

Coordinated Entry System Policies and Procedures Manual

TURLOCK/MODESTO/STANISLAUS COUNTY CA-510 COC

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INTRODUCTION AND PROGRAM OVERVIEW

The Stanislaus Community System of Care (CSoC) has formed a Coordinated Entry System (CES) to coordinate the intake, assessment, and referral process within the Continuum of Care (CoC) and efficiently expand the system's ability to deliver the appropriate resources to individuals and families who are experiencing homelessness.

These policies, including all subsequent versions, were developed through a comprehensive community planning and feedback process that included contributions from stakeholders, community members, housing and social service providers, individuals with lived experience, and representatives of local governments. ¹The Stanislaus Community System of Care (CSoC), which acts as the Continuum of Care Board for the Turlock/Modesto/Stanislaus County Continuum of Care (hereafter "CoC" or "CSoC") annually reviews and evaluates the community's Policies and Procedures Manual, to comply with evolving regulations, any changes in the CSoC, and other necessary improvements. These updates and improvements aim to better coordinate and strengthen access to housing for families and individuals who are homeless or at risk of homelessness within the CoC area, and ensures the ability of the community to effectively implement them in a manner that reflects current resources as well as provide a strong foundation for a growing system of care. These policies and procedures² are a comprehensive operational manual that will be used to guide the evaluation of individuals' and families' eligibility for assistance, and to guide the determination and prioritization of how eligible individuals and families will be referred to prevention and other services and housing. Please note that, Coordinated Entry staff may make changes to this document, which are administrative in nature, provided the changes are in alignment with information being presented to and approved by the CSoC.

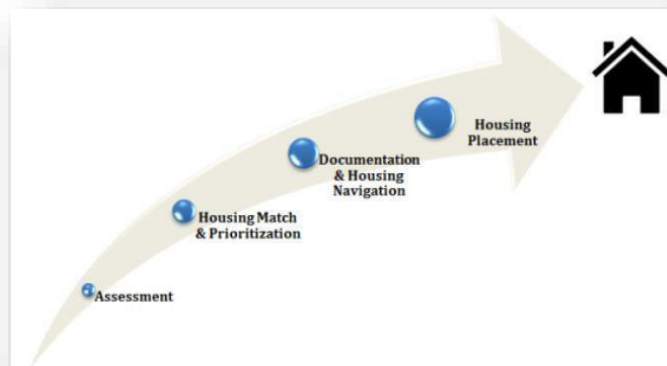
Outlined in this document are the four phases of Coordinated Entry:

- Assessment
- Housing Match and Prioritization
- Documentation and Housing Navigation
- Housing Placement

¹ From February to May 2019, HomeBase facilitated discussions at more than ten CSOC meetings (including Advisory and committee meetings); and held four intensive feedback sessions from consumers, shelter providers, housing and services providers, and outreach workers; and convened two half-day community summits to analyze how best to address barriers to implementation and provide the basis for policies and procedures.

² These policies and procedures revise & replace prior versions of the CES Policies and Procedures Manual.

These four phases were developed in compliance with all applicable Department of Housing and Urban Development (HUD) notices, rules and regulations including but not limited to: HUD Coordinated Entry Notice CPD-17-01, CPD-16-11, 2012 CoC Program Interim Rule (24 CFR Part 578) and the Emergency Solutions Grant (ESG) regulations (25 CCR 8409). All CoC- and ESG-funded programs operating within the CoC area are committed to implementing the Policies and Procedures, as outlined in this document, in a manner that furthers the community's vision for a fully aligned, effective system of care.



What is Coordinated Entry?

Coordinated entry (also known as a coordinated assessment system) is a consistent, communitywide process to match people experiencing homelessness or at-risk of homelessness to community resources. The goal of coordinated entry is to increase the efficiency of local crisis response systems and improve fairness and ease of access to all resources. In a community using coordinated entry, homeless individuals and families complete a standard triage assessment, which includes the use of a Standardized Assessment Tool that identifies the household's level of vulnerability as a numerical score, as well as a Homeless Management System Information (HMIS) Intake Form, an informal preliminary assessment of eligibility, and any applicable releases of information (ROIs), including release of personally identifiable information for collection in HMIS (See Appendix D) and Health Insurance Portability and Accountability Act of 1996 (HIPAA) releases, if applicable. Participant information, including vulnerability index score, is retained in HMIS and a community queue of households experiencing homelessness is generated and prioritized for available housing opportunities based on a household's level of vulnerability. Stakeholders will use the community queue to match the highest priority household with the housing opportunities for which the participant is eligible.

Participating Housing Providers accept referrals from the system, reducing the need for people to traverse the county seeking assistance at every provider separately, and Housing Navigators guide households through the housing acceptance and move-in process. The process helps to ensure that people who need assistance the most can receive it in a timely manner. The process also provides information about service needs and gaps to help plan assistance and identify needed resources in the community. Please note that a full glossary of coordinated entry terms can be found in Appendix A of this manual.

HUD Requirement

Under the interim rule for HUD's Continuum of Care (CoC) program, each CoC must establish and operate a centralized coordinated assessment system (24 CFR 578.7(a)(8)). HUD defines a centralized or coordinated assessment system as "a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool" ([24 CFR 578.3](#)). Participation in coordinated entry is required for grantees receiving HUD CoC or Emergency Solutions Grant (ESG) funding.

Coordinated entry is a powerful tool designed to ensure that homeless persons and persons at risk of homelessness are matched, as quickly as possible, with the support that will most efficiently and effectively end their homelessness. Coordinated entry processes help communities prioritize people who are in most need of assistance, provide information to CoCs and other stakeholders that help the community strategically allocate their current resources, and identify the need for additional resources. The coordinated entry process described in this manual is designed to meet the requirements of the HEARTH Act, under which, at a minimum, CoCs adopt written standards that include:

- Policies and procedures for providing an initial housing assessment to determine the best housing and services and support for individuals and families in need;
- A specific policy to guide the operation of the centralized or coordinated assessment system 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;
- Policies and procedures for evaluating individuals' and families' eligibility for assistance;
- Policies and procedures to ensure factors contributing to disparities and racial inequities in determining and prioritizing individuals and families' for housing and services are recognized and addressed.
- Policies and procedures for determining and prioritizing how eligible individuals and families will receive transitional housing assistance;
- Policies and procedures for determining and prioritizing how eligible individuals and families will receive rapid rehousing assistance;
- Policies and procedures for determining and prioritizing how eligible individuals and families will receive permanent supportive housing assistance

Further, the coordinated entry system set forth in this manual complies with additional requirements of CPD Notice 17-01.

The Intent of a Coordinated Entry System

1. Allow anyone who needs assistance to know where to go to get that assistance, to be assessed in a standard and consistent way, and to connect with the housing/services that best fit their needs;
2. Ensure clarity, transparency, consistency and accountability for client experiencing homelessness, referral sources and homeless service providers throughout the assessment and referral process;
3. Facilitate exits from homelessness to stable permanent housing in the most rapid manner possible given available resources;
4. Ensure that clients gain access as efficiently and effectively as possible to the type of support most appropriate to their immediate and long-term housing needs; and
5. Ensure that people who have been homeless the longest and/or are the most vulnerable have priority access to scarce permanent housing resources.

COORDINATED ENTRY PROCESS

Coordinated Entry Roles

The following provides an overview of key roles in the coordinated entry system. The key roles are listed in order corresponding with the four phases of the coordinated entry system. A complete glossary of terms can be found in the Appendices of this manual.

Coordinated Entry System Lead

The Coordinated Entry System (CES) Lead is responsible for the day-to-day operations of coordinated entry and ensures continued flow from the initial intake phase to the final placement phase.

The CES Lead coordinates efforts of all coordinated entry components, including the initial creation of a community queue (in partnership with the HMIS Lead), identification of housing availability, eligibility requirements (in conjunction with housing providers), coordination of case conferencing and placement into housing. The CES Lead identifies and forwards any barriers and challenges to the agency(ies) who can help solve problems. The CES Lead is

accountable to the CoC's Collaborative Applicant³ as well as to the Coordinated Entry Task Force. ⁴The CES Lead may be supported by staff from other agencies, and works closely with HMIS Lead.

As of **June 9, 2020**, the recognized **CoC CES Lead** is: **The Community Services Agency**. For more information or questions regarding the Coordinated Entry System, please contact the CES Lead:

Community Services Agency
HMIS@stancounty.com

HMIS Lead

The HMIS Lead oversees the administration of the HMIS System and provides staffing for the day-to-day operation and user training of the HMIS. Working closely with the CES Lead, the HMIS Lead generates the community queue for the Case Conferencing Team.

As of **June 9, 2020**, the recognized **CoC HMIS Lead** is: **The Community Services Agency**.

Community Services Agency
HMIS@stancounty.com

Housing Assessors

Housing Assessors are trained staff, designated by the Collaborative Applicant, who conduct the coordinated entry assessments for household's experiencing homelessness. These assessments onboard clients to the coordinated entry system and allow them to be placed on the community queue for housing opportunities through coordinated entry. Housing Assessors assess clients for their level of vulnerability with the Standardized Assessment and collect the HMIS Intake, Release of Information (ROI), and Standardized Assessment score. Housing Assessors are also responsible for uploading or entering this data into the HMIS system.

Housing Assessors should be specifically trained in conducting the Standardized Assessment and the entry of data into HMIS. Housing Assessors may have other roles, and may be staff:

³ The Collaborative Applicant is the eligible applicant (State, unit of local government, private, nonprofit organization, or public housing agency) designated by the Continuum of Care/CSoc to collect and submit the required CoC Application information for all projects the CoC has selected for funding, and apply for CoC planning funds on behalf of the CoC. The CoC may assign additional responsibilities to the Collaborative Applicant so long as these responsibilities are documented in the CoC's governance charter. The current collaborative applicant for the Turlock/Modesto/Stanslaus CoC is the Community Services Agency.

⁴ The Coordinated entry Task Force is a subcommittee of the CSoc Council that meets bi-weekly to ensure the proper ongoing implementation of coordinated entry.

- At the Stanislaus County Housing and Homeless Access Center located at 912 D St. Modesto, CA 95354;
- At a multidisciplinary engagement and outreach staff;
- Whose scope of duty includes onboarding participants into the coordinate entry system and who have completed the proper trainings as identified by the HMIS and CES Leads.

Housing Assessors are also responsible for following up on requests by Housing Navigators.

Housing Navigator

Housing Navigators are frontline service providers who assist people in removing barriers to housing and supporting the household throughout the housing referral and move-in process. This includes working with the Housing Provider to get clients “document ready” and accompanying clients to all housing related and other necessary social service or benefit acquisition appointments, until such time that they are permanently housed. Housing Navigators may have other roles in the system of care such as case managers, outreach workers, or housing liaisons; their role in coordinated entry is to assist participants identified for housing opportunities in their transition to housing.

Housing Provider

Housing Providers operate housing units, vouchers, or subsidies, and notify the Coordinated Entry System Lead/Case Conferencing team of any available subsidies and units. Housing Providers locate and obtain units for use with their subsidies and manage the lease-up and inspection processes. Housing Providers are also responsible for tenant intake, working with the Housing Navigator to get client’s document ready and ensuring client eligibility, as well as communicating program eligibility requirements and notifying the CES Lead of vacancies in their programs. Additionally, Housing Providers coordinate or directly provide supportive services attached to the housing subsidy, unit, or voucher. CoC- and ESG-funded Housing Providers may only fill vacancies through the coordinated entry system.

Housing Specialist

A Housing Specialist identifies and locates housing options, establishes and maintains relationships with landlords, and may assist Housing Providers with gathering enrollment documentation. Housing Specialists may work with Housing Providers to search for available units to match with subsidies and may assist in Housing Navigation roles. Housing Providers may have staff who serve as Housing Specialists, or work in collaboration with other Housing Specialists.

Core Definitions

The following provides an overview of the core definitions in the coordinated entry system. A complete glossary of terms can be found in the Appendices of this manual.

Standardized Assessment Tool

As of August 2019, the CSoC has adopted the use of the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) created by OrgCode Consulting, Inc. and Community Solutions as the community's Standardized Assessment Tool (Standardized Assessment) to assess a household experiencing homelessness. There are three versions of the VI-SPDAT in use for different populations:

- Single Adults
- Single Youth
- Families

The VI-SPDAT helps identify who should be recommended for each housing and support intervention and allows for the identification of who is eligible and in greatest need of that intervention by using a numeric vulnerability scale.

Coordinated Entry Documentation

References to coordinated entry documentation throughout this document, refers collectively to the initial information collected by Housing Assessors from participants, which includes each of the following:

- Standardized Assessment Tool (VI-SPDAT)
- HMIS Intake
- HMIS Release of Information (ROI)
- Self-Sufficiency Matrix

The HMIS Intake Form requests basic demographic information from the client, including the HMIS Universal Data Elements and the HMIS ROI authorizes providers to collect and enter client data into HMIS.

Community Queue

A list of households (individuals or families) who have been assessed for housing needs, organized by Standardized Assessment score, that contains basic eligibility information from HMIS and other sources. Households on the community queue with the highest scores and who

meet the eligibility requirements of a vacant unit will be discussed by the Case Conferencing Team as described below.

Case Conferencing Team

The Case Conferencing Team is comprised of the CES Lead, HMIS staff, Housing Providers, Assessment and Navigation staff. This group meets to review the community queue, as well as review available housing opportunities. During the meetings, the group will review the most vulnerable, prioritized participants for housing types, and those *who are eligible* will be matched with any open housing opportunities as soon as they are available. Housing Providers and Housing Specialists identify upcoming and immediate vacancies; and preparations are made to ensure that participants are engaged, eligible, and have documentation through warm handoffs to appropriate team members. Client preparation may also include location and engagement of participant, documentation gathering, eligibility verification, and other support.

Access Center

A physical location or locations in Stanislaus County where the following opportunities are provided for households experiencing homelessness:

1. Coordinated Screening and Standardized Assessments: People who are homeless can complete Standardized Assessments and enter the coordinated entry system
2. Supportive Services and Peer/Community Support, including diversion conversations and links to other resources

Community partners and other sites where people experiencing homelessness may seek services will receive training on how to contact Housing Assessors, and should either refer clients to the Access Center or provide a warm handoff by having a designated Housing Assessor come directly to a client to conduct the coordinated entry assessment.

The recognized CoC Access Center are listed in Appendix B

PARTICIPATION REQUIREMENTS

The Department of Housing and Urban Development (HUD) mandates that Continuum of Care (CoC) and Emergency Solutions Grants (ESG) projects participate in their CoC's coordinated

entry process. In addition, the State of California’s Department of Housing and Community Development (HCD) requires that housing projects funded through the state, including ESG and others, participate in coordinated entry. Other state-funded programs, including CalWORKs’ Housing Support Program (HSP), are strongly encouraged to participate.

