IVCCC
COORDINATED ENTRY SYSTEM
POLICIES & PROCEDURES

**IMPERIAL COUNTY
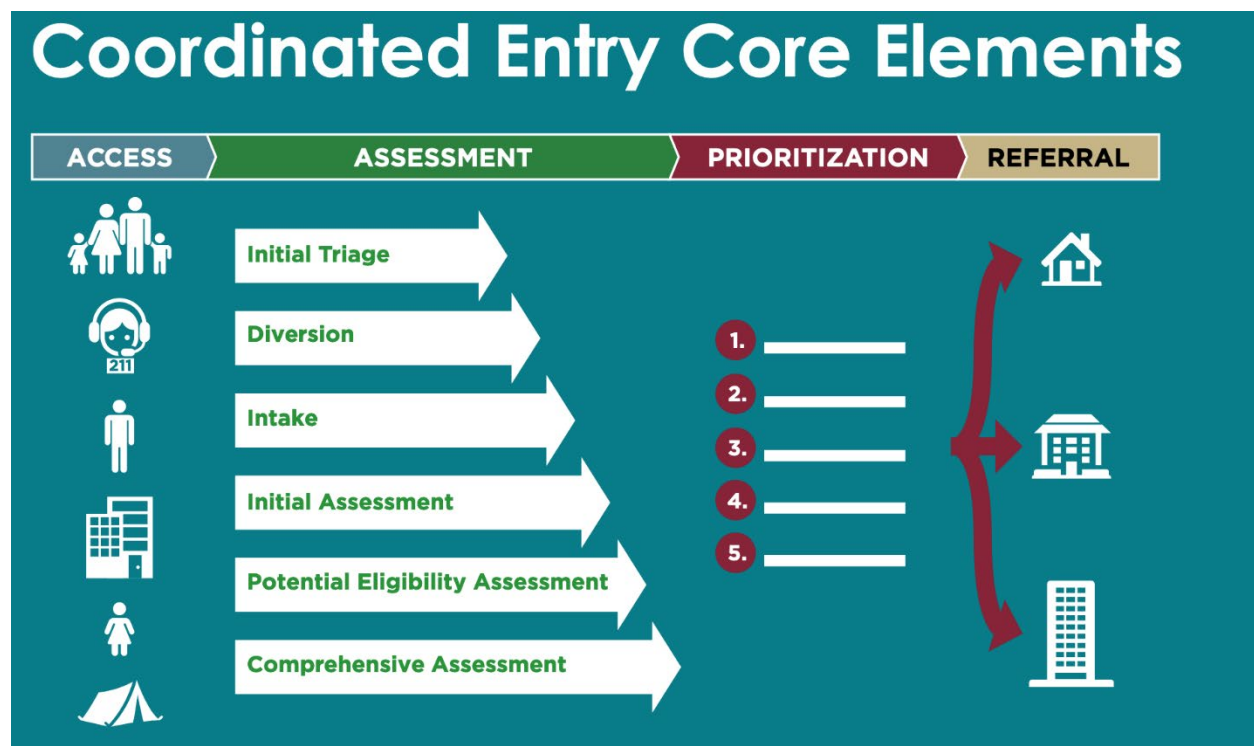DEPARTMENT OF SOCIAL SERVICES
APRIL 6, 2022**

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Overview
Background and Purpose of Coordinated Entry

In July 2012, the U.S. Department of Housing and Urban Development (HUD) published the Continuum of Care (CoC) Program interim rule that requires the CoC establish and consistently follow written standards for providing CoC assistance. The CoC Program interim rule (24 CFR 578) and the Emergency Solutions Grant (ESG) interim rule (24 CFR 576) require that CoCs establish and operate a Coordinated Entry (CE) process and consistently follow written standards for providing CoC assistance, in consultation with recipients of the ESG program. As such, all programs operating in Imperial County California that receive funding from either the Continuum of Care grant program or the Emergency Solutions Grant (either as a subgrantee of Imperial County or through the State of California) are required to participate in Imperial County's CE process.

The CE process is Imperial County's approach to organizing and providing services and assistance to people experiencing a housing crisis through the county's Continuum of Care, the Imperial Valley Continuum of Care Council (IVCCC). CE is a consistent, streamlined process for accessing the resources available in the homeless crisis response system. Through CE, the IVCCC ensures that the highest need, most vulnerable households in the community are prioritized for services and that the housing and supportive services in the system are used as efficiently and effectively as possible.

People who are seeking homeless services are directed to defined entry points, assessed in a uniform and consistent manner, prioritized for housing and services, and then linked to available interventions. Each participant's acuity level and housing needs are aligned with a set of service and program strategies that represent the appropriate intensity and scope of services needed to resolve the housing crisis.

The IVCCC's CE process standardizes connection to the most critical resources in our community and expedites permanent housing for people experiencing homelessness. The guiding principles for the CE process include:

1. Person-Centered: IVCCC will operate with a person-centered approach that promotes client choice and person-centered outcomes.
2. No Side Doors: Providers must only enroll participants who have been assessed and referred via the IVCCC process.
3. Streamlined Process: IVCCC will ensure that participants quickly receive access to the most appropriate housing and resources available.
4. Trauma-Informed: IVCCC will reduce the stress of the being homeless by limiting assessments and interviews to only the most pertinent information necessary to resolve the participant's immediate housing crisis.
5. Cultural Competencies: IVCCC will incorporate cultural and linguistic competencies in all engagement, assessment and referral coordination activities.
6. Standardized Assessment: IVCCC will implement standardized assessment tools and practices to determine the severity of the participant's needs and the best referral strategies.
7. Housing First: In the Housing First philosophy, housing is not contingent on compliance with services. Instead, participants must comply with a standard lease agreement and are offered the services and supports necessary to maintain housing successfully.
8. Mainstream Service Coordination: IVCCC will integrate mainstream service providers into the system, including local Public Housing Authorities and programs for veteran services.
9. Homeless Management Information System (HMIS): IVCCC will utilize HMIS for the purposes of managing participant information and facilitating quick access to available CoC.

Fair Housing, Tenant Selection, and Other Statutory and Regulatory Requirements

All CoC projects in the IVCCC CE system must include a strategy to ensure CoC resources and CE system resources are available to all people regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. Special outreach to people who identify with one or more of these attributes ensure the CE system is accessible to all people.

All CoC projects in IVCCC's CE system much ensure that all people in different populations throughout the geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the CE process, regardless of the location or method by which they access the crisis response system.

All IVCCC projects in the CE system must document steps taken to ensure effective communication with people with disabilities. Access points must be accessible to people with disabilities, including physical locations for people who use wheelchairs, as well as people who are the least likely to access homeless assistance.

Providers must also take reasonable steps to offer CE process materials and instructions in multiple languages to meet the needs of minority, ethnic, and groups with limited English proficiency (LEP). Consistent with federal guidance from HUD published on January 22, 2007, those receiving funding for homeless services from the IVCCC, ESG, Imperial County, and other state and federal sources must have

a written policy in place regarding fair access to services for participants who do not wish to or are not able to communicate in English. This policy must establish reasonable steps that will be taken to provide meaningful access to services for non-English speaking participants. The IVCCC, in reviewing HUD guidance, interprets meaningful access to mean that participants who do not speak English will not experience substantial differences in their access to homeless services or housing.

Homelessness Definitions

In most cases, 'homeless' refers to a state in which a person is experiencing Category 1, Category 2, or Category 4 homelessness.

Category 1 Homelessness (Literal Homelessness): A state in which a person lacks a fixed, regular, and adequate nighttime resident, as defined by one of the following conditions:

a. An individual or household has a primary nighttime resident that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation, including a car, park, abandoned building, bus or train station, airport, camping ground; or

b. An individual or household is living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement (including congregate shelters, transitional housing, and hotels and motels paid for my charitable organizations or be federal, state, or local government program for low-income individuals); or

c. An individual or household 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.

Category 2 Homelessness: When a person or household will imminently lose their housing (within 14 days), no subsequent residence has been identified, and the person or household lacks the resources or support networks needed to obtain other permanent housing

Category 4 Homelessness: When an individual or household is fleeing or attempting to flee domestic violence, has no other residence; and lacks the resources or support networks to obtain other permanent housing.

Homeless Under Other Federal Statutes

Per HUD standards, programs receiving CoC or ESG funding for homeless services should not include Category 3 Homelessness under their definition of homelessness to determine eligibility criteria for services.

Category 3 Homelessness (Homeless Under Other Federal Statutes): A state in which an unaccompanied youth under 25 years of age or families with children and youth who do not otherwise qualify as homeless per the definition used by the CoC given above, but who:

a. Are defined as homeless under the other listed federal statutes;

b. Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;

c. Have experienced persistent instability as measured by two moves or more in the preceding 60 days; and

d. Can be expected to continue in such status for an extended period due to special needs or barriers.

Chronically Homeless

A homeless individual with a disability who lives with in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. To meet the "chronically homeless" definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.

Chronically homeless also includes families with adult heads of household who meet the definition of a chronically homeless individual, if there is no adult in the family, the family would still be considered chronically homeless if a minor head of household meets all the criteria of a chronically homeless individual. A chronically homeless family includes those whose position has fluctuated while the head of household has been homeless.

At Risk of Homelessness

Refers to a state in which a person is experiencing Type 1, Type 2, or Type 3 at Risk for homelessness as defined below

Type 1 At Risk: A person who
a. has an annual income below 30% of median income for the area; AND
b. 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 meet one of the following conditions:
   i. Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the
     application for assistance; OR
   ii. Is living in the home of another because of economic hardship; OR
   iii. 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
   iv. 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 people with low-income, OR
   v. Lives in a "Single Room Occupancy" (SRO) 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
   vi. Is exiting a publicly funded institution or system of care; OR
   vii. Otherwise lives in housing that has characteristics associated with' instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan.

Type 2 At Risk: An unaccompanied child or youth who does not qualify as homeless under the homeless definition, but qualifies as homeless under another Federal statute

Type 3 At Risk: A family with child(ren) or 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) of that child or youth if living with him or her.

Other Key Terms

Please see Appendix A for other key terms or acronyms that appear throughout the CE Policies and Procedures.

Planning, Oversight, and Governance Roles

Imperial Valley Continuum of Care Council

Through the Coordinated Entry process, the IVCCC ensures that the highest need, most vulnerable households in the community are prioritized for services and that the housing and supportive services in the system are used as efficiently and effectively as possible. The IVCCC approved the initial Policies and Procedures on the date of this document. Annually, the IVCCC approves any updates as recommended by the IVCCC CE Committee and confirmed by the IVCCC Executive Board.

IVCCC Executive Board

The IVCCC Executive Board gave initial approval for the Policies and Procedures and designates to the CE Committee on an annual basis the responsibility and authority to test and pilot any changes to ensure smooth and equitable implementation in the community.

IVCCC Coordinated Entry Committee

This Committee establishes participation expectations, determines local data collection and data quality expectations, defines data sharing protocols, and provides overall support to the CE Administrator.
The Committee also serves as the primary entity responsible for evaluating implementation of the CE Policies and Procedures. The Committee consults with the CE Administrator on the development of specific evaluation strategies and methods, which will include soliciting feedback from homeless service providers and currently or formerly homeless households. The Committee reports to the IVCCC on the results of evaluation.
At least annually, the Committee produces a CE progress report for the IVCCC. This report will include a racial disparities analysis.

Coordinated Entry Administrator

The Imperial County Department of Social Services serves as the CE Administrator and manages the Case Conferencing process through which participants experiencing homelessness are assessed, prioritized for services, and matched with available resources. In addition, the CE Administrator:

- Manages the HMIS contract, ensuring that data collection and quality meet the required standards.
- Develops and delivers training necessary for implementation of the CE Policies and Procedures.
  Provides individualized technical assistance to providers to address CE implementation challenges.
- Manages governance and coordination processes for IVCCC. These include by-name list meetings and other CE coordination meetings such as the Housing Vouchers prioritization and referral process.
- Produces informational and outreach materials as needed to inform providers, participants, and community partners about CE. The CE Administrator collaborates with the CE components as appropriate to develop and implement a communication and outreach strategy for CE.
- Provides leadership, guidance, and coordination of efforts to further develop CE Policies and Procedures informed by the result of evaluations that seek input from broad IVCCC membership including homeless service providers

and currently or formerly homeless households and with input on proposed policy changes from IVCCC members.

- Leads the development and piloting of changes to address emerging challenges with CE implementation. The CE Administrator works with the IVCCC CE Committee to review and approve changes to the CE Policies and Procedures to develop proposed or revised Policies and Procedures.

Homeless Management Information System Lead Agency

The HMIS Lead Agency provides front-line technical support and assistance related to HMIS, including setting up users, supervising license allocation, and provide as-needed training and technical assistance to participating service providers and provider agencies. The agency also oversees and assesses participating provider agency alignment with relevant local and HUD policies and procedures related to data entry.

Participation and Responsibilities

Participation

All homeless services providers in Imperial County that receive funding for homeless services from the IVCCC, ESG, Imperial County, or other state and federal sources are required to participate in the IVCCC's CE process. Participation means maintaining and adhering to these policies and procedures as they apply to each provider type per the descriptions in this document. Other service providers are strongly encouraged to participate in the IVCCC's CE process.

Service providers are required to participate in CE planning and coordination meetings such as Case Conferencing and in other ways as described in this document.

Access
Coordinated Entry as Sole Pathway

Each bed, unit, or rental assistance voucher that is available to serve someone experiencing homelessness must be distributed through the prioritization criteria outlined below. Any agency filling such beds, units, or rental assistance vouchers from alternative sources will be reviewed with funders, including the IVCCC and Imperial County for compliance.

Maintain Low Barriers

Providers serving people experiencing homelessness shall limit barriers to enrollment in services and housing. No person may be turned away from crisis response services or homeless designated housing due to a lack of income, lack of employment, disability status, or substance use unless the project's primary funder requires the exclusion. Providers maintaining restrictive enrollment practices must maintain documentation from project funders, providing justification for the enrollment policy. Eligibility criteria not required by the funder should be eliminated.

Non-Discrimination

Physical locations must be accessible to people with disabilities, including accessible locations for people who use wheelchairs, with a particular focus on people experiencing homelessness who are least likely to access homeless assistance. Providers must ensure effective communication with people with disabilities, including provision of appropriate auxiliary aids and services necessary to ensure effective communication (e.g., Braille, large type, assistive listening devices, and sign language interpreters) at the person's request.

Providers must also take reasonable steps to offer CE process materials and instruction in multiple languages to meet the needs of minority, ethnic, and groups with limited English proficiency.

Fair and Equal Access

CE System providers shall ensure fair and equal access to CE System programs and services for all people regardless of actual or perceived race or ethnicity, 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 creates challenging dynamics among residents within a facility, the host program should make every effort to accommodate the person or assist in locating alternative accommodation that is appropriate and responsive to the person's needs. CE system providers shall offer universal program access to all populations as appropriate, including chronically homeless people, veterans, youth, transgender people, and people fleeing domestic violence.

Population-specific projects and those projects maintaining affinity focus (e.g., women only, veterans only, 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 must receive authorization to operate as such from the IVCCC.

Communication with Participants

Notice of Rights

During the initial intake, projects must notify participants of their rights. If subsequently, and at any time a participant requests this information, they shall be provided a written copy of the list of rights without restriction on the number of requests a participant can make for this information. At a minimum, rights will include:

1. The right to be treated with dignity and respect.
2. The right to submit internal complaints.
3. The right to submit grievances through the IVCCC process.
4. The right to be treated with cultural sensitivity;
5. The right to have an advocate present during the complaint or grievance process;
6. The right to request a reasonable accommodation in accordance with the project's tenant/person selection process;
7. The right to accept housing and/or services offered or to reject housing and/or services;
8. 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.

Standardized Communication

Before beginning a Place Value Assessment with a household, all staff conducting assessments should communicate:

1. The name of the assessor and their role
2. The purpose of the Place Value Assessment and Homeless Disability Advocacy Program (HDAP) screening being completed
3. The amount of time is usually takes to complete
4. That any question can be skipped or refused
5. That the assessor is a mandatory reporter and what this means

6. That the information is going to be stored in HMIS
7. That other providers conducting assessments and the housing providers connected to the CE System will have access to the information so that the person does not need to complete the assessment multiple times, that housing providers can identify people that match housing resources as they come available and for planning purposes.
8. That if the participant is not clear about a question, clarification can be provided
9. The importance of relaying complete and accurate information and not feeling that there is a correct or preferred answer. The more information we know from an assessment, the more possibilities for resources are available.

Participant Data
Release of Information
Service providers should collect a Multi-Party Authorization and Release of Information form from any participant who does not have an active signed Release of Information in place before inputting the participant's information into HMIS. If the provider is speaking with the participant on the phone, a verbal Release of Information should be obtained and documented. This release will remain active for one month. The next service provider who meets in person with the participant should collect a Multi-Party Authorization and written Release of Information.

Safety Concerns
Whenever discussion or assessment with a participant reveals a potential safety concern presented by sharing the participant's data in HMIS, service providers should communicate this concern to the participant and discuss the options for securing personal data. Whenever a participant indicates a history or potential for intimate partner violence or sexual abuse, data safety concerns and options should be discussed with the participant. These options include:
1. Closing of the profile search screen so that only the serving agency may see the record.
2. The right to refuse sharing if the agency has established an external sharing plan.
3. The right to be entered as an unnamed record, where identifying information is not recorded in the system and the record is located through a randomly generated number (Note: This interface does allow for deduplication by looking at key demographic identifiers in the system.)
4. The right to have participant profiles inactivated in HMIS. Security of hard copy files: Agencies may create a paper record by printing the assessment screens located within HMIS. These records must be kept in accordance with the procedures that govern all hard copy information.

Coordinated Entry Information
Providers shall post on their premises a notice stating participation in the IVCCC's CE System. This must be in a location clearly visible to program participants. The script for administration of the coordinated assessment tool shall state that the reason that participants are surveyed is to provide entry to the system of services in a coordinated manner, prioritizing those most vulnerable.

Information Sharing
Policies and Procedures
Any new homeless service provider or program joining the IVCCC shall create and share with the CE Administrator the project policies and procedures that include program eligibility standards. Any time policies and procedures that effect program eligibility or decisions related to provision of services are changed, providers will provide updated policies and procedures to the CE Administrator within two weeks

of the change. The CE Administrator will review policies and procedures for alignment with CE policies and procedures.

Vacancies

Homeless services providers must communicate project vacancies, units, or rental assistance vouchers to the CE Administrator in a manner determined and outlined in this document.

Homeless Management Information System

Each provider with homeless dedicated resources will be required to participate in HMIS.

Training, Technical Assistance, and Corrective Action Plans

Homeless service providers in the IVCCC are required to participate in all mandatory training provided for the IVCCC and in accordance with training expectations for specific CE program types. All staff serving as assessors in the CE system will participate in annual training conducted by the CE Administrator. All mandatory training invitations will provide guidance on the number or proportion of project staff required to attend. Providers must notify the CE Administrator of staffing changes to address training needs. Homeless service providers in the IVCCC are required to work with the CE Administrator to develop and implement CE corrective action plans, if deemed necessary based on an evaluation of the agency's implementation of CE.

Coordinated Entry Key Components

In addition to system planning and evaluation, HUD identities four required key components of a CE system. These are Access, Assessment, Prioritization, and Referral.

Access

Access refers to how people experiencing a housing crisis learn that CE exists and how to access crisis response services. The first contact that most people will have with the crisis response system is through a CE Access Point. Access Points play a critical role in engaging people to address their most immediate needs through referral to emergency services. Access Points also play a critical role in determining which interventions might be most appropriate to rapidly connect those people to housing.

Households seeking housing assistance can access the system through a designated Access Point. These community-based organizations and public agencies serve as the "front door" to crisis response services for persons experiencing homelessness or at-risk of homelessness according to the standards outlined in this document. There are no specialized access points designated for subpopulations served in the CE System. Regardless of initial access point(s), people experiencing homelessness or at risk of homelessness receive the same assessment approach, including decision-making and assessment tools.

Triage Tool

Initial needs assessments will be administered to everyone seeking services to determine if the household is homeless or at imminent risk of homelessness. The assessments provide a structure for a discussion that helps participants identify options and potential diversion from the homeless services system. If the household does not meet homeless definitions, they should be referred for appropriate resources.

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Diversion

The purpose of diversion is to help participants explore options that might be available and to ensure that the homelessness services resources are used as the last option. Any time a household experiencing homelessness (Category 1, Category 2, or Category 4) meets with an Access Point, the staff shall attempt to divert the participant(s) from the homelessness services system. Staff will use open-ended conversation with probing questions to help the participant identify their housing options and address barriers to realizing those options. Participants who are successfully diverted should not be referred to emergency shelter or placed on the Shelter waitlist. Participants should be engaged in diversion conversations anytime there is contact between an Access Point and a participant seeking emergency shelter. There is no limit to the number of times a participant can be diverted.

Assessment

Assessment is the process of gathering information about a household when they contact the crisis response system. Assessment includes documenting information about the barriers the household faces to being rapidly housed and any characteristics that might make them more vulnerable while homeless.

All assessments are conducted by trained staff using trauma-informed, client-centered methods. Areas where assessments are conducted shall be continually assessed for their safety and privacy to allow individuals to identify sensitive information or safety issues in a private and secure setting. All people requesting shelter are also screened for critical health and safety needs to identify people with more severe service needs and provide an appropriate response.

Staff at Access Points shall assess and document the housing status of all household with whom they meet to assess homelessness. People that are not currently homeless should be referred to other services as appropriate. If the household is literally homeless (outdoors, in a car, uninhabitable location) and has been staying outside or in an uninhabitable location and will return to staying outside, they will be assessed immediately. Otherwise, the assessment should be administered by the CE Administrator once the initial crisis has been resolved and the household's immediate needs have been met.

Assessment Tools

The IVCCC uses the Place Value Assessment (PVA) as the primary assessment for the Coordinated Entry process. It may be supplemented by other tools such as the Homeless Disability Advocacy Program (HDAP) screening. The paper version of the PVA can be found in Appendix B. Most assessments will be conducted using the online version.

Steps in Assessment

The assessment component of the Coordinated Entry process may be implemented in phases to capture information on an as-needed basis as households navigate the process, recognizing that trauma-informed approaches are necessary throughout these phases. The assessment process, including information gathered from case managers, outreach workers, and others working with participants, should provide sufficient information to make prioritization decisions.

Assessment phases may include:
1. Screening for diversion or prevention
2. Assessing shelter and other emergency needs
3. Identifying housing resources and barriers

4. Evaluating vulnerability to prioritize for assistance

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

Once connected to housing and services, project staff may conduct more specialized assessments to evaluate a household's need for specialized services or resources. The phased assessment process used during CE is not intended to replace those more specialized assessments but rather to connect households to the appropriate housing solution as quickly as possible. Similarly, the assessment process does not preclude the use of complementary assessments designed to support access to mainstream services that are made available during assessment or otherwise conveniently accessed.

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

Population-Specific Considerations
Veterans
Providers serving veterans may require a Health Insurance Portability Accountability Act (HIPAA)-compliant Release of Information to enable representatives from the Department of Veterans Affairs the State of California, and other relevant stakeholders to ensure veterans can access the full spectrum of housing resources available for veterans.

Survivors of Intimate Partner Violence or Sexual Abuse
A person who is or has been a victim of domestic violence, dating violence, sexual assault or stalking may not be denied access to the CE process if they are experiencing homelessness or are at risk of homelessness. The Violence Against Women Act (VAWA) prevents providers dedicated to serving survivors of domestic violence from inputting their personally identifiable information into the Homeless Management Information System (HMIS) because of the additional safety precautions specific for this population. While the Place Value Assessment is not a domestic violence-specific triage tool, providers dedicated to serving survivors of domestic violence can assess people who desire access to the broader range of housing options dedicated to people experiencing homelessness using the tool. Those results must be stored within a VAWA - compliant electronic system or in paper files secured according to the full requirements of the law.

Mandatory Reporting
All staff of Access Point agencies that meet with households are mandatory reporters for child abuse and neglect. Before beginning any assessment, providers must disclose that they are mandatory reporters and explain what this means.

Child Safety
If a household with children is diverted into a housing placement that involves staying with people outside of the household, the Access Point should access the Sex Offender Registry and other resources as

available to assess apparent risks to child safety posed by people who will be in the home to which the household is planned to be diverted.

HOPWA Eligibility

Housing Opportunities for Persons with AIDS (HOPWA) is a federally funded program dedicated to the housing needs of people living with HIV/AIDS. In Imperial County, the Department Public Health Department delivers HOPWA services. Access Points should attempt to screen all participants for HOWPA eligibility. If a participant is unfamiliar with HOPWA, it should be explained that HOPWA offers housing assistance specifically to people who have an HIV or AIDS diagnosis. If a participant answers yes to the screening question or self-discloses that they have an HIV/AIDS diagnosis, the participant's HOPWA eligibility should be documented in HMIS.

Essential Documents

Once the Place Value Assessment is completed, and as part of the initial engagement for people already assessed, staff should identify which essential documents the household currently possesses and begin working with them to collect missing documents.

Assessors should emphasize that specific documentation is required for many housing and other assistance programs. Such documents include but are not limited to government-issued photo identification, Social Security card, birth certificate, proof of income or lack of income, verification of homelessness, and DD-214 for people who have served in the United States Armed Forces (regardless of discharge status or length of service).

Contact Information

Staff should attempt to collect and document multiple means of getting in contact with a household. A minimum of two contact methods are recommended.

Data and Information

When an emergency shelter or street outreach staff engages a person experiencing homelessness, they should update an existing HMIS record or create a new record and complete accompanying intake forms, including Release of Information to disclose personally identifiable information. For families experiencing homelessness, the consent form should be signed by all adults in the household. The head of household or authorized representatives should also sign the consent forms on behalf of children in the household who are below the age of eighteen (18).

Participant's Decision Not to Answer Assessment Questions

Persons conducting assessments shall engage participants in an appropriate and respectful manner to collect only necessary assessment information. All participants in the Coordinated Entry process will be freely allowed to decide what information they provide during the assessment process and to refuse to answer assessment questions.

Although households may become ineligible for some programs based on a lack of information, a participant's decision not to answer questions will not be used as a reason to end the assessment. The person conducting the assessment should make every effort to assess and resolve the household's housing needs based on responses to assessment questions, no matter how limited those responses. When staff encounter people who do not provide a response to any of the questions, they should

communicate the impact of incomplete assessment responses. The assessor may also request verbal consent to ask additional questions, to utilize any prior conversations with the person, observation, documentation, and information from other professional staff.

Prioritization

The IVCCC prioritization process is designed to ensure that households with the highest priority are offered housing and supportive services first, and that all vacancies are filled through CE's prioritization and referral process. It also establishes norms for equitable referrals across providers. IVCCC providers, including homelessness prevention, street outreach, transitional housing, rapid rehousing, and permanent supportive housing programs will fill their caseloads and/or beds and units from the CE system referrals through a process of Case Conferencing using the By-Names List.

The IVCCC Administrative Entity reviews information collected during assessment and adds the household's name to the By-Name List, which documents the priorities of people waiting for a housing referral. The PVA score is used to establish a level of priority is based on the participant's vulnerability and uses multiple considerations such as length of time homeless, presence of children in the household, the number and severity of behavioral and/or medical conditions, and other factors measured by the PVA.

The Coordinated Entry prioritization process combines the individual household's Place Value Assessment results with the IVCCC's prioritization policies and procedures to determine that household's level of vulnerability. That assessed vulnerability will establish the household's priority for resources in the homeless system and lead to identification of vacancies at housing and supportive services projects to which the household can be referred.
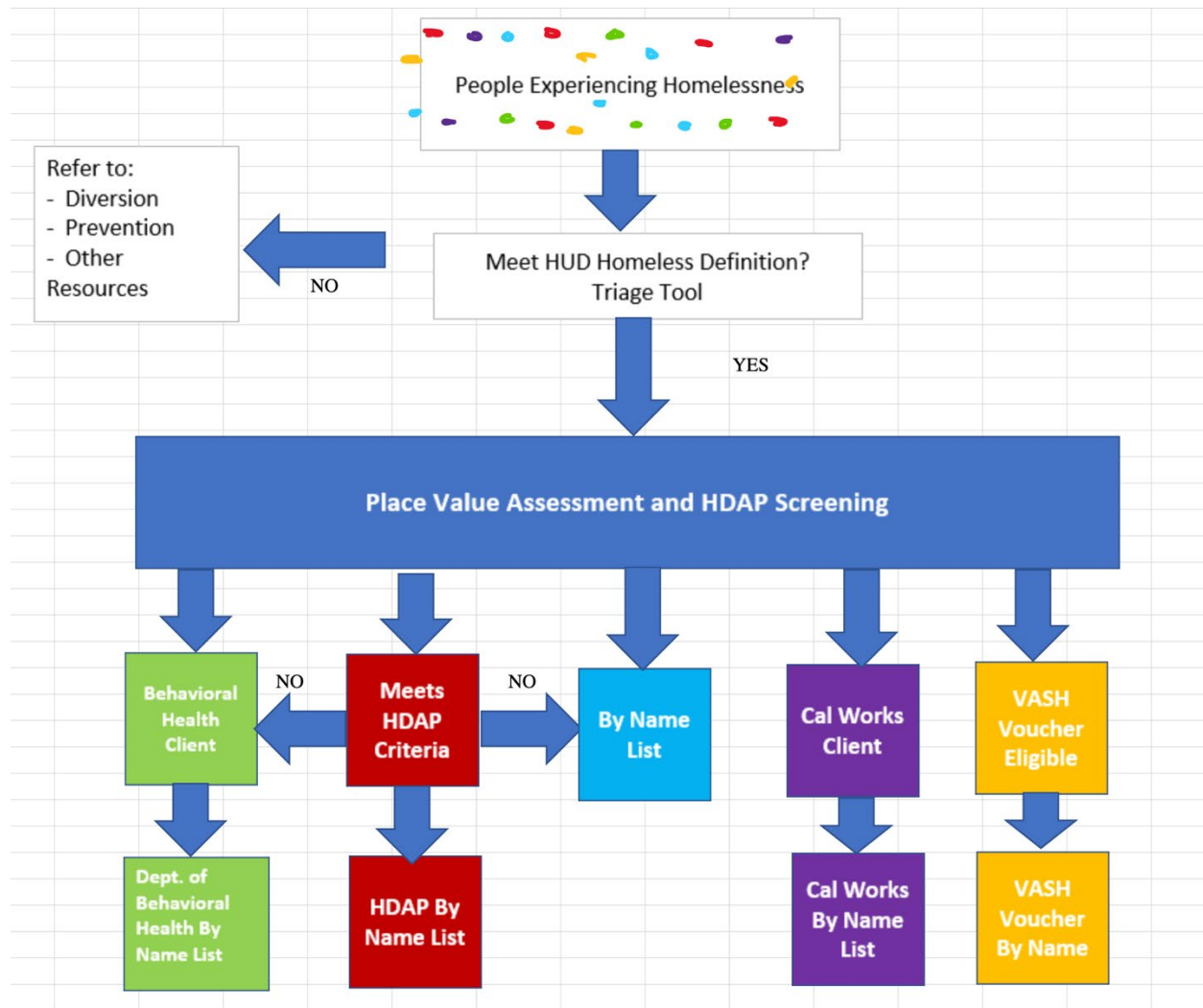
By-Name Lists

The CE By-Name List functions as a prioritized list for all households that have been assessed by CE and are seeking housing. The list allows the CE system to prioritize those most vulnerable for the limited number of housing openings within the IVCCC. The By-Name List is one general list with four associated lists established for participants enrolled in or eligible for related housing programs:

- Imperial County Dept. of Behavioral Health
- CalWORKs Housing Support Program
- Homeless Disability Advocacy Program
- HUD Veterans Affairs Supportive Housing (VASH)

Participants eligible for a housing program included in the CE system will be prioritized for that program as well as on the general By-Name List. For example, a client of the Dept. of Behavioral Health could be prioritized on both the general list and the Dept. of Behavioral Health's list, thereby increasing the chances of earlier housing placement. A further example could be a veteran enrolled in CalWORKs who could be placed on the VASH list, the CalWORKs list, and the general list. Maintaining separate but linked By-Name lists ensures that participants are prioritized for housing in all the programs for which they are eligible.

The following chart illustrates these separate but linked By-Name Lists.

People Experiencing Homelessness

Refer to:
- Diversion
- Prevention
- Other Resources

NO

Meet HUD Homeless Definition?
Triage Tool

YES

Place Value Assessment and HDAP Screening

NO — **Behavioral Health Client** — **Meets HDAP Criteria** — NO — **By Name List** — **Cal Works Client** — **VASH Voucher Eligible**

Dept. of Behavioral Health By Name List — **HDAP By Name List** — **Cal Works By Name List** — **VASH Voucher By Name**

Case Conferencing

Case Conferences are bi-weekly housing prioritization meetings. During these, the IVCCC CE Administrator reviews the By-Name List with attendees. Housing and service providers actively working with households on the list and housing providers who have openings are required to attend Case Conferencing meetings and participate in all aspects of CES. Additional housing providers, program staff, and community members who engage with persons experiencing homelessness may also attend.

Programs participating in Coordinated Entry are required to attempt to fill each housing opportunity with participants with the highest priority unless (a) there are no such participants, or (b) the unit is dangerously unsafe for the participants with the highest priority because it lacks the appropriate supportive services. Case conferencing will be used to ensure that participants are not referred to programs for which they are ineligible. If a participant is unsuitable for a particular program because, for example, the program lacks services the participant needs, then through case conferencing, the CE Administrator may select a different participant with a substantially identical priority who is more suitable for the current opening. When this occurs, the substitution and the reason for the substitution must be documented in the case conference meeting notes and the participant that was not referred placed back on the By-Name List.

When an assessor believe that a participant's assessment results are not reflective of their vulnerability or if the participants is unable to complete the assessment, for example, due to mental health, the assessor will provide a clear and specific rationale during case conferencing for placing the participant on the By-Name List. The results of the recommendation must be documented in the case conferencing meeting notes.

The IVCCC CE Administrator will maintain an updated By-Name List with each participant within the CE system, including active, inactive/no longer engaged, housed, and self-resolved participants. The By-Name List will be updated on a bi-weekly basis with additional updates provided as needed.

Housing Referrals

Providers will identify the eligibility requirements for each of the programs that they will be dedicating to the CE process and will be able to access a By-Name List report of the Place Value Assessment results from people experiencing homelessness. Once a referral is made following the prioritization criteria outlined above, the provider may contact the person directly, and may coordinate contact with the PVA assessor for further support if necessary. The housing provider commits to working with the assessor to locate the person and engage with them to verify if the housing referral provides a good match. The housing provider commits to communicating in writing with the CE Administrator when matches do not lead to successful program entry to facilitate more referrals.

The housing provider will document any unsuccessful matches and provide the (a) reason(s) why they were not housed, (b) date of unsuccessful match/"assignment" and (c) name of the project being unassigned so that the person can be reassigned to other providers. The housing provider will also document when each match does lead to successful program entry and provide the date the person moves into housing within HMIS.

Inactive Participants

Participants who have not been located, engaged, and served within 60 days of being entered into the CE system will be moved to a "pending inactive" status. Participants will be moved to Inactive on the By-Name List and in HMIS. Inactivity is noted as the last day of known contact with the participant. Participants may resume active status once they have reengaged and been reassessed, if necessary. There is no limit on how many times a person may be reentered into CE.

Updating the Participant's Place Value Assessment Results

Having the most up to date information on a household's experience is vital to properly assessing and prioritizing a household based on their current vulnerabilities. A household's current living situation is to be updated in the IVCCC CES project when:
- The household's current living situation changes
- There is a life changing event that increases the vulnerability of the household
- It has been a year since it was last updated

Reassessing the household may change the results and prioritization, and in some cases, their eligibility for types of housing. Households that have been reassessed should be reviewed during case conferencing.

Annual Coordinated Entry Process Evaluation

The IVCCC will conduct an annual CE evaluation, focusing on the quality and effectiveness of the entire coordinated entry experience, including intake, assessment, and referral processes, for both participating projects and participants. Participating projects include CoC Program- and ESG-funded shelter and housing projects that are required to participate in coordinated entry, as well as other publicly and privately funded shelter and housing projects serving people experiencing homelessness. Participants are households, including unaccompanied children and youth, experiencing homelessness or who have been connected to housing through the CE process in the last year.

HUD outlines three basic approaches to conducting annual evaluations:[1]
- Compliance Evaluation – this approach focuses on whether the CE process meets HUD's requirements and the IVCCC design
- Effectiveness Evaluation – In this type of evaluation, the focus is on how effective the CE process is in connecting people experiencing homelessness to appropriate referrals
- Process Assessment – this evaluation approach analyzes the quantitative data from each assessment site to identify operational issues

IVCCC plans to utilize all three of these approaches in different years, beginning with a compliance evaluation in year 1. The IVCCC CE Committee will determine the timing and approach of the annual evaluation each year with a goal of completing the prior fiscal year's evaluation by July 31st.

Grievance and Appeal Process

The Imperial Valley Continuum of Care Council (IVCCC) operates in compliance with all federal, state and locally applicable civil rights and fair housing laws and requirements. In addition, agencies participating in the Coordinated Entry and Emergency Housing Voucher systems and receiving funding from federal, state, or local sources must also comply with all civil rights and fair housing laws and requirements. The IVCCC has designated the IVCCC Executive Board as the entity responsible for monitoring agencies on compliance with all requirements, including adherence to civil rights and fair housing laws and regulations. Failure to comply with these laws and regulations will result in a finding, which may affect the agency's position in any funding competition.

Participants must be notified in writing of their right to submit grievances, including nondiscrimination and equal access complaints. When a program participant does not agree with the outcome of the assessment or prioritization process, the program participant may file a grievance. The grievance could be against an agency or the IVCCC. Initially, staff will attempt to handle the complaint by having an informal conversation with the person, but if that fails, the participant will be directed to file a grievance, which is a formal procedure that includes management involvement and possible oversight from the relevant agency's administrator.

It is important to have a mechanism for program participants to address grievances or complaints promptly. Participants need to feel that their concerns are considered, that they are treated respectfully, and that the agency makes every effort to formally investigate complaints in a fair and thorough

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[1] HUD, Coordinated Entry Management and Data Guide, Chapter 4

manner. Participants need to know that we are engaged in continuous improvement of our services. The following is the grievance procedure

The person making the grievance or complaint must follow the grievance procedures provided by the organization they are making a grievance or complaint about. If the person making the grievance or complaint has not gone through the grievance procedure provided by the organization, the IVCCC will recommend that the person do so and document that recommendation. The IVCCC will consider a grievance as being filed timely if the person making the grievance has initiated action within 30 days of becoming aware of the decision the complaint or grievance is concerning. A sample grievance form is found in Appendix B. This form or another provided by the agency may be used.

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.

If the resolution provided by that organization was not satisfactory to the complainant, he/she may put the problem in writing and submit it to the Chair of the Executive Board of the IVCCC. All complaints will be investigated by two members of the IVCCC Executive Board, and they will respond within 10 business days. If the complainant does not want his/her name attached to the complaint, his/her anonymity will be protected. If the complainant is unwilling to put the concern in writing, the Executive Board members will investigate and document what has been said.

Once a complaint or grievance has been submitted, the assigned members of the Executive Board of the IVCCC will approach the applicable program's representative, explain the complaint or grievance, and ask for a response to the content of the complaint(s). Responses will be documented. It will be up to the assigned members of the Executive Board of the IVCCC to decide if the matter needs to be discussed by the entire Executive Board of the IVCCC.

Finally, all participants who are assessed will be informed by staff of the ability to file a nondiscrimination complaint. Nondiscrimination complaints can be resolved either through the internal dispute resolution process described above or by contacting: Fair Housing Office U.S. Department of Housing and Urban Development Region IX, One Sansome Street, Suite 1200, San Francisco, CA 94104. Telephone (415) 489-6524, (800) 347-3739, TTY (415) 436-6594. Email: Complaints_office_09@hud.gov.

Appendix A – Glossary of Terms

Terms and Definitions	
Chronically Homeless	**HUD Definition** *Chronically homeless* means: (1) A "homeless individual with a disability," as defined in Section 401(9) of the McKinney-Vento Homeless Assistance Act, who: i. Lives in a place not meant for human habitation, a Safe Haven, or an emergency shelter; AND ii. Has been homeless continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in (i) above.
Case Conferencing	Local process for CE staff and services providers to coordinate and discuss ongoing work with persons experiencing homelessness in the community, including the prioritization list. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication and disparities.
Crisis Response System	Denotes all the services and housing available to persons who are at imminent risk of experiencing literal homelessness and those who are homeless, whereas **homeless system** refers specifically to the services and housing available only to persons who are literally homeless.
Continuum of Care (CoC)	Group responsible for the implementation of the requirements of HUD's CoC Program interim rule. The CoC 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.
Continuum of Care (CoC) Program	HUD funding source to (1) promote communitywide commitment to the goal of ending homelessness; (2) provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; (3) promote access to and effect utilization of mainstream programs by homeless individuals and families; and (4) optimize self-sufficiency among individuals and families experiencing homelessness.

Diversion	A housing intervention that attempts to return an individual from homelessness directly back into safe and appropriate housing, ideally at the exact moment that the individual first enters literal homelessness.
Emergency Shelter	Short-term emergency housing available to persons experiencing homelessness.
Emergency Solutions Grant (ESG) Program	HUD funding source to (1) engage homeless individuals and families living on the street; (2) improve the quantity and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents; (5) rapidly rehouse homeless individuals and families; and (6) prevent families and individuals from becoming homeless.
Homeless Disability Advocacy Program (HDAP)	The **Housing and Disability Advocacy Program (HDAP)**, established by Assembly Bill (AB) 1603 (Chapter 25, Statutes of 2016), assists homeless, disabled individuals apply for disability benefit programs, while also providing housing supports. The HDAP requires that participating counties offer outreach, case management, benefits advocacy, and housing support to all program participants.
Homeless Management Information System (HMIS)	Local information technology system used by a CoC to collect participant-level data and data on the provision of housing and services to homeless individuals and families and to persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.
Housing First	Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life.
Household	The term "household" is intended to cover any configuration of persons in crisis, whatever their age or number (adults, youth, or children; singles or couples, with or without children). It is used interchangeably in these policies and procedures with the term "participant."
Participant	The term "participant" is intended to cover any configuration of persons involved in the housing or homeless response system, whatever the age or number (adults, youth, or children; singles or couples, with or without children). It is used interchangeably in these policies and procedures with the term "household," although it is generally used when a household is enrolled in a housing or services program.
Permanent Supportive Housing (PSH)	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.

Prioritization	The prioritization process ensures that households with the highest priority are offered housing and supportive services first, and that all vacancies are filled through CE's prioritization and referral process.
Rapid Re-Housing (RRH)	Program emphasizing 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.
Release of Information (ROI)	Written documentation signed by a participant to release his/her personal information to authorized partners.
Transitional Housing (TH)	Program providing homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing funds may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing.
Vulnerability	A combination of variables that indicate an individual or family is at high-risk of death or harm due to continued homelessness.

Place Value

the score tells the story

ABOUT: Place Value is a customizable assessment that supports dynamic housing prioritization with sensitive, meaningful scores. Each score elements serves as both categorical and numerical data.

ASSESSEMENT: Place Value Score Groups are independent assessments of type of housing insecurity / homelessness, household configuration, self-reported overall mental and physical health, length of time homeless, and a customizable list of barriers and risk factors.

SCORING: Each housing applicant's **Place Score** has a specific definition, ranks by severity, or both. Every number in the final **Place Value Sum** provides specific situational details.

DYNAMIC PRIORITIZATION: The **Ten Thousands and Thousands Score Groups** support community-defined prioritization strategies based on household considerations and urgency of situation. The **Hundreds, Tens,** and **Ones Score Groups** support ranking based on barriers / risk factors, total length of time homeless and self-reported health. Decision guidance based on local housing priority policy can be correlated with meaningful **Place Value Sum Ranges**.

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) INTEGRATION: Place Value is compatible with any HMIS platform that supports custom question design. **Place Value Sums** help quickly identify *urgent needs associated with housing crises*, in alignment with HMIS Data Standard 4.19, Crisis Needs Assessment. [1]

COMPLIANCE: The US Department of Housing and Urban Development (HUD) requires the use of a centralized coordinated assessment system to support housing placements and other interventions for people experiencing homelessness. [2] **Place Value** includes and expands on HUD's requirements, acknowledging subpopulations with specific access considerations.

ANALYSIS LIMITATIONS: With mixed categorical and continuous numerical information, **Place Value Sums** support ordering and ranking, but not statistical analyses such as calculating averages.

Homelessness Type *ten thousands*	Household Type *thousands*	Health Scale *hundreds*	Length of Time Homeless *tens*	No. of Housing Barriers *ones*
Score 0 for housed respondents or 10,000 for Literal Homelessness.	Score 1,000 to 9,000 depending on household type.	Score 0 to 500 depending on severity of current health.	Score 0 for no history of homelessness, 10 for up to one year, 20 for up to years, and so on.	Score 1 for each of ten potential housing barriers.

[1] HUD, "FY 2020 HMIS Data Standards," 2020.
[2] HUD, "CPD-17-01 Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System," 2017.

PLACE VALUE SCORE GROUP		CRITERIA		SCORE	
TEN -THOUSANDS: LIVING SITUATION Ask the applicant about their **typical nighttime residence, or where they will spend the night if they do not connect with shelter or housing.** *Ask follow-up questions where indicated. Record 10,000 or 0 based on homelessness status.*	Potentially at risk	*Ask follow-up questions to determine how long respondent can stay where they are and if they recently experienced homelessness. At risk and recently homeless respondents may qualify for assistance.*	Doubled up or couch surfing	0	
			Hotel or temporary rental requiring ongoing payment	0	
			Own home, including rental and family housing	0	
	. Potentially literally homeless	*Ask "Did you stay less than 90 days?" If yes, ask, "Were you previously in emergency shelter or unsheltered?" Score 10, 000 if respondent answers, "yes" to both questions*	Prison or jail, including youth incarceration sites		
			Medical or behavioral health inpatient care		
	Literally homeless	Outdoors, car, vacant building, or other unsheltered location		10,000	
		Emergency shelter		10,000	
		Transitional housing		10,000	
THOUSANDS: HOUSEHOLD TYPE Use **open-ended questions** to identify the Place Score Criteria that most closely represents the applicant's family situation, and enter one Household Type Place Score. *Important: data protocols for applicants fleeing unsafe situations differ by community.*	Adult only	Single adult head of household		1000	
		Household with more than one adult		2000	
	Youth	Individual age 18-24		3000	
	Households with children	Households with adults and children		4000	
		Household with children under age 5 or pregnant adult or youth parent		5000	
	Unsafe situations	Single fleeing partner violence, trafficking or unsafe situation		6000	
		Family fleeing partner violence, trafficking or unsafe situation		7000	
HUNDREDS: HEALTH SCALE [3] Ask, **"Would you say your health in general is excellent, very good, good, fair or poor?"** If a household is experiencing homelessness together, assess the general health of the household member with the most severe or urgent health conditions. For low scores, validate by asking: "You said your health is excellent. Are there any mental health or substance use concerns that are adversely impacting your or your household's general health?" Adjust score as needed.			Excellent	100	
			Very good	200	
			Good	300	
			Fair	400	
			Poor	500	
TENS: LENGTH OF TIME HOMELESS Ask respondent **if they have been experiencing homelessness for longer than 12 months**. If, "no" enter a score of zero. If yes, ask respondent to estimate the total length of time homeless and enter the corresponding score.		No history of homelessness			
		Up to 12 months of homelessness		10	
		More than 1 year but under 2 years		20	
		More than 2 years but under 3 years		30	
		More than 3 years but under 4 years		40	
		More than 4 years but under 5 years		50	
		More than 5 years but under 6 years		60	
		More than 6 years but under 7 years		70	
		More than 7 years but under 8 years		80	
		More than 8 years		90	
ONES: RISK AND BARRIERS Say, "Our providers recognize known risk factors for homelessness and barriers to housing. Do any of the following situations apply to your household?" Read risk and barrier list. *Score 1 per affirmed Risk and Barrier, and enter the sum as Place Score.*		No household income			
		History with evictions			
		English as a second language			
		History with housing discrimination based on race or ethnicity			
		History with foster care			
		Bad credit / excessive debt			
		History with incarceration / criminal record			
		2 or more emergency room visits or inpatient stays within last year			
		Household size of 6 or more people			
		Unwilling to work with Case Management			

IMPERIAL VALLEY
CONTINUUM OF CARE
COUNCIL

GRIEVANCE FORM

Name: Date:

Phone Number:

Program Name:

Have you filed a grievance with the agency? If yes, what was the outcome?

Please state your concern *(use back of form, if necessary*

What actions would you suggest?

Your signature: Date: