless individuals and families who are not chronically homeless but do have a disability and severe service needs.
- **6th Priority**—Homeless individuals and families who are not chronically homeless but do have a disability **and** a long period of continuous or episodic homelessness.
- **7th Priority**—Homeless individuals and families who are not chronically homeless but do have a disability **and** are coming from places not meant for human habitation, Safe Havens, or emergency shelters.
- **8th Priority**—Homeless individuals and families who are not chronically homeless but have a disability and are coming from transitional housing.
- **Tie Breaker**—When two households in the same priority are scored equally on the Prioritized List, the following tiebreakers will be used in this order:
 - Veteran
 - Household longest length of homelessness and lowest household income.

Transitional Housing (TH):

The CoC will prioritize the following persons for TH:

1. Households fleeing or experiencing domestic violence as the primary cause of their current housing crisis.
2. Households consisting of unaccompanied youth.
3. Participants seeking treatment services for behavioral health conditions such as mental illness and/or substance use disorders.

Rapid Re-Housing (RRH):

For individuals that score 4-7 and families scoring 4-8 on the VI-SPDAT, signals the need for Rapid Re-Housing. The prioritization for persons who are determined to be eligible for RRH will be consistent with the CoC's scoring range for need and vulnerability associated with RRH programs. Additionally, the CoC has opted to prioritize the following persons for RRH:

1. Households with a single parent and 3 or more dependent children under the age of 6.

2. Households experiencing domestic violence.
3. Households consisting of unaccompanied youth.
4. Households with a previous episode of homelessness within the most recent 12 months.

VI-SPDAT for Individuals

Intervention Recommendation	VI-SPDAT Prescreen Score for Individuals
Permanent Supportive Housing/Housing First	8+
Rapid Re-Housing	4-7
Diversion	0-3

VI-SPDAT for Families

Intervention Recommendation	VI-SPDAT Prescreen Score for Families
Permanent Supportive Housing/Housing First	9+
Rapid Re-Housing	4-8
Diversion	0-3

Clients are not required to disclose specific disabilities in order to access the CEP; however, certain programs may require disclosure to ascertain program eligibility for a specified program. Access Points are required to inform clients that disclosure is not required at time of entry into CEP but may be required for appropriate housing placement and program eligibility.

Emergency Services

Emergency services are a critical crisis response resource and access to such services will not be prioritized. See Attached Addendum for each County within the NorCal Continuum for location of emergency service providers.

Coordinated Entry Administrator

The Coordinated Entry Administrator (CEA) will make contact with the local housing provider agency’s Point of Contact. The CEA determine if a case conference is needed before a housing referral and placement is made. CoC/ESG funded programs and organizations that provide non CoC or ESG housing to those experiencing homelessness and would like to dedicate all or some of their housing vacancies to CE, follow the process outlined below:

1. Identify if the housing is permanent supportive housing (PSH), rapid rehousing (RRH), or affordable/one-time assistance housing.

2. The Housing Provider will follow the eligibility requirements for each of their programs that they will be dedicating to the CEP.
3. The Housing Provider will notify the CEA when they have open and currently available housing inventory.
4. The Housing Provider commits to following the processes outlined directly below for Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH).
 - Assuming client eligibility, clients are placed into permanent housing, by acuity, as rapidly as possible on a community-by-community basis.
 - The community then houses the next, most acute individual or family on the list according to HUD priorities.
5. Upon entry into Shasta CE program in HMIS, the Housing Provider commits to working with the Referring Agency to locate the individual/family and engage with them to see if the housing referral provides a good match. The Housing Provider commits to completing necessary housing documentation needed for program entry.
6. The Housing Provider commits to communicating with the CEA when a referral does not lead to successful program entry and providing reason(s) why they were not housed so that the individual can be unassigned or reassigned to the CE Prioritization List.
7. The Housing Provider commits to communicating with the CEA when each referral does lead to successful program entry and providing the date the individual moves into housing. In addition, documenting entry into program and housing move in date in HMIS.

Specialized Service Pathways for Sub-Populations

See Attached Addendum for each County within the NorCal Continuum for location of providers for sub-populations.

CE access points tasked with serving an identified subpopulation were selected for their experience and expertise in serving the specific subpopulation. In addition to administering the standardized assessment tools and providing standardized CE services, these sites may also use customized assessments that are geared toward determining services and referrals that best meet the specific needs of the subpopulation. While the CE Process includes specialized pathways for youth and young adults, and individuals and families fleeing domestic violence, and veterans, these subpopulations may be served at any CE access point.

Veterans

Access point intake staff assess for prevention or emergency shelter options for veterans who are experiencing literal or imminent homelessness.

Individuals and Families Who are Fleeing or Attempting to Flee Domestic Violence

Access Points and housing providers must prioritize safety and equitable access to housing and services for individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking, while ensuring that client choice is upheld. While victim service providers operate specialized housing and services targeted to individuals and families who are experiencing domestic violence, dating violence, sexual assault or stalking, these individuals and families have access to the full range of housing and services available. For this reason, Access Points must offer homelessness prevention services to all those individuals and families who are eligible. Access Points use a unique identifier and confidential methods of communication to coordinate services and housing placement for these individuals and families. Victims of domestic violence, dating violence, sexual assault, or stalking can call the 24-hour hotline number in their respective county, where available, for access to the CEP.

Youth under 18 & Young Adults 18-24

Access point intake staff assess for prevention, family reunification, or emergency shelter options for youth and young adults who are experiencing literal or imminent homelessness. Specialized assessments are used in conjunction with the standardized housing assessment to connect youth and young adults with appropriate housing and services.

The domestic violence service providers (DVSP) in the CA-516 CoC shall administer the VI-SPDAT for their clients who are seeking services from other housing service providers in the CA-516 CoC.

When administering the VI-SPDAT, they will follow this procedure:

- When an individual or family contacts a DVSP for housing assistance, CE Pre-screen Tool is completed as an initial basic assessment to determine basic program eligibility. This form can be completed in person or over the phone.
- If the individual or family meet eligibility (homeless and below income guidelines), the VI-SPDAT is completed either in person or over the phone.
- If the individual or family meets the threshold for acuity, the DVSP provides the VI- SPDAT score and a unique anonymous identifier, such as "One Safe Place Client-12345," to the CEA. The DVSP destroys the paper copy of the VI-SPDAT.
- The CEA enters the client's score and identifier into the By Name prioritization list.

- If, and when, the requested service becomes available for the client, the appropriate housing agency contacts the DVSP and references the client using the anonymous identifier.
- The DVSP contacts the client and tells him or her that the service is available and asks the client if he or she would like to receive the service. The DVSP then communicates the client's intentions to the housing provider. The DVSP will need a signed Release of Information and waiver of non-disclosure in order to share the client's name with the housing provider for cases in which the client intends to use the housing provider's service.

Referral

All programs receiving referrals through the CEP, must use the CEP established by the CoC as the only referral source from which to consider filling vacancies in housing and/or services. Provider agencies not participating in the CEP will nonetheless be required to use the CEP to link their clients to the housing and services programs that are participating in CE. The housing program will also provide the most barrier-free, rapid, and successful entry into housing for each eligible client, by acuity, with as few barriers to housing as possible.

Once a person experiencing a housing crisis has been assessed, the CEP determines the person's priority for housing and supportive services. The person's level of vulnerability or need is determined by using the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT). Scores on the VI-SPDAT populate the Local Prioritization List once entered into HMIS and the CEA will manage referrals to participating agencies as housing opportunities become available. It is the person's prioritization status (and other information from that assessment) that determines where the person will be referred. In the referral process, the group of persons with the highest priority is offered housing and supportive services first. The list dynamically changes as new client scores are added to the Shasta Coordinated Entry in HMIS.

When making referrals the NorCal Continuum of Care (CoC) will abide by the following requirements:

Referral Requirements

Lowering barriers / Housing First: The CoC and programs participating in the CEP will not screen potential project participants out for assistance based on perceived barriers related to housing or services.

Nondiscrimination: Through the referral process, the CoC will continue to comply with the nondiscrimination provisions of federal civil rights laws, including the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II and III of the Americans with Disabilities Act, as well as HUD's Equal Access and Gender Identity Rules, as applicable. Under these laws and rules, the following classes are protected from discrimination:

- Race
- Color
- Religion
- National Origin
- Sex
- Actual or perceived sexual orientation or gender identity
- Disability
- Familial status
- Marital status

Referrals to Programs: The CoC and ESG-program recipients and sub-recipients will use the CEP established by the CoC as the only referral source from which to consider filling vacancies in housing and/or services funded by CoC and ESG programs.

List of Referral Resources: The CoC will create and maintain an inventory list, updated at least annually, of all housing support programs and supportive services programs that can be accessed through referrals from the CEP.

Notification of Vacancies: When a vacancy occurs or is expected to occur in the immediate future, the housing provider agency with the vacancy must alert the CEA via email within a minimum of 2 business days and to not exceed 1 month of the vacancy. The notification must include specific details of the vacancy, including the project name, unit size, location, and any funder-defined eligibility requirements. The CEA will work to identify a prioritized household to fill the vacancy.

Referral Process

The CoC will use the following process when making referrals:

- The CoC will provide potential participants with a list of all available units and programs for which they likely are eligible and then support them in making their own choices about which options to pursue. No participant will be “steered” towards any particular housing facility or neighborhood because of race, color, national origin, religion, sex, sexual orientation, disability, or the presence of children.
- Participants will be provided a choice in decisions such as location and type of housing, level and type of services, and other project characteristics, including assessment processes that provide options and recommendations that guide and inform participant choice, as opposed to rigid decisions about what individuals and families need.
- Upon referral, CoC participants will receive clear information about the program they are referred to, what participants can expect from the program, and expectations of the program.
- If programs institute their own prioritization standards and preferences, the CoC’s CEP must accommodate these potential differences at the point of referral.
- Eligibility determination for available units or programs might be presumed during assessment as highly likely, but actual eligibility is not documented until the person is being enrolled in the receiving program. Eligibility then is verified through program-specific verification requirements and processes.

- Documentation collected for purposes of eligibility determination, if collected earlier during assessment, may not be used in prioritizing persons or in screening persons out of the CEP.
- Whenever possible, the CoC will establish referral zones or referral regions within the geographic area of the CoC. These referral zones are designed to avoid forcing persons to travel or move long distances to be assessed or served.
- Whenever possible, a warm handoff is encouraged from the referring agency to the receiving agency.
- The CoC will transmit participant referral information electronically.

Local Housing Placement

The CEA will run updated By Name Prioritization lists from HMIS as needed for three populations: veterans, individuals and families. Clients at the top of each list will be selected and if necessary, case conferencing will be coordinated among all provider agencies participating in HMIS who have served that client. The CEA determine who will participate in case conferencing in order to recommend housing placements from among the vacant units that have been reported to the CEA. Prioritization decisions will be made in accordance with HUD (Prioritization Notice: CPD-16-11. The CEA will ensure that the housing provider agency is made aware of the placement and will follow up as needed.

Referral Rejection Protocols

When a referral is rejected by a potential participant, they will remain on the prioritization list until the next housing opportunity is available. The CEP will make every effort to identify other referral options. If none exists, the CoC will document such limitations of the currently available housing and services options for system planning purposes. Meanwhile, CE staff will continue to work with the potential participant to find alternative accommodations. The following do not impact the individual's or family's eligibility or prioritization to be referred to housing/program openings in the future:

1. Refusing a resource
2. Not responding to the Housing Provider's attempts to establish contact and/or
3. Not completing an eligibility appointment in a timely manner

When a program rejects a referral, regardless of the specific circumstances of the program's rejection, the program will communicate the decision clearly and quickly to the entity making the referral and the CEA. This communication will include the reason for the rejection, any factors or a change in circumstances that could allow the project to reconsider and actually accept the referral, and other pertinent information that came to light during the referral review that might affect the potential participant's referral standing at other CoC housing and services programs.

Management

Roles and Responsibilities

HMIS/CEP Committee: The NorCal CoC Governance has designated the HMIS/CEP Committee. The Committee is a group of HMIS users and stakeholders that provides advice and input into the operations of the HMIS and CEP systems.

HMIS Lead Agency/HMIS Administrator: The HMIS Lead will work with the Local Housing Providers to manage the Local Prioritization Lists for each county. Anyone with a ServicePoint user license can enter a client into Shasta CE program which will make a referral to the Prioritization List.

The HMIS Administrator provides database management, system level data analysis and quality control. The HMIS Administrator will:

- Maintain HMIS database as defined by the NorCal HMIS Governance and Policies and Procedures
- Generate standard CEP reports on an ongoing basis as defined by the Executive Board and HMIS/CEP Committee and generate ad hoc CEP reports and analysis when needed.
- Ensure the HMIS can collect the needed data for monitoring and tracking the process of referrals.
- Participate in the HMIS/CEP Committee and CoC meetings

Coordinated Entry Administrator: Responsibilities include-

- Managing the Prioritization list for the defined areas within the CoC.
- Main point of contact from participating local housing providers.
- Organize and hold case conference meetings for referrals.
- Attend and report status of defined area's CEP progress in the HMIS/CEP Committee meetings.

Local Housing Providers: The Department of Housing and Urban Development (HUD) requires provider agencies (both community-based organizations and government entities) receiving Continuum of Care Program or Emergency Solutions Grant funding to participate in their jurisdiction's CEP. In addition, other agencies may participate in the CEP, as referral sources, service providers, and providers of housing and services. Due to geographical differences of the communities and counties which comprise the NorCal CoC, provider agencies participating in the NorCal CEP will:

- **Adopt and follow the NorCal CEP Policies & Procedures**, as identified in this document and approved by the NorCal CoC, regarding access points, assessment procedures, client prioritization, and referral and placement in available services and housing. Other entry

points into services and housing not identified in these Policies & Procedures will not be used.

- **Adopt and follow the NorCal HMIS Policies & Procedures.**
- **Adopt and follow the NorCal HMIS Privacy & Security Plan**
- **Maintain low barrier to enrollment in services and housing.** No client may be turned away from crisis response services or homeless designated housing due to lack of income, lack of employment, disability status, or substance use unless the project's primary funder requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to clients with a specific set of attributes or characteristics. Providers maintaining restrictive enrollment practices must maintain documentation from project funders, providing justification for the enrollment policy.
- **Maintain Fair and Equal Access** to CEP programs and services for all clients regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, Veteran status, or sexual orientation.
 - If a program participant's self-identified gender or household composition creates challenging dynamics among residents within a facility, the host program should make every effort to accommodate the individual or assist in locating alternative accommodation that is appropriate and responsive to the individual's needs.
 - Participating provider agencies shall offer universal program access to all subpopulations as appropriate, including chronically homeless individuals and families, Veterans, youth, persons and households fleeing domestic violence, and transgender persons.
 - Population-specific programs and those programs maintaining affinity focus (e.g. women only, tribal nation members only, chronic inebriates, etc.) are permitted to maintain eligibility restrictions as currently defined and will continue to operate and receive prioritized referrals. Any new project wishing to institute exclusionary eligibility criteria will be considered on a case by case basis and receive authorization to operate as such on a limited basis from the HMIS/CEP Committee.
- **Provide appropriate safety planning.** Participating provider agencies will provide necessary safety and security protections for persons fleeing or attempting to flee family violence, stalking, dating violence, or other domestic violence situations. Minimum safety planning must include a threshold assessment for presence of participant safety needs and referral to appropriate trauma-informed services if safety needs are identified.
- **Create and share written eligibility standards.** Participating provider agencies will provide to the CEA detailed written guidance for client eligibility and enrollment determinations. Eligibility criteria should be limited to that required by the funder and any requirements beyond those required by the funder will be reviewed and a plan to reduce or eliminate them will be explored with the HMIS/CEP Committee. This may include funder-specific requirements for eligibility and program-defined requirements such as client characteristics, attributes, behaviors or histories used to determine who is eligible to be enrolled in the program. These standards will be shared with the HMIS/CEP Committee.

- **Communicate vacancies.** Homeless providers will communicate project vacancies, either bed, unit, or voucher, to the CEA in a manner determined by the HMIS/CEP Committee and outlined in this document.
- **Fill vacancies through a client-centered approach.** The NorCal CoC CEP is person-centered and based on client choice. Individuals and families will be given information about the programs available to them and have some degree of choice about which programs they want to participate in.
- **Limit enrollment to participants referred through the defined access point(s).** Each housing program that is required to use Coordinated Entry must receive their referrals through the CEP. Any participating housing program filling homeless mandated units from alternative sources will be reviewed by the HMIS/CEP Committee for compliance.
- **Participate in planning.** CoC/ESG funded provider agencies shall participate in NorCal CoC's planning and management activities as defined and established by the HMIS/CEP Committee.
- **Contribute data to HMIS if mandated per federal, state, county, or other funder requirements.** Each provider with homeless dedicated units will be required to participate in HMIS to some extent. Providers should check with the HMIS Administrator to determine what forms they will need to complete in HMIS.
- **Ensure staff who interact with the CEP receive regular training and supervision.** Each provider must notify the HMIS Administrator of changes in staffing, in order to ensure employees, have access to ongoing training and information related to the CEP.
- **Ensure client rights are protected and clients are informed of their rights and responsibilities.** Clients will have rights explained to them verbally and in writing when completing an initial intake. At a minimum, client rights will include:
 - The right to be treated with dignity and respect;
 - The right to appeal CEP decisions;
 - The right to be treated with cultural sensitivity;
 - The right to have an advocate present during the appeals process;
 - The right to request a reasonable accommodation in accordance with the project's tenant/client selection process;
 - The right of choice for available housing/services;
 - The right to confidentiality and information about when confidential information will be disclosed, to whom, and for what purposes, as well as the right to deny disclosure.

Data and Privacy Protections

HMIS Standards

Except as otherwise specified, data associated with the CEP will be stored in the CoC's Homeless Management Information System (HMIS). All data entered into or accessed or retrieved from the HMIS must be protected and kept private in accordance with the HMIS Data and Technical Standards (CoC Program Interim Rule, 24 CFR 578.7(a)(8)). Before collecting any information as part of the CEP, all staff and volunteers must first either:

1. Obtain the participant's signed informed consent to share participant information for the purposes of assessing and referring participants through the CEP, or
2. Confirm that such consent has already been obtained and is still active. The participant's consent must be in written form.

The CoC will not deny services to any participant based on that participant's refusal to allow their data to be shared unless a Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information as a condition of program participation. Where appropriate, non-personally identifiable information about participants who refuse consent to share personally identifiable data should be logged in an electronic case file that uses pseudonyms, e.g., "Jane Doe," to preserve as much non-personally-identifiable information as possible for statistical purposes.

The participant's privacy and protection of their personal identifying information (PII) is of utmost concern. All service providers must sign a Memorandum of Understanding and data sharing agreement ensuring their ability to safeguard participant's personal information during the assessment process. Participant's health diagnosis or specific disability information is not required to be disclosed but may be obtained for the purposes of determining program eligibility and to make appropriate referrals to service providers.

The HMIS Privacy and Security Plans clearly states the CoC's privacy practices. Providers will provide participants with a written copy of the Notice of Privacy Practices, describing the notice in plain language, and post at each workstation a "Mandatory Collection Notice" per the HMIS Policies and Procedures.

When using HMIS to manage CE functions, CoC will ensure all users of HMIS are informed and understand the privacy rules associated with collection, management, and reporting of client data. Further, participating providers must require each member of its staff (including employees, volunteers, affiliates, contractors, and associates) to sign annually, a confidentially agreement that acknowledges receipt of a copy of the Notice of Privacy Practices and that pledges compliance with that notice.

The data that the CoC collects will be:

- Data that is required to assess, prioritize, match, and refer a household for housing, homeless services, and/or mainstream resources.
- Data to assess and evaluate the CEP itself, such as system performance metrics, recidivism data, and client and provider satisfaction surveys, should also be collected by the CEP.

Access to CE Data

Only individuals who have completed a full set of HMIS training and signed a NorCal HMIS end-user agreement may directly access CEP data in HMIS. All such persons must be informed of and understand the privacy rules associated with collection, management, and reporting of client data.

When Personally Identifiable Data Can Be Used and Disclosed

Uses are internal activities for which providers interact with participant PII. Disclosures of PII occur when providers share PII with an external entity.

Once collected, providers have obligations about how PII information may be used and disclosed. The CoC's required and permitted uses and disclosures are stated in the HMIS Notice of Privacy Practices.

Per the 2004 HMIS Data and Technical Standards (see appendix A), HUD *permits* the following uses and disclosures of PII without participant consent, provided that the uses and disclosures are listed in the Privacy Notice. If any of these uses and disclosures is not listed in the Privacy Notice, consent is required:

- To provide or coordinate services to an individual
- For functions related to payment or reimbursement for services
- To carry out administrative functions, including but not limited to legal, audit, personnel, oversight, and management functions. Auditors or funders who have legal rights to review the work of this agency, including the U.S. Department of Housing & Urban Development and the State of California may see my information.

Per the 2004 HMIS Data and Technical Standards, HUD also permits the following types of uses and disclosures of PII without participant consent, provided that these additional uses and disclosures are listed in the Privacy Notice. If any of these uses and disclosures are not listed in the Privacy Notice, consent is required:

- Uses and disclosures required by law
- Uses and disclosures to avert a serious threat to health or safety
- Uses and disclosures about victims of abuse, neglect, or domestic violence

- Uses and disclosures for research purposes
- Uses and disclosures for law enforcement purposes

Per the 2004 HMIS Data and Technical Standards, HUD *requires* two mandatory disclosures regardless of their inclusion in the Privacy Notice:

- Participants’ access to their own information
- Disclosures for oversight of compliance with HMIS data privacy and security standards

Additional Safeguards for Survivors of Domestic Violence

In addition to the safeguards described above, additional safeguards will be taken with any data associated with anyone who is known to be fleeing or suffering from any form of domestic violence, including dating violence, stalking, trafficking, and/or sexual assault, regardless of whether such people are seeking shelter or services from non-victim-specific providers.

If necessary, to ensure the safety of potential victims of domestic violence, victim service providers are allowed to establish an alternative CEP for victims of domestic violence, dating violence, sexual assault, and/or stalking. If such an alternative process is established, it must still meet HUD’s minimum CE requirements, i.e., nondiscrimination, full coverage, easy accessibility, adequate advertisement, standardized assessment based on written procedures, comprehensive assessment based on client need and vulnerability, and a unified effort to refer clients to housing and services across the entire geographic region according to the priority assigned by the CEP.

Fair Housing

Non-Discrimination Policy

The NorCal Continuum of Care does not tolerate discrimination on the basis of any protected class (including actual or perceived race, color, religion, national origin, sex, age, familial status, disability, sexual orientation, gender identity, or marital status) during any phase of the CEP.

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 NorCal CEP will comply with all Federal, State, and local Fair Housing laws and regulations. Participants will not be “steered” toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children.

All locations where persons are likely to access or attempt to access the CEP will include signs or brochures displayed in prominent locations informing participants of their right to file a

discrimination complaint and containing the contact information needed to file a discrimination complaint. The requirements associated with filing a discrimination complaint, if any, will be included on the signs or brochures.

The US Department of Housing and Urban Development (HUD) Office of Fair Housing and Equal Opportunity (FHEO) administers and enforces federal laws and establishes policies that make sure all Americans have equal access to the housing of their choice.

Your fair housing rights are protected under Title VIII of the Civil Rights Act of 1968 (Fair Housing Act). If those rights have been violated, you can file a housing discrimination complaint with HUD by telephone at 1-800-669-9777.

If you believe you were discriminated against, harassed, or retaliated against because of one or more of the following protected classes: race, color, religion, sex, sexual orientation, marital status, national origin/ancestry, familial status (pregnancy or children in the household), source of income, and/or disability (including AIDS or HIV diagnosis), contact the California Department of Fair Employment and Housing (DFEH).

Online: A complaint may be filed online at: www.dfeh.ca.gov

A written complaint may be mailed to:
California Department of Fair Employment and Housing
2218 Kausen Drive, Suite 100
Elk Grove, CA 95758

By phone, call DFEH at (800) 884-1684. If you have a visual impairment, please call or TDD at (800) 700-2320.

Cultural and Linguistic Competence

All staff administering assessments must use culturally and linguistically competent practices, including the following:

- CoC incorporates cultural and linguistic competency training into the required annual training protocols for participating programs and staff members.
- Assessments use culturally and linguistically competent questions for all persons that reduce cultural or linguistic barriers to housing and services for special populations.
- Access points will take reasonable steps to offer CEP materials and participant instructions in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency.

Appropriate auxiliary aids and services necessary to ensure effective communication will be available for individuals with disabilities. This may include use of large type (and ability to enlarge

text), assistive learning devices, Braille, audio, or sign language interpreters.

Communications Plan

The CoC will affirmatively market CE as the access point for available housing and supportive services to eligible persons who are least likely to apply in the absence of special outreach, as determined through a regular review of the housing market area and the populations currently being served to identify underserved populations, including persons seeking crisis response services. This may include an evaluation of HMIS service data, the Point-in-Time Count, and County demographics and census data.

For identified populations, marketing will be conducted at least annually, and may use the following media:

- Brochures / Flyers
- Announcements at Community Events
- Social Media / Websites

The Communications Plan will identify access points, community and mainstream resources and will be designed to ensure that the CEP is available to all eligible persons.

Similarly, the marketing campaign will be designed to ensure that people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the CEP.

All physical access points in the CEP must be accessible to individuals with disabilities, including individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance. Marketing materials will clearly convey that the access points are accessible to all sub-populations.

Outreach

Outreach activities should be done a minimum of once per year. In addition to established Access Points, comprehensive outreach to areas where individuals and families experiencing homelessness are known to live ensures that unsheltered individuals and families have access to the CEP and have individualized support to access needed housing and services.

CE Evaluation and Monitoring

The HMIS/CEP Committee consisting of designated local CE Leads and other CoC stakeholders will oversee CE implementation, evaluation and modification.

Commented [%1]: Process needs to be created and implemented

- HMIS/CEP Committee meetings will occur no less than a quarterly basis. This meeting should serve as a space for agency representatives to discuss the operational and programmatic practices of the access points, participants' progress and referral status, troubleshoot any issues, and coordinate outreach. The agency representatives can make recommendations on suggested changes to the CE system. The Committee will decide if the recommend changes to the process are implemented on a trial basis or a permanent change in the CEP. Permanent changes will be recommended to and approved by the NorCal CoC Executive Board.
- If a state of emergency situation arises, the Committee will have the ability to update or revise the policy and/or procedure(s) as needed, on a temporary basis.
- Programs will be evaluated on their level of participation in CE including having CE staff, participating in the CEP calls and meetings, taking referrals from CE, and regular updates on vacancies and waiting list. Participation in CE will be tracked through HMIS for quality, and agencies will be given the opportunity to submit their feedback on the process.

The HMIS/CEP Committee will engage in a formal evaluation at least once per year. The evaluation will employ multiple feedback methodologies each year to ensure that participating programs and households have frequent and meaningful opportunities for feedback. Each year, the evaluation will include:

- Individual interviews with enough participating providers and households to approximate the diversity of participating households.

At a minimum of once per year, each participating project will have the opportunity to evaluate the intake, assessment, and referral processes associated with CE. The HMIS/CEP Committee will solicit feedback addressing the quality and effectiveness of the entire CE experience for both participating programs and for households. The CEA will present the results of these consultations at the HMIS/CEP Committee meetings.

As part of the evaluation process, the CoC will examine how the CEP is affecting the CoC's HUD System Performance Measures. To that end, the evaluation will also include project- and system-level HMIS data. The HMIS/CEP Committee will develop an Evaluation Plan to support this process.

The CEA will collect feedback and data comprising the evaluation to present to the HMIS/CEP Committee for review and analysis. The CEA will then present the final evaluation with recommendations to the HMIS/CEP Committee, which will meet to consider what changes are necessary to CEP policies, and procedures in light of the feedback received. The HMIS administrator will collectively gather data from each geographic area and provide analysis to the NorCal CoC.

The following measures will be evaluated overall and by program type, as appropriate.

Measure(s)	Related Question(s)	Data Collection Process
Length of time on the prioritization list	<i>How long does it take for eligible individuals and families to access services?</i>	Review priority list. An HMIS report will be developed to determine how long a household is on the priority list before moving into housing.
Recurrence	<i>Are individuals and families matched with the correct intervention? What portion of services are used by repeat clients?</i>	An HMIS report currently measures returns to emergency shelter. This will be used until a report can be developed that will measure returns to all program types. An HMIS report will be developed to measure repeat clients.
Placement rates	<i>Of those referred, how many actually enter the program? Are programs denying access to eligible individuals or families?</i>	An HMIS report will be pulled to determine how many clients actually enter the program. It may be harder to determine if programs deny access to eligible families.
Length of stay and housing stability	<i>Is the system helping people efficiently move into permanent housing?</i>	Use HMIS report to determine average length of stay for emergency shelter programs.
Client demographics	<i>Has the implementation of the system adversely impacted any populations? Has implementation changed the rates at which the chronically homeless and others with high barriers are served?</i>	Use HMIS report to determine client demographics for all CEP programs.
Bed/unit occupancy rate	<i>Does the community need to reevaluate where to place its resources? Are non-participating shelters and housing providers used more as a result of implementation?</i>	Use Housing Inventory Chart to determine bed/unit occupancy for point in time.
Unmet needs	<i>What portion of people assessed to have a need for a service are not afforded it?</i>	Use HMIS report to determine number of unmet needs.
*New entries into homelessness	<i>Are prevention and diversion efforts working effectively?</i>	Use HMIS report to determine number of clients newly homeless.

*This measure would be added to the evaluation once prevention and diversion are incorporated into the system.

Grievance Policy

Client Grievances

Grievance/Appeal process: There will be formal grievance and appeals process managed by the CE/HMIS Committee.

Consumer choice is central to CE and the appeals process will embrace that same person centered and easily navigable model. If a participant feels they did not receive fair treatment, they were denied resources or given an inappropriate referral, the participant may appeal these decisions or actions.

This policy refers to client grievances regarding the CEP only. If a client has a grievance regarding a particular agency, they should follow that agency's grievance procedure.

The agency completing the screening should address any complaints by clients as best as they can in the moment. Complaints that should be addressed directly by the agency staff member or agency staff supervisor include complaints about how they were treated by agency staff, agency conditions, or violation of confidentiality agreements. Any other complaints should be referred to the CEA to be dealt with in a similar process to the one described below for providers. Any complaints filed by a client should note their name and contact information, so the CEA can contact him/her to discuss the issues.

Housing and supportive service providers must ensure that all eligible persons, inclusive of all populations and sub-populations have fair and equal access to the CEP. The HMIS/CE Committee will evaluate policies; procedures and any grievances are regard to equal access on an annual basis.

Provider Grievances

It is the responsibility of all boards, staff, and volunteers of CoC-funded programs and ESG-funded programs to comply with the rules and regulations of the CEP. Anyone filing a complaint concerning a violation or suspected violation of the policies and procedures must be acting in good faith and have reasonable grounds for believing an agency is violating the CEP policies and procedures.

To file a grievance regarding the actions of an agency, contact the CEA with a written statement describing the alleged violation of the CEP policies and procedures, and the steps taken to resolve the issue locally. Once CEA has received the documentation, he/she will decide if the grievance is valid and determine if further action needs to be taken. If the individual or agency filing the grievance, or the agency against whom the grievance is filed, is not satisfied with the determination they may file an appeal with the California Department of Housing and Community Development. This must be done by providing a written statement regarding the reasons for the appeal. The NorCal CoC Lead Agency will contact the agency in question to request a response to the grievance.

Training

The CoC will provide training opportunities at least once annually to organizations and/or staff people at organizations that serve as access points or administer assessments. The purpose of the training is to provide all staff who administer assessments with access to materials that clearly describe the methods by which assessments are to be conducted, with fidelity to the CoC's CE written policies and procedures.

New staff and new volunteers who begin to participate in the CEP for the first time must be a licensed HMIS user and complete a training curriculum that will cover each of the following topics:

- Review of the CoC's written CEP policies and procedures, including any adopted variations for specific subpopulations.
- Requirements for use of assessment information to determine prioritization.
- Non-discrimination policy as applied to the CEP.
- Criteria for uniform decision-making and referrals.

All assessment staff must be trained at least once on how to conduct a trauma-informed assessment of participants, with the goal of offering special consideration to victims of domestic violence and/or sexual assault to help reduce the risk of re-traumatization.

All staff and volunteers who enter data into HMIS or access data from HMIS must be trained in current HMIS policy and procedures.

Addendum – Geographical Areas of NorCal CoC CA516

- A. Del Norte County
- B. Lassen County
- C. Modoc County
- D. Plumas County
- E. Shasta County
- F. Sierra County
- G. Siskiyou County

Addendum A – Del Norte County

Coordinated Entry Access Point:

Del Norte County Health and Human Services
Public Assistance/Employment & Training Branch
880 Northcrest Drive
Crescent City, CA 95531
Phone: (707) 464-3191
Hours: M - F, 8 AM - 5 PM
Contact: Jessica King

Coordinated Entry Access Point:

Del Norte Mission Possible/Homeless Outreach
1100 H Street,
Crescent City, CA, 95531
Phone: (707) 954-7319
Hours: M - F, 9 AM - 8 PM
Contact: Daphne Cortese-Lambert

Addendum B – Lassen County

Coordinated Entry Access Point:

Lassen County Cal Works
1616 Chestnut Street
Susanville, CA 96130
Phone: (530) 251-8152
Hours: M-F, 8 AM – 5 PM

Coordinated Entry Access Point:

Lassen County Adult Services/Outreach
1400 Chestnut Street, Suite C.
Susanville, CA 96130
Phone: (530) 251-8158
Hours: M-F, 8 AM – 5 PM
Contact: Grace Poor

Coordinated Entry Access Point:

Lassen County Behavioral Health/Outreach
555 Hospital Lane
Susanville, CA 96130
Phone: (530) 251-8108
Hours: M-F, 8 AM – 5 PM
Contact: Tiffany Armstrong

Addendum C – Modoc County

Coordinated Entry Access Point:

Training Employment and Community Help, Inc. (TEACH)

112 E 2nd Street

Alturas, CA 96101

Phone: (530) 233-3111

Hours: M-F, 8 am – 5 pm

Contact: Carol Madison

Addendum D – Plumas County

Lead/Youth Coordinated Entry Access Point:

Plumas Crisis Intervention and Resource Center (PCIRC)
175 Main Street
Quincy CA 95971
Phone: (530) 283-5515
Hours: M - F, 9 AM – 5 PM
Contact: Kristen Quade

Coordinated Entry Access Point:

Plumas County Behavioral Health
270 County Hospital Road, Suite 109
Quincy, CA 95971
Phone: (530) 283-6307
Hours: M-F, 8 AM - 5 PM
Contact: Anne Nielson

Addendum E – Shasta County

Coordinated Entry Access Point:

Shasta County Housing and Community Action Agency
1450 Court Street, Suite 108
Redding CA, 96001
Phone: (530) 229-8307
Hours: M-F, 8 AM – 4 PM

Youth/Coordinated Entry Access Point:

Hill Country Health and Wellness
1401 Gold Street, Suite A
Redding, CA 96001
Phone: (530) 319-7066
Hours: M-Sun, 12 PM – 9 PM

Coordinated Entry Access Point:

Shasta Community Health Center
1035 Placer Street
Redding, CA 96001
Phone: (530) 246-5710
Hours: M-F, 8:00 AM – 5 PM

Shasta Community Health Center (SCHC) Access Points:

HOPE VAN Locations sites, days, and hours:

Monday & Wednesday

Empire Recovery Center
1237 California Street
Redding CA, 96001
Hope VAN Message Phone: (530)246-5765
Hours: 8 AM – 3 PM

Tuesday - 2 Locations

Salvation Army
2691 Larkspur Lane
Redding, CA 96002
Hope VAN Message Phone: (530) 246-5765
Hours: 8 AM – 3 PM

Shasta Community Health Dental Center
1400 Market Street, Suite 8103
Redding CA, 96001
Phone: (530)247-7253
Hours: 7:45 AM – 10 AM

Thursday

Good News Rescue Mission Distribution Center
3050 Veda Street
Redding CA, 96001
Hope VAN Message Phone: (530) 246-5765
Hours: 8 AM – 3 PM

Friday

Shasta County Health and Human Service Agency
Department of Social Services
2460 Breslauer Way
Redding CA, 96001
Hope VAN Message Phone: (530) 246-5765
Hours: 8 AM – 3 PM

Shasta Community Health Center Access Point:
Homeless Outreach
Phone: (530) 356-7334
Hours: M-F, 7:30 AM - 3:30 PM
Contact: Anna Cummings

Coordinated Entry Access Points:

Shasta County Health and Human Services

Calworks Location
1400 California Street,
Redding Ca, 96001
Phone: (530) 225-5000
Hours: M-F, 8 AM – 5 PM

Anderson Location
2889 E. Center Street
Anderson, CA 96007
Phone: (530) 229-8200
Hours: M-F, 8 AM – 5 PM

Cascade Location
2460 Breslauer Way
Redding, CA 96001
Phone: (530) 225-5164
Hours: M-F, 8 AM – 5 PM

Enterprise Location
2757 Churn Creek Rd.
Redding, CA 96002

Phone: (530) 224-4200
Hours: M-F, 8 AM – 5 PM

Downtown Redding Center Location
1220 Sacramento Street
Redding, CA 96001
Phone: (530) 229-8441
Hours: M-F, 8 AM – 5 PM

Shasta Lake Location
4216 Shasta Dam Blvd.
Shasta Lake, CA 96019
Phone: (530) 275-7500
Hours: M-F, 8 AM – 5 PM

Burney Location
36911 Main St.
Burney, CA 96013
Phone: (530) 335-6701
Hours: M-F, 8 AM – 5 PM

Emergency Shelter Access Point:

Good News Rescue Mission
2842 South Market Street
Redding, CA 96001
Hours: Vary

Veteran Access Point(s):

Nations Finest (Veterans Resource Center)
153 Hartnell Avenue, Suite 100
Redding, CA 96002
Phone: (530) 223-3211
Hours: M-F, 8 AM – 5 PM

Transitional Youth Ages 18-24 Access Point(s):

Ready for Life Host Homes Resource Center
962 Maraglia Street (Upstairs)
Redding, CA 96001
Hours: By Appointment Only
Phone: (530) 222-1826 or (530)917-8610 call or text

Addendum F – Sierra County

Coordinated Entry Access Points:

Siskiyou County Health and Human Services

Health and Human Services Office
818 S Main Street
Yreka, CA 96097
Phone: (530) 841-2700
Hours: M-F, 8 AM – 5 PM

Behavioral Health Office
2060 Campus Drive
Yreka, CA 96097
Phone: (530) 841-4100
Hours: M-F, 8 AM – 5 PM

Coordinated Entry Access Point:

Siskiyou Community Resource Collaborative
201 S. Broadway
Yreka, CA 96097
Phone: (530) 842-1313
Hours: T - F, 9:30 AM- 4 PM

Addendum G – Siskiyou County

Coordinated Entry Access Point:

Health and Human Services
818 S Main Street, Yreka
Phone: 530-841-2700
Hours: 8-5 pm, Monday-Friday

Coordinated Entry Access Point:

Health and Human Services
2060 Campus Drive, Yreka
Phone: 530-841-4100
Hours: 8-5pm, Monday-Friday

Coordinated Entry Access Point:

Siskiyou Community Resource Collaborative
201 S. Broadway, Yreka
Phone: 530-842-1313
Hours: 9:30-4pm Tuesday-Friday

Appendix A – Definitions

Terms used throughout this document are defined below

- **Acuity** -when using the VI-SPDAT prescreens as a triage tool, acuity speaks to the presence of a presenting issue based on the prescreen score. Acuity refers to the severity of the presenting issues and is expressed as a number with a higher number representing more complex, co-occurring issues that are likely to impact overall housing stability.
- **Chronically Homeless** –
 - An individual who: (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years where those occasions also cumulatively total at least 12 months; and (iii) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
 - An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition [as described in Section I.D.2(a) of this Notice], before entering that facility;
 - A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition [as described in Section I.D.2(a) of this Notice], including a family whose composition has fluctuated while the head of household has been homeless. (24 CFR 578.3)
- **Client** – Individual or family who accesses the CEP
- **Continuum of Care (CoC)** - The group organized to carry out the responsibilities and requirements under 24 CFR part 578 that is composed of representatives of organizations including: nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons to the extent these groups are represented within the geographic area and are available to participate.
- **Coordinated Entry Administrator** – An agency chosen by the HMIS/CEP Committee to manage the Prioritization List, locally or for the entire CoC, and to serve as the point

of contact for the Coordinated Entry Process. The Coordinated Entry Administrator will be identified in each county's local addendum.

- **Diversion** – A 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. Diversion programs can reduce the number of families becoming homeless, the demand for shelter beds and the size of program prioritization lists. The difference between diversion and other permanent housing-focused interventions centers on the point at which intervention occurs. Prevention targets people at risk, and diversion targets people as they are applying for entry into shelter and rapid re-housing/permanent supporting housing targets people who are already homeless.
- **Literally Homeless (HUD Homeless Definition Category 1)** - An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); or (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution (24 CFR 578.3)
- **Imminently at Risk of Homelessness (HUD Homeless Definition Category 2)** - An individual or family who will imminently lose their primary nighttime residence, provided that: (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing (24 CFR 578.3)
- **Fleeing domestic abuse or violence (HUD Homeless Definition Category 4)** - Any individual or family who: (i) 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; (ii) Has no other residence; and (iii) Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing (24 CFR 578.3)
- **Homeless Management Information System (HMIS)** - The information system designated by NorCal CoC CA 516 and Dos Rios CoC CA 523 to comply with the

requirements of HUD used to record, analyze, and transmit client and activity data in regard to the provision of shelter, housing, and services to individuals and families who are experiencing homelessness or at risk of homelessness. HMIS Policies and Procedures and the required intake and Release of Information forms can be found on the NorCal CoC website:

<https://www.co.shasta.ca.us/index/housing-community/hmis-resources>

- **HMIS Data Standards** - HMIS data standards have been established by the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Health and Human Services (HHS), and the U.S. Department of Veterans Affairs (VA) to allow for standardized data collection on homeless individuals and families across systems.
- **HMIS Lead Agency** – The entity designated by the Continuum of Care to operate the Continuum’s HMIS on its behalf. The Shasta County Housing Authority/Community Action Agency serves as the lead agency for HMIS.
- **Housing Interventions** - Housing programs and subsidies; these include transitional housing, rapid re-housing, and permanent supportive housing programs, as well as permanent housing subsidy programs (e.g. Housing Choice Vouchers).
- **Local CEP (LCEP)** – At this time, the LCEP is the local, by county, entry system for persons needing assistance.
- **Local Prioritization Committee (LPC)**- Regional committees comprised of CoC, ESG or other funded agencies that come to the table to make and take referrals to/from the Prioritization List of eligible, high acuity individuals and families seeking housing interventions. LPC’s must adhere to priorities set forth by HUD and this policy.
- **No Wrong Door Approach**-Describes the experience of accessing housing assistance and the service system in a CoC from the client’s perspective and is a system that is designed so that the client only has to go one place for a housing referral to the appropriate housing assistance, if available. Currently, the No Wrong Door Approach will be utilized through each Local Prioritization Committee across the CoC.
- **Permanent Supportive Housing (PSH)**-Community-based housing without a designated length of stay. PSH means long-term permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.
- **Prioritization List**-A list generated by VI-SPDAT entry into the NorCal Homeless Management Information System (HMIS). Each LPC will receive access via HMIS to enter completed VI-SPDATs for inclusion on the list for purposes of LPC prioritization and housing placement if immediate placement is not available. All ESG and CoC funded agencies, and others participating in the CEP must make and take referrals off of this list for their housing programs if housing is not immediately available.
- **Program** – A specific set of services or a housing intervention offered by a provider.
- **Provider** – Organization that provides services or housing to people experiencing or at-risk of homelessness.

o Ex: Shasta County Health & Human Services (Provider) has the CalWORKs Housing Supports Program (Program Name) and Rapid Re- Housing (Program Type)

- **Rapid Re-Housing (RRH)**-An intervention designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing and achieve stability in that housing. Rapid re-housing assistance is offered without preconditions (such as employment, income, absence of criminal record or sobriety) and the resources and services provided are typically tailored to the unique needs of the household. The core components of a rapid re-housing program are housing identification and relocation, short and/or medium-term rental assistance and move-in assistance, case management and housing stabilization services.
- **Severity of Service Needs - (a)** For the purposes of Notice(CPD-16-11), this means an individual for whom at least one of the following is true:
 - a. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or
 - b. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing.
 - c. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.
 - d. When applicable CoC's and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high-need, high cost beneficiaries.

(b) Severe service needs as defined in paragraphs i.-iv. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool and process and should be documented in a program participant's case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements, see 24 C.F.R. § 5.105(a)
- **Transitional Housing (TH)**-Housing to facilitate the movement of individuals and families experiencing homelessness into permanent housing within 24 months.
- **VI-SPDAT – Vulnerability Index-Service Prioritization Decision Assistance Tool** is a standardized assessment tool used in the CEP. The VI-SPDAT is a pre-screening, or triage tool, that is designed to be used by all providers within the CEP to quickly assess the health and social needs of people experiencing homelessness and match them with the most appropriate support and housing interventions that are available. A copy of the VI-SPDAT (single persons) and the VI-FSPDAT (families) can be found on the CoC's website:

<https://www.co.shasta.ca.us/index/housing-community/hmis-resources>

Appendix B – Governing Documents

CoC Interim Rule

<https://files.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf>

ESG Interim Rule

https://files.hudexchange.info/resources/documents/HEARTH_ESGInterimRuleandConPlanConformingAmendments.pdf

HUD CE Policy Brief

<https://files.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf>

NorCal Balance of State Continuum of Care Responsibilities

<https://www.hudexchange.info/programs/coc/toolkit/responsibilities-and-duties/#coordinated-entry>

NorCal CoC HMIS Policies and Procedures

<https://www.co.shasta.ca.us/index/housing-community/hmis-resources>