The CoC has developed a coordinated entry process with the following expectations for project participation when a housing service provider begins participating in the CES:

- **Written Standards:** CoC and ESG projects, including Transitional Housing (TH), Rapid Re-Housing (RRH), and Permanent Supportive Housing (PSH), must provide written standards for client eligibility to the CES Lead.
- **Submission of Project Vacancies:** CoC- and ESG-funded TH, RRH, and PSH projects must submit project vacancies, including bed/unit-specific eligibility information to the CES Lead within one (1) business days of being made aware of such availability and updating the actual availability date once the bed/unit becomes vacant.
- **Participation in Case Conferencing:** CoC- and ESG-funded TH, RRH, and PSH projects must participate in case conferencing through identification of vacancies and working to ensure eligibility and efficient warm handoffs to the program for clients identified for enrollment into their programs. Case conferencing meetings are held weekly. **If your agency is required to participate in coordinated entry, attendance at case conferencing meetings is mandatory.**
- **Enrollment through CES:** CoC- and ESG-funded TH, RRH, and PSH projects enroll eligible clients referred through the coordinated entry process.

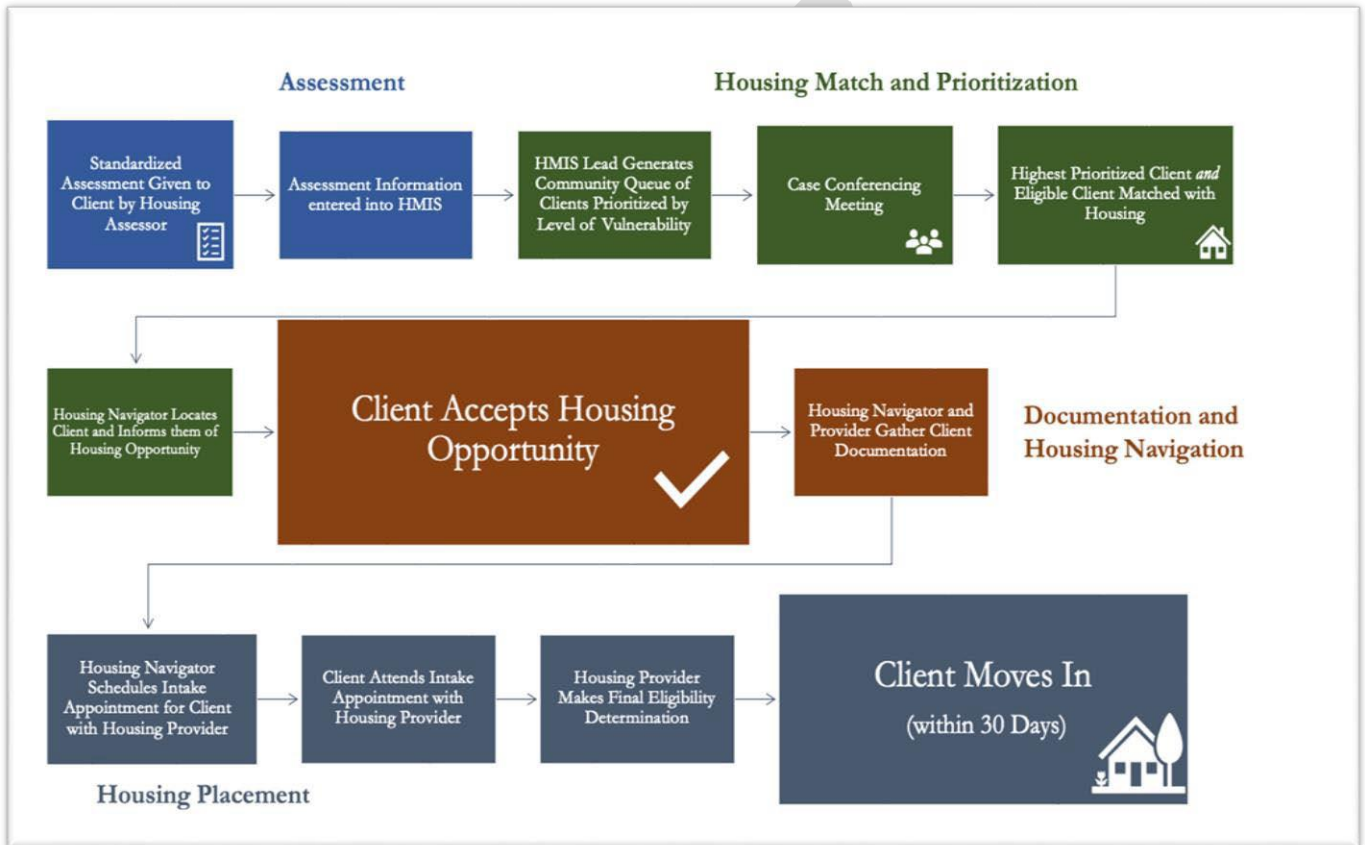
Participation by other programs: Other state and locally funded projects shall participate as described above as mandated by contract or rule, and all are encouraged to enroll clients through CES.

Housing First and Compliance with Coordinated Entry

If the CES Lead has a concern that a program’s requirements may be contributing to “screening out” or excluding otherwise eligible households from services, it may request to meet with the provider to discuss their eligibility or admission criteria. If a provider is unwilling to modify the criteria, the CES Lead shall refer the matter to the CSoC Advisory Board for future action within 5 days of the provider communication. Permissible action by the CSoC Advisory Board includes making recommendation to the CSoC to no longer award CoC funding to the program until any issues with program delivery are corrected to the satisfaction of the CSoC and to notify ESG funders to the issues and request that no further ESG funding be provided to the program until any issues are corrected.

THE FOUR PHASES OF COORDINATED ENTRY

The phases in Stanislaus’ coordinated entry process are: 1) Assessment, 2) Housing Match and Prioritization, 3) Documentation and Housing Navigation, and 4) Housing Placement. The workflow below will be outlined in detail in the proceeding sections of this manual.



Assessment – Phase One

The first phase in the coordinated entry process is: Assessment. During this phase, all community members experiencing homelessness or chronic homelessness should be assessed by Housing Assessors and their Standardized Assessment scores placed on a community queue for housing. Households not identifying themselves as experiencing homelessness or at-risk of homelessness under HUD guidelines will not receive an assessment.

The Standardized Assessment scores form the basis of the community queue, which is a list generated by HMIS that shows participants eligible for housing placement through coordinated entry, prioritized based on their level of vulnerability.

Households in need can begin the assessment process by accessing the following:

1. **Access Center (See Appendix B)**
 - i. Where onsite Housing Assessors will provide coordinated entry assessments to participants and collect coordinated entry documentation.
2. **Multidisciplinary Engagement and Outreach Teams**
 - i. Outreach workers trained as Housing Assessors will engage and administer the Standardized Assessment and collect coordinated entry documentation from households who do not access services, or access services at designated locations in the community (shelters, clinics, etc.).
3. **Continuum of Care Service Providers (See Appendix C)** and other partner locations throughout Stanislaus County where people seek housing-related assistance and services
 - i. These community organizations will refer participants to the Access Center or arrange for Housing Assessors or outreach workers to engage clients at other locations.

The same assessment approach will be used by all Housing Assessors who will work with participants to address the following during the assessment process:

1. **Resolve immediate crisis needs.**
2. **Diversion and prevention** – examination of existing resources and options. Diversion and prevention strategies help clients work toward solving immediate issues and helps conserve scarce housing resources. Access Center and other partners will work with the CoC to develop and promote effective diversion and prevention strategies.
3. **Homeless Management Information System (HMIS) intake** obtained to enroll participant; HMIS universal data elements, and the HMIS release of information (ROI) should be completed by the participant and Housing Assessor.
4. **Administer the Standardized Assessment.**
5. **Additional Information/Documentation as identified by Housing Assessors** – this may include collecting information to help resolve the household’s immediate crisis needs, or information that will establish eligibility for housing or services.

Households may decide what information they provide during the assessment process, and may refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. Programs may require households

to provide certain pieces of information to determine program eligibility only when the applicable program regulation requires the information to establish or document eligibility. Housing Assessors and Access Center will ensure that their services are accessible to individuals with disabilities, and provide information in appropriate accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters. In addition, Housing Assessors and sites will ensure that the coordinated entry process is accessible by people least likely to access homeless assistance as well as those with limited English proficiency.

Covering the Geographic Area: Mobile Multidisciplinary Engagement and Outreach

The intent is to provide coordinated entry to the entire geographic area through the established Access Center through the use of mobile engagement and outreach teams trained as Housing Assessors, who can meet clients where they present for services. People experiencing homelessness can complete the coordinated entry intake process, including Standardized Assessment and coordinated entry documentation, by meeting with engagement and outreach workers or being assessed by Housing Assessors who are staff at the Access Center. In this manner, Housing Assessors offer the same assessment approach and referrals using uniform decision-making and engagement processes and can serve the needs of people in remote areas of the county who seek services from organizations without the capacity to administer the Standardized Assessment.

Multiple mobile outreach teams work throughout the County as a specialized outreach, trained as Housing Assessors that scout the geographic area to provide access to the most vulnerable households who might not want to or cannot engage at the Access Center site. The Housing Assessors on these outreach teams will travel to meet clients at social service locations throughout the County.

Inclusion

In compliance with HUD Notice 17-11, and California state law Welfare and Institutions Code section 8255, the coordinated entry process prohibits screening people out of the coordinated entry process due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record – with exceptions for state or local restrictions that prevent projects from serving people with certain convictions.

Training and Authorization of Users

Conducting the Standardized Assessment is estimated to take approximately 20 minutes to complete and shall only be conducted by Housing Assessors who have successfully completed training. Training includes how to conduct the assessment, guidelines for communicating with people about coordinated entry, cultural and linguistic competency training, and frequently asked questions. All Housing Assessors will be trained on completing and entering the Standardized Assessment and recording the data in HMIS.

Training opportunities will be made available by the CES Lead or HMIS Lead, at least annually, to organizations and or staff persons designated as Housing Assessors. Training protocols will also be updated and distributed at least annually by the CES or HMIS Leads. The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with appropriateness to the coordinated entry written policies and procedures.

Privacy and Confidentiality

The Standardized Assessment will be conducted in a setting that promotes privacy and confidentiality. In the case of family Standardized Assessments, the adults in the family are assessed individually and the highest score reflects the family's vulnerability.

Services are not denied to participants if the participant refuses to allow their data to be shared unless federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information as a condition of program eligibility. Adequate privacy protections of all participant information per the Department of Housing and Urban Development Homeless Management Information Systems (HMIS); Data and Technical Standards⁵ and other notices as established by HUD, state authority, and local procedures shall be implemented in the management of coordinated entry by participating organizations.

Confidentiality and HMIS Releases of Information (ROI)

Any household who agrees to participate in coordinated entry is asked to sign a Release of Information (HMIS ROI), as required by the HMIS Data and Technical Standards and local HMIS policies, before proceeding with the Standardized Assessment. Per the HMIS Data and Technical Standards, households will also be given a Privacy Notice and asked to read and/or sign any other disclosure, notice, or release as required by law (e.g. HIPAA). The household is informed that Standardized Assessment information will improve access and service alignment by assessing various health and social needs, and then will match those assessed with the most appropriate housing interventions available. Furthermore, households are informed that assessment information will be shared with housing and service providers through a secure

⁵ The HMIS Data and Technical Standards Final Notice (published in 2004 and revised in 2019) contain the current legal standard for HMIS client privacy protection.

database (HMIS) and they can be removed from the database at any time by submitting a request in writing. See Appendix D for HMIS ROI.

Updates to Standardized Assessments

As long as households remain homeless, they should complete the Standardized Assessment annually to capture changes in their circumstances. In addition, households may complete an update whenever they experience a significant change in their circumstances. The update would include an HMIS update and a new Standardized Assessment. The history and timeline of Standardized Assessments will be in the CES and available for those conducting the assessment to review.

Emergency Services

The coordinated entry process does not delay access to emergency services such as emergency shelters and healthcare services. The process includes a method for people to access emergency services at all hours through the 24-hour call center operated by 2-1-1. For example, people who need emergency shelter at night are able to access shelter, to the extent that shelter is available, and then receive a Standardized Assessment in the days that follow.

Diversion and Prevention

Diversion is 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.

Housing Assessors will work on a diversion plan with people during initial intake. Examination of opportunities for existing available resources, including mainstream services, will be provided in partnership with community service organizations. The Coordinated Entry System Working Group will organize and schedule diversion and prevention trainings annually.

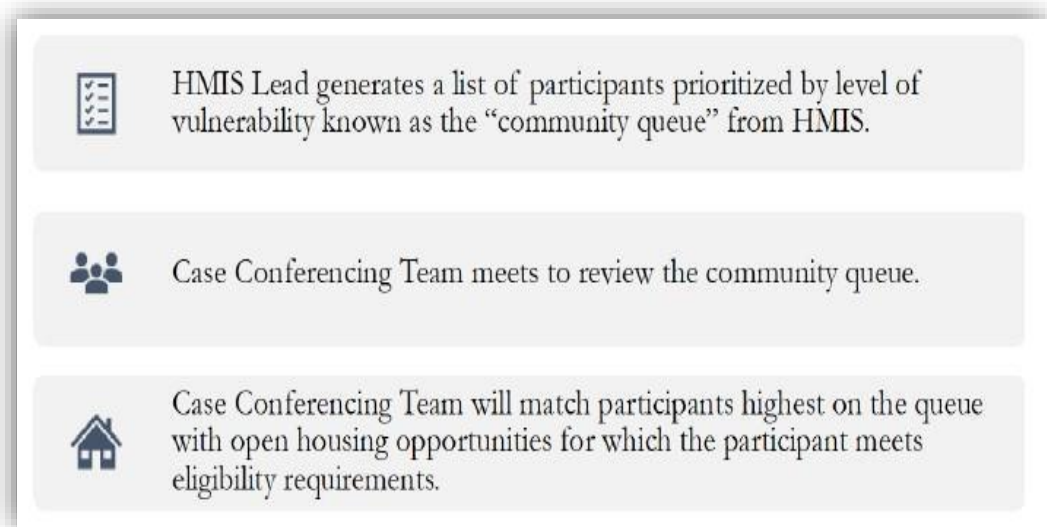
Diversion assistance includes but is not limited to:

- Conflict mediation
- Over the phone resolution/case management
- Connection to mainstream services (services that come from agencies outside of the homeless assistance system, such as welfare agencies) and/or benefits
- Connection to healthcare, employment, and other services
- Transportation
- Financial assistance from available eligible funding sources

Housing Match and Prioritization – Phase Two

During the Housing Match and Prioritization phase of the coordinated entry process, prior to each Case Conferencing meeting, the HMIS Lead will run a report that pulls all of the information entered by Housing Assessors during the Assessment phase to create the community queue, or prioritized list of households who meet the threshold eligibility requirements for housing placement through coordinated entry.

The Case Conferencing Team will meet to review the community queue and begin to match eligible participants with housing opportunities (Permanent Supportive Housing, Transitional Housing, or Rapid Re-Housing). As described in detail below, the Case Conferencing Team will begin by reviewing the highest prioritized participants from the community queue and matching those participants with any open housing opportunities for which they meet the HUD-mandated and program specific eligibility requirements, as applicable.



If a housing intervention for which an individual is eligible is not immediately available, the individual will remain on the community queue prioritized by their level of vulnerability and await referral to an appropriate housing opportunity.

Expectation: The Case Conferencing Team will be weekly, or more frequently if determined necessary by the CES Lead.

Case Conferencing

During the Case Conferencing process, the Case Conferencing Team will review the following information to effectively match the highest prioritized eligible household with available housing opportunities.

1. Housing Program Inventory:

HMIS, or another interim data repository or list identified by the HMIS Lead, shall contain program eligibility criteria as entered/verified by participating Housing Providers. All transitional housing, rapid re-housing, and permanent supportive housing programs in Stanislaus County are required to notify the CES Lead and HMIS Lead of vacancies and/or housing opportunities within one (1)-business days of unit/bed availability. If providers know of an impending vacancy, they are required to notify the CES Lead and HMIS Lead of the anticipated availability date within one (1)-business days of being made aware of such availability and updating the actual availability date once the bed/unit becomes vacant. Housing Providers will also bring information about any vacancies in their programs along with program-specific eligibility requirements to the Case Conferencing meeting.

2. Match to Program Type:

During the Case Conferencing meetings, team members review these available vacancies and consider program-specific eligibility requirements (see full explanation of these requirements below) and match the vacancy with the highest priority household that meets the program and HUD-specific eligibility requirements.

The coordinated entry process, to the maximum extent feasible, ensures that people with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability.

Using Standardized Assessment scores, individuals/households are assigned to the most appropriate type of housing intervention (permanent supportive housing, rapid rehousing, transitional housing or diversion/prevention/referral to another program).

The following table shows how individuals with certain Standardized Assessment score ranges are directed to a particular housing intervention:

Standardized Assessment Score⁶	Housing Intervention
0 – 4	Diversion, Prevention, Referral to Other Programs
4 – 9	Rapid Rehousing
4 – 11	Transitional Housing
11 – 17	Permanent Supportive Housing

The table above is meant to guide the Case Conferencing Team in the matching process.

⁶ The scores outlined above reflect the score ranges used for the VI-SPDAT assessment tool. In order to provide equity in scores, the self-sufficiency matrix may be used in addition to the VI-SPDAT.

Program Eligibility

In the context of the coordinated entry process, determining eligibility is a project-level process governed by written standards as established in 24 CFR 576.400(d) and (e) and 24 CFR 578.7(a)(9) for ESG and CoC programs, and adopted and/or mandated by other programs. The coordinated entry process incorporates mechanisms for determining whether potential participants meet program-specific requirements of the projects for which they are prioritized and to which they are referred.

Program eligibility requirements for subsidies may include but are not limited to:

- Single Individuals
- Families
- Transition Age Youth (ages 18-24)
- Chronic Homelessness
- Serious Mental Illness
- Disabled
- Veterans
- Seniors (ages 55 and over)
- Domestic Violence
- Vulnerability Victimization, including Physical Assault, Trafficking or Sex Work
- Pregnant Head of Household
- Recently Released from Incarceration

Prioritization

Prioritization for Permanent Supportive Housing (PSH) is consistent with federal regulations, including HUD's Notice 16-11 Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. To reflect a commitment to serve those most in need and most at risk, the CoC will work with all CoC- and state-funded permanent supportive housing projects to phase in the turnover of beds to be dedicated or prioritized for the chronically homeless based on program eligibility.

Individuals and households scoring highest on the Standardized Assessment are prioritized for available housing interventions for which they are eligible based on the following prioritization criteria⁷:

Permanent Supportive Housing Prioritization (Standardized Assessment Score Range 11-17):

1. **Standardized Assessment Score** – Those with the highest Standardized Assessment score who have been on the street, in emergency shelter, and/or places not meant for human habitation the longest, with the highest acuity and most severe service needs.

⁷“Tie-breaking” processes between households with the same prioritization criteria will be assessed during case conferencing.

2. **Length of Time Homeless** – Those with the highest Standardized Assessment score who have the longest history of homelessness.
3. **Severe Service Needs** – Those with the highest Standardized Assessment score, whom have the highest service needs and vulnerability and victimization indicators measured by the Standardized Assessment “Risks” score. This score assesses the following service needs components:
 - i. Risk of harm to self or others
 - ii. Involvement in high-risk and/or exploitative situations
 - iii. Interactions with emergency services and
 - iv. Legal issues

Rapid Rehousing Prioritization (Standardized Assessment Score Range 4-9):

1. **Standardized Assessment Score** – Those with the highest score within the rapid rehousing range will be served first.
2. **Vulnerability and Victimization** – This is based on the Standardized Assessment “Risks” score. The “Risks” score assess the following components:
 - i. Risk of harm to self or others
 - ii. Involvement in high-risk and/or exploitative situations
 - iii. Interactions with emergency services and
 - iv. Legal issues
3. **Households with Children** – Residing on streets or in emergency shelters.
4. **Length of Time on the Community Queue** – Among those with the same Standardized Assessment score and the same Risks score, individuals/households will be served in the order they completed the assessment.

Transitional Housing Prioritization (Standardized Assessment Score Range 4-11):

1. **Standardized Assessment Score** – Those with the highest score within the transitional housing range will be served first.
2. **Length of Time on the Community Queue** – among those with the same **Standardized Assessment** score, individuals/households will be served in the order they completed the assessment.

Documentation and Housing Navigation – Phase Three

The Documentation and Housing Navigation phase includes gathering official eligibility documentation, as standardized by the CoC, and informing a household that a housing intervention is available. The Housing Navigators will work with Housing Providers to guide a

household through the referral and move-in process. During the Case Conferencing process, participants may identify households likely to be prioritized for housing in the near future so that Housing Navigators may begin locating them and gathering documentation likely to be needed for housing placement.

Accepting a Housing Intervention

Upon availability of a housing intervention, the Housing Navigator will have up to two (2) business days to make reasonable attempts to locate the client. The client will have two (2) business days, from the time a Housing Navigator presents them with a housing intervention, to accept or decline the housing opportunity. If no response is received, or if a client declines the housing intervention, the housing opportunity will be presented to the next individual or family on the housing waitlist.

After making contact with the client and securing acceptance of the housing opportunity, the Housing Navigator will begin the process of working with the Housing Provider to secure the housing opportunity and facilitate client move-in. Housing Navigators will support the household throughout the referral and move-in process, collect eligibility documentation, and coordinate with the Housing Provider to ensure clients attend all housing related appointments and other necessary social service or benefit acquisition appointments, until such time that they are permanently housed. Once the client is in permanent housing, the Housing Provider will work with the client to complete all enrollment information and all documentation required to be updated annually.

Collecting Required Documentation

There are three types of documentation that need to be collected for a client to become and remain permanently housed: eligibility documentation, enrollment documentation, and documentation that needs to be updated annually or more often once a client is placed in housing. Housing Navigators and Housing Providers will need to work together to ensure clients are document ready. However, the individual fulfilling the role listed on the far right of the chart below should take the lead on collecting and requesting that a participant has completed that item of documentation. All agencies participating in the coordinated entry system should use any standardized eligibility, enrollment, and annual update documentation vetted by the CES Lead and approved by the CoC.

Document Type	Document	CES Agency to Collect Documentation
Eligibility Documentation		
Eligibility	Verification of Homelessness	Housing Navigator
Eligibility	Verification of Chronic Homelessness (if applicable)	Housing Navigator
Eligibility	Any Program Specific Eligibility Documentation	Housing Navigator
Eligibility	HMIS CES Verification Form	Housing Navigator
Enrollment Documentation		
Enrollment	Budget Form	Housing Provider
Enrollment	Client Rent Calculations	Housing Provider
Enrollment	Housing Quality Standards (HQS) Inspection Checklist ⁸	Housing Provider
Enrollment	Disclosure of Information on Lead-Based Paint	Housing Provider
Enrollment	Rent Reasonableness/Fair Market Rent Documentation	Housing Provider
Enrollment	Program Service Agreement	Housing Provider
Enrollment	Lead-Based Paint Brochure <i>with client signature</i>	Housing Provider
Enrollment	Notice of Occupancy Rights Required by VAWA	Housing Provider
Enrollment	Certification Form Required by VAWA	Housing Provider
Enrollment	Lease Addendum Required by VAWA	Housing Provider
Enrollment	Fair Housing Act Notice re: Client's Rights & Responsibilities as a Renter	Housing Provider
Annually Updated Documents		
Annual Update	Budget Form	Housing Provider
Annual Update	Client Rent Calculations	Housing Provider
Annual Update	HQS Inspection Checklist	Housing Provider
Annual Update	Signed Occupancy Agreements or Leases	Housing Provider
Annual Update	Program Service Agreement	Housing Provider

⁸ Documentation specific to the funding source for the housing subsidy will be used for housing quality standard certification.

Housing Placement – Phase Four

The Housing Placement phase includes ensuring that the household is ready for move-in and documenting client acceptance and move-in date in HMIS.

Housing Provider Responsibilities

Once the Housing Navigator ensures that the household is available for the housing intervention, the Housing Navigator will schedule an intake appointment with the Housing Provider. If the client misses the appointment, the Housing Provider will schedule a new intake appointment within one (1)-business days and should hold the vacancy until the intake appointment is concluded. Individuals who have missed a second appointment, and who later present at or call the Housing Provider, will be referred back to the Housing Navigator and that referral will be documented in HMIS. The Housing Provider may allow for additional attempts to connect with the individual.

Final Eligibility Determinations

Housing Providers will make final eligibility determination decisions one (1) business day of the intake interview (once all required application materials are complete). A copy of the intake decision notification is provided to the client presenting for services. The Housing Provider will obtain the client's signature to acknowledge receipt and maintain a signed copy for intake records. In instances in which the client signature cannot be obtained, the Housing Provider will indicate the reason on the unsigned decision document and maintain in intake records. The Housing Provider will also orally review the intake decision notification with the client to ensure that the client understands the decision, and applicable next steps, including the client's right to appeal the decision. An intake decision notification includes at a minimum:

- First available move-in date, if applicable
- Reason the client cannot enter the program, including reason for rejection by client or program (which includes redirection to the Housing Navigator), if applicable and
- Instructions for appealing the decision

Minimum Choice Standards

Housing Providers may deny individuals and families found eligible for and referred by the Housing Navigators under limited circumstances including:

- The individual or family missed multiple intake appointments and all efforts to assist the individuals and family to attend appointments have failed

- The household presents with more people than referred by the Housing Assessor and the Housing Provider cannot accommodate the increase
- Housing Provider has determined that the individual or family cannot be safely accommodated

The Housing Provider must enter the reason for any decisions to reject a client in HMIS. Reason for denial forms must be submitted to the client the same day the decision was made.

Client Choice

Clients may decline a referral within two (2)-business days of being notified of the housing opportunity because of program requirements or identified housing units that are inconsistent with their needs and shall not be penalized for the declination and will maintain their position on the priority list.

Client Appeal

All clients have the right to appeal a denial of housing opportunity issued by any Housing Provider. Instructions for submitting an appeal are provided to clients at the time that the Housing Provider makes an intake decision. Housing provider instructions should include the following processes:

- Clients will have 30 days to appeal the decision in writing.
- Housing Navigators are responsible for assisting clients in filing eligibility determination appeals, including but not limited to drafting a written appeal on behalf of the client.
- Appeals should be presented, discussed and decided by a majority of present Case Conferencing Team Members at the Case Conferencing meeting after which the appeal was received.
- The Housing Navigator should send the decision made by the Case Conferencing Team in writing to the client within 30 days of the initial receipt of the appeal.
- Housing Navigators should assist in locating the client to provide them with a copy of the appeal decision.

Move-In

If the client is accepted, the Housing Provider must document that acceptance in HMIS and arrange for a move-in date within 30 days. If the client does not move in as scheduled or within

three (3) business days of the original move-in date, the Housing Provider may notify and refer the client back to the Housing Navigator so that the outcome is documented in HMIS.

Timeline Overview

How to Connect Client to Housing through Coordinated Entry in One Week (Mandatory Time Requirement in Red)

Once a Client is Identified as Being High on the Community Queue, Housing Navigators Begin Working with Client to Collect All Necessary Documentation		
Day 1	Client matched with housing opportunity during case conferencing. Prior to the case conferencing meeting, Housing Navigators should be working to get the individuals at the top of the queue document ready.	Case Conferencing Team
Day 2 & 3 (2 business days)	Housing Navigator locates client to inform of them of the housing opportunity.	Housing Navigator
Day 3 & 4 (2 business days to inform Housing Navigator of acceptance)	Client informed of housing opportunity must now accept or reject.	Housing Navigator & Client
Day 4	Housing Navigator should schedule intake for client with Housing Provider as soon as client accepts housing opportunity.	Housing Navigator & Housing Provider
Day 4 – 6	Housing Navigator works with Housing Provider and client to ensure all necessary documentation has been completed.	Housing Navigator, Housing Provider & Client
If Client Completes Intake Appointment on Day 6		
Day 7 (within 1 business day of intake interview)	Housing Providers will make final eligibility determinations after intake interview once all required application materials are complete.	Housing Provider
If Denied, Client has 30 Days to Appeal Decision in Writing		
If Accepted, Housing Provider Must Arrange for a Move-In Date Within 30 Days		

Confidential Process for Vulnerability Victimization Households

A separate, confidential process is available for vulnerability victimization survivor households, which includes households experiencing domestic violence, physical assault, trafficking or sex work. This process allows service providers to maintain confidentiality and safety for their clients, while also ensuring that these households have access to the full array of housing

opportunities in the community. Clients may not be denied access to the coordinated entry process on the basis that the client is or has been a victim of domestic violence, dating violence, sexual assault or stalking. Clients wishing to remain anonymous will also follow this process.

1. Assessment:

The participating service provider for vulnerability victimization survivor households will conduct the Standardized Assessment with the individuals and families staying in their shelters and transitional housing programs. These service providers are prohibited by law from using HMIS, so the Standardized Assessment and additional eligibility criteria that is usually included in the HMIS standard intake will be completed on a paper form. This modified intake form will only include the minimum information necessary to determine eligibility and prioritization and it will specifically exclude personal identifying information, including: name, date of birth, social security number, and last permanent address. The service provider completing the form will include the name of the agency, the appropriate staff contact, and an alternate staff contact. All communication about the assessment and any possible placements will be conducted through the service provider to maintain client confidentiality. The service provider will include an internally generated ID number that the agency can associate with the client, but that cannot otherwise be identified with the client. Housing Navigators and HMIS lead staff will use this number to identify the client when communicating with the service provider.

2. Community Queue:

Housing Navigators and HMIS staff will maintain a separate community queue outside of HMIS for survivors referred to the participating service provider. No client data will be entered into HMIS, in order to maintain confidentiality and safety for survivors and compliance with federal law. Any time there is an opening in a permanent housing program, Housing Navigators will reference both the HMIS community queue and the community queue outside of HMIS to determine the most highly prioritized eligible individual/household, during the Case Conferencing meetings.

3. Housing Referrals:

When an anonymous client receives a housing referral, a Housing Navigator will contact the participating service provider. It is the responsibility of service provider to reach out to the client and connect them with the permanent housing provider.

As of **October 2019**, the recognized CoC service provider for survivor households is:

Haven Women's Center for Stanislaus
618 13th Street Modesto, CA 95354
Modesto Office: 209-524-4331
Turlock Office: 209-664-9131
24 Hour Crisis Line: 209-577-5981

Veterans

A homeless or at-risk veteran will have the same opportunity for a Standardized Assessment and process performed by a Housing Assessor. In addition, veterans will be provided with information on additional opportunities and resources available through the Stanislaus County Aging and Veterans Services Department, and other organizations serving veterans.

Seniors

A homeless or at-risk senior will have the same opportunity for a Standardized Assessment and process performed by a Housing Assessor. In addition, seniors will be provided with information on additional opportunities and resources available through the Stanislaus County Aging and Veterans Services Department.

Transition Age Youth (TAY)

Transitional age youth are young people between the ages of thirteen and twenty-four. A homeless or at-risk TAY will have the same opportunity for a Standardized Assessment and process performed by a Housing Assessor. In addition, they will be provided with information on additional opportunities and resources available through the youth service providers in Stanislaus who serve TAY.

MARKETING AND ACCESS

The CoC affirmatively markets housing and supportive services to eligible individuals regardless of race, color, national origin, religion, sex, age, familial status, actual or perceived sexual orientation, gender identify, marital status, or individuals with disabilities or who are least likely to apply in the absence of special outreach. Coordinated entry is available to all eligible individuals regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status. This process ensures all 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 coordinated entry process.

Access Center are accessible to individuals with disabilities, and outreach workers are trained as Housing Assessors to meet clients where they are most comfortable and increase access to the coordinated entry system for those with a disability. Appropriate auxiliary aids and services

necessary to ensure effective communication (e.g. Braille, audio, large type, assistive listening devices, and sign language interpreters) are available upon request. Access Center will take reasonable steps to offer coordinated entry process materials and participant instructions in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency (LEP).

In an effort to ensure that the community at large is well informed on coordinated entry, and in an effort to reach and provide accessibility to every household at-risk of homelessness and those experiencing homelessness, the follow measures are being implemented and monitored by the CES Lead and the Coordinated Entry System Committee:

- Coordinated entry documents shall be posted on the Stanislaus Community System of Care website.
- Community members and leaders shall be invited to coordinated entry orientations at least once a year.
- The CoC, through the Coordinated Entry System Committee, will work to gather community feedback.
- The majority of Collaborative CoC partners will have a link to the CoC website containing information on coordinated entry.
- Flyers with information on getting connected to coordinated entry will be posted in English and Spanish throughout the community at key locations.
- Multiple sectors throughout the community continue to be informed on the coordinated entry process at Stanislaus Community System of Care.

EQUAL ACCESS AND NON-DISCRIMINATION

The CoC has developed and operates a coordinated entry system that permits recipients of federal and state funds to comply with applicable civil rights and fair housing laws and requirements. Recipients and sub-recipients of CoC program and ESG program-funded projects are required to comply with the nondiscrimination and equal opportunity provisions of federal civil rights laws, including the following:

- Fair Housing Act: prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status

- Title VI of the Civil Rights Act: prohibits discrimination on the basis of race, color or national origin under any program or activity receiving Federal financial assistance
- HUD's Equal Access Rule at 24 CFR 5.105(a)(2): prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program. The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603
- Section 504 of the Rehabilitation Act: prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance
- Title II of the Americans with Disabilities Act: prohibits public entities, which include state and local governments, and special purpose districts, from discriminating against people with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance
- Title III of the Americans with Disabilities Act: prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

Grievance Policy

All clients are informed of the ability to file a nondiscrimination complaint. Client concerns, grievances, and complaints will be resolved promptly and fairly. Grievances about experience(s) with homeless housing programs should be directed to the program and follow the grievance policies and procedures of that organization. Agencies should maintain internal documentation of all complaints received. Grievances about coordinated entry policies and procedures or a participating program's screening or program participation practices which appear to have a discriminatory impact should be directed to the CES Lead. A first-person written and/or documented complaint will be considered a grievance. A verbal, secondhand or hearsay complaint will be considered a complaint. Each situation will be treated seriously and with sensitivity, and will be documented for the record with date, time, program name, and nature of the complaint, as well as with any action taken towards resolution.

All complaints or grievances will be reviewed by the CES Lead, referred to any applicable federal or state agencies (e.g. Fair Housing), and a written response made to the client shall be made within seven (7) business days. In the written response, the CES Lead should include the following information:

If you believe you are the victim of housing discrimination in HUD-funded housing, you have the right to file a housing discrimination complaint with HUD and can call the U.S. Department of Housing

and Urban Development (HUD) at 800-669-9777 (TTY: 800-927-9275), or visit HUD website for information about filing a complaint.

If you believe you have been the victim of housing discrimination in violation of the Fair Housing Act, you are entitled to file a Fair Housing Complaint. The Community Services Agency partners with Project Sentinel to combat housing discrimination and to educate residents, landlords, and developers on their fair housing rights and responsibilities. Additional resources on how to contact Project Sentinel and file a Fair Housing Complaint can be found here: <https://www.housing.org/>

EVALUATING AND UPDATING COORDINATED ENTRY SYSTEM POLICIES AND PROCEDURES

The implementation of the coordinated entry process requires ongoing significant, community-wide engagement and openness to change. In compliance with CPD 17-01, Notice Establishing Additional Requirements for a Continuum of Care, the coordinated entry process will be periodically evaluated, at least once per year by the CoC, and stakeholders will be provided the opportunity for feedback. The CoC may delegate this responsibility to the Coordinated Entry System Working Group or other subcommittee. Stakeholders include, but are not limited to all CoC- and ESG-funded Housing Providers, as well as individuals and families currently engaged in the coordinated entry process or who have been referred through the system in the last year and are willing to provide feedback through participating in a focus group or completion of a survey. Evaluators shall:

- Lead periodic evaluations to ensure that the coordinated entry process is functioning as intended; such evaluations shall happen at least annually. These evaluations may include the use of surveys, interviews, and focus groups of five or more participants that approximate the diversity of the participating providers and households.
- Lead efforts to make periodic adjustments to the coordinated entry process as determined necessary; such adjustments shall be made at least annually based on findings from evaluation efforts.
- Ensure that evaluation and adjustment processes are informed by the Stanislaus Community System of Care and representative group of stakeholders.
- Ensure that the coordinated entry process is updated as necessary to maintain compliance with all state and federal statutory and regulatory requirements.

Evaluation metrics shall include indicators of the effectiveness of the functioning of the coordinated entry process itself, such as:

- Wait times for initial contact
- Extent to which expected timelines described in this manual are met
- Number and Percentage of referrals that are accepted by Housing Providers
- Number and Percentage of persons declined by more than one (1) provider
- Completeness of data on assessment and intake forms

These metrics shall also include indicators of the impact of the coordinated entry process on system-wide outcomes, such as:

- Waiting lists are reduced for all services
- Program components meet outcome targets
- Reductions in long term chronic homelessness
- Reduction in family homelessness
- Reductions in returns to homelessness
- Reduced rate of people becoming homeless for first time

The CoC ensures adequate privacy protections of all participant information collected in the course of the annual CES evaluation.

APPENDIX A: GLOSSARY

Additional Terms used throughout this manual are defined below.

Assessment and Eligibility Process Elements

1. **Prioritization.** In the context of the coordinated entry process, the term “Prioritization” refers to the coordinated entry-specific process by which all individuals in need of assistance are ranked in order of their score on the assessment tool. The coordinated entry process, to the maximum extent feasible, ensures that individuals with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability.
2. **Determining Eligibility.** In the context of the coordinated entry process, determining eligibility is a program-level process governed by written standards as established in 24 CFR 576.400(e) and 24 CFR 578.7(a)(9). The coordinated entry process incorporates mechanisms for determining whether potential clients meet program and HUD-specific requirements of the projects for which they are prioritized and to which they are referred.

Business Day(s)

A measurement of time, that typically refers to any day, in which normal business is conducted. For purposes of this document, it is considered Monday through Friday from 8:00 AM to 5:00 PM local time and excludes weekends and public holidays.

Continuum of Care (CoC)

The Continuum of Care carries out the responsibilities required under HUD regulations, set forth at 24 CFR 578 – Continuum of Care Program. The CoC is comprised of a broad group of stakeholders dedicated to ending and preventing homelessness in Stanislaus County. The overarching CoC responsibility is to ensure community-wide implementation of efforts to end homelessness and ensuring programmatic and systemic effectiveness of the local continuum of care program. The governing body of the CoC is the Stanislaus Community System of Care Board referred to throughout this document as CSoC.

Disability (HUD Definition)

A physical or mental impairment that substantially limits one or more of the major life activities of such for an individual.

Emergency Solutions Grant (ESG)

The Emergency Solutions Grant is a grant program of the U.S. Department of Housing and Urban Development (HUD) that funds emergency assistance for individuals who are homeless or at-risk of homelessness. ESG grantees are required to participate in a coordinated entry system.

Homeless Management Information System (HMIS)

A Homeless Management Information System (HMIS) is a database used to record and track client-level information on the characteristics and service needs of homeless persons. HMIS ties together homeless service providers within a community to help create a more coordinated and effective housing and service delivery system. The U. S. Department of Housing and Urban Development (HUD) and other planners and policymakers at the federal, state, and local levels use aggregate HMIS data to obtain better information about the extent and nature of homelessness over time.

Specifically, HMIS can be used to produce an unduplicated count of homeless individuals, understand patterns of service use, and measure the effectiveness of homeless programs.

It is also used to provide data on client outcomes which is routinely entered by homeless supportive services providers, homeless housing service providers, and shelter staff in the course of their work. HMIS is used as a referral platform to housing and supportive services providers. HMIS also provides a communication platform for Access Center sites to share information on the individuals they are serving, which promotes greater coordination of services and reduces unnecessary duplication.

Homeless Categories (HUD Definition)

Chronically Homeless:

- (1) An individual who:
 - i. Is homeless and live 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; and
 - iii. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, development 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;
- (2) 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, before entering that facility; or
- (3) 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, including a family whose composition has fluctuated while the head of household has been homeless.

Literally Homeless (Category 1):

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- i. Has a primary nighttime residence that is a public or private place not meant for human habitation;
- ii. Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- iii. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

At Imminent Risk of Homelessness (Category 2):

Individual or family who will imminently lose their primary nighttime residence, provided that:

- i. 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 needed to obtain other permanent housing.

Homeless under Other Federal Statutes (Category 3):

Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

- i. Are defined as homeless under the other listed federal statutes;
- ii. Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
- iii. Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and (iv) can be expected to continue in such status for an extended period of time due to special needs or barriers.

Fleeing Domestic Abuse or Violence (Category 4):

Any individual or family who:

- i. Is fleeing, or is attempting to flee, domestic violence;
- ii. Has no other residence; and
- iii. Lacks the resources or support networks to obtain other permanent housing.

At-Risk of Homelessness (HUD Definition)

Individuals and Families (Category 1):

An individuals or family who:

- i. Has an annual income below 30% of median family income for the area; AND
- ii. Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the “homeless” definition; AND

- iii. Meets one of the following conditions:
 - a. Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; OR
 - b. Is living in the home of another because of economic hardship; OR
 - c. Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; OR
 - d. Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; OR
 - e. Lives in a Single Room Occupancy or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; OR
 - f. Is exiting a publicly funded institution or system of care; OR
 - g. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved Con Plan.

Unaccompanied Children and Youth (Category 2):

A child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute.

Families with Children and Youth (Category 3):

- i. An unaccompanied youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) or that child or youth if living with him or her.

Permanent Housing

Permanent Housing is defined as community-based housing without a designated length of stay in which formerly homeless individuals and families live as independently as possible. Under Permanent Housing, participants must be the tenant on a lease (or sublease) for an initial term of at least one year that is renewable and is terminable only for cause. Further, leases (or subleases) must be renewable for a minimum term of one month.

Permanent Supportive Housing

Definition: Permanent Supportive Housing is permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.

Client Eligibility for CoC-funded PSH Programs:

Individuals and families defined as Homeless under the following categories are eligible for assistance in PSH projects:

- Literally Homeless (Category 1).
- Fleeing/Attempting to Flee Domestic Violence (Category 4).

Projects that are dedicated to chronically homeless must continue to serve chronically homeless persons exclusively.

Rapid Re-Housing

Definition: Rapid Re-housing (RRH) emphasizes housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing. Rapid re-housing rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services. Rapid re-housing assistance is offered without preconditions — like employment, income, absence of criminal record, or sobriety — and the resources and services provided are tailored to the unique needs of the household.

Client Eligibility for CoC-funded RRH Programs:

Individuals defined as Homeless under the following categories are eligible for assistance in RRH projects:

- Literally Homeless (Category 1).
- Fleeing/Attempting to Flee Domestic Violence (where the individual or family also meets the criteria for literally homeless) (Category 4).

Transitional Housing

Definition: Transitional Housing (TH) is designed to provide homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing may be used to cover the costs of up to 24 months of housing with accompanying supportive services.

Client Eligibility for CoC-funded TH Programs:

Individuals and families defined as Homeless under the following categories are eligible for assistance in TH projects:

- Literally Homeless (Category 1).
- Imminent Risk of Homeless (Category 2).
- Fleeing/Attempting to Flee Domestic Violence (Category 4).

APPENDIX B: DESIGNATED ACCESS CENTER

For an updated list of Access Center where participants can receive the standardized assessment, please see the following:

Stanislaus County Housing and Homeless
Access Center
912 D Street
Modesto, CA 95354
209-272-8800

[Access Center Flyer.pdf \(csa-stanislaus.com\)](#)

Please note that this list is subject to change and contacting the Outreach and Engagement Center may be the best way to determine the current list of providers.

APPENDIX C: PARTICIPATING AGENCIES

This list is subject to change. The most current list of participating providers can be found here:

http://www.csa-stanislaus.com/hmis/index.html#_participating_agencies

- BHRS – Behavioral Health and Recovery Services
- CCD – Catholic Charities Diocese of Stockton
- CHS – Center for Human Services
- CHSS – Community Housing and Shelter Services
- CICV – Community Impact Central Valley
- City of Modesto
- CSA – Community Services Agency
- DST – Downtown Streets Team
- FP – Family Promise
- HOST – Helping Others Sleep Tonight (Host House/Cambridge Academies)
- HA – Stanislaus Regional Housing Authority
- MGM – Modesto Gospel Mission
- Outreach and Engagement Center
- TGM – Turlock Gospel Mission
- The Salvation Army
- STANCO – Stanislaus County Affordable Housing Corporation
- CARE – Community Assessment Response and Engagement
- Stanislaus County Department of Planning
- Turning Point Community Programs
- United Samaritans Foundation
- We Care Program Turlock
- West Care San Joaquin Valley Veterans