

COORDINATED ENTRY PROCESS POLICIES AND PROCEDURES MANUAL

Sutter Yuba Homeless Consortium (CoC CA-524)

Adopted:
MM/DD/YY

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Purpose and Background

The Sutter Yuba Homeless Consortium Continuum of Care has developed the following Coordinated Entry Process (CEP) for the entire geographic area of Sutter and Yuba Counties to meet the Department of Housing and Urban Development (HUD) and State of California Department of Housing and Community Development (HCD) guidelines. The primary goals of this CEP are that assistance be allocated as effectively as possible and that it be easily accessible to persons experiencing homelessness. This Coordinated Entry Process is mandated for all recipients of Continuum of Care (CoC) and Emergency Solutions Grant (ESG) funding and was developed in accordance with the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 and its implementing regulations.

Coordinated Entry Processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. In addition, a Coordinated Entry Process provides information about service needs and gaps to help communities plan their assistance and identify necessary resources. Accordingly, the Coordinated Entry Process described in this Manual covers the entire geographic area of Sutter and Yuba Counties and was designed with the following guiding principles:

Prioritization: The Coordinated Entry Process ensures that people with the greatest needs receive priority for any type of housing and homeless assistance available in the geographic area, information and referral, Rapid Re-housing (RRH), and other interventions. Specific prioritization will be given based on scoring from the vulnerability assessment, chronic homelessness, and chronic illness.

Low Barrier: The Coordinated Entry Process does not screen people out for assistance because of perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record. In addition, housing and homelessness programs lower their screening barriers in partnership with the Coordinated Entry process.

Housing First: The Coordinated Entry Process follows the Housing First model, such that people are housed quickly without preconditions or service participation requirements.

Person-Centered: The Coordinated Entry Process incorporates participant choice which is facilitated by questions in the assessment tool and through project referral. Choice can include location and type of housing, level of services, and other options about the types of eligible services a household may receive.

Fair and Equal Access: All individuals in the Sutter Yuba geographic area have fair and equal access to CEP, regardless of where or how they present for services. . Marketing strategies include direct outreach to people on the street, businesses and other service sites, informational flyers left at service sites and public locations, announcements during Sutter and/or Yuba County meetings, and educating mainstream providers. Entry points are accessible to people with disabilities and there are methods by which people can access these entry points. The Coordinated Entry Process is able to serve people who speak languages commonly spoken in the community. Sutter and Yuba Counties' Health and Human Services Agencies have bi-lingual case workers in the region's threshold languages.

Emergency services: The Coordinated Entry Process does not delay access to emergency services such as emergency shelter or food services. ESG-funded programs must receive referrals from Coordinated Entry, but the referrals will not be based on prioritization. The referrals will be a "first come, first serve" basis. Individuals who present at an emergency shelter without entering Coordinated Entry will be encouraged to go to one of the locations the next business day. The Coordinated Entry locations will publicly post the contact information for all emergency shelters in the area with each program's cut-off times.

Standardized Access and Assessment: All Coordinated Entry locations and methods (phone and in-person) offer the same assessment approach and referrals using uniform decision-making processes. A person presenting at a specific Coordinated Entry location is not steered towards any particular program or provider simply because they presented at that location.

Inclusive: The Coordinated Entry Process includes all subpopulations, including Chronic Homeless, Veterans, families, youth, and survivors of domestic violence, although the Sutter Yuba CoC may adopt different processes for accessing Coordinated Entry, including different access points and assessment tools for the following different populations: (1) adults without children, (2) adults accompanied by children, (3) unaccompanied youth, or (4) households fleeing domestic violence. The Coordinated Entry Process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. The Sutter Yuba CoC will continuously evaluate and improve the process ensuring that all subpopulations are served.

Referral to projects: The Coordinated Entry Process makes referrals to all

projects receiving Emergency Solutions Grants (ESG) and CoC Program funds, including Emergency Shelter, Rapid Rehousing (RRH), and Permanent Supportive Housing (PSH), as well as other housing and homelessness projects. Projects in the community that receive ESG or CoC funding fill all vacancies through CEP referrals, while other housing and services projects determine the extent to which they rely on referrals from the Coordinated Entry Process. Currently, the Sutter Yuba CoC does not have Homeless Prevention funds, but will update the manual as funds become available. Information regarding mainstream resources are posted at both Coordinated Entry locations.

Referral protocols: Programs that participate in the Sutter Yuba CoC's Coordinated Entry Process accept all eligible referrals until the Sutter Yuba CoC has a documented protocol for rejecting referrals, ensuring that such rejections are justified and rare and that participants are able to identify and access another suitable project.

Outreach: The Coordinated Entry Process is linked to street outreach efforts so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the CEP.

Ongoing planning and stakeholder consultation: The Sutter Yuba CoC will engage in ongoing planning with all stakeholders participating in the Coordinated Entry Process. This planning will include evaluating and updating the CEP at least annually. Feedback from individuals and families experiencing homelessness or recently connected to housing through the CEP will be regularly gathered through surveys, focus groups, and other means and is used to improve the process.

Informing local planning: Information gathered through the Coordinated Entry Process is used to guide homeless assistance planning and system change efforts in the community.

Leverage local attributes and capacity: The physical and political geography, including the capacity of partners in a community, and the opportunities unique to the community's context, inform local Coordinated Entry implementation.

Safety planning: The Coordinated Entry Process has protocols in place to ensure the safety of the individuals seeking assistance. These protocols ensure that people fleeing domestic violence are provided safe and confidential access to CEP and domestic violence services, and that any data collection adheres to the Violence Against Women Act (VAWA).

Accurate Data: Using HMIS and other systems for Coordinated Entry, the Sutter Yuba CoC collects and manages data associated with assessments and referrals.

Written Standards: The CoC, in consultation with recipients of Emergency Solutions Grants program funds within the geographic area, has established written standards for providing Continuum of Care assistance which guide the development of formalized policies and procedures for the Coordinated Entry Process. The CoC and ESG-funded programs will work together to ensure the CEP allows for coordinated screening, assessment and referrals for ESG projects consistent with the written standards for administering ESG assistance.

The policies and procedures in this manual have been established to ensure that persons experiencing homelessness who enter programs throughout the Sutter Yuba region will be given similar information and support to access and maintain permanent housing. All programs that receive ESG or CoC funding are required to abide by these policies and procedures. Agency program procedures should reflect the policy and procedures described in this document. The Sutter Yuba CoC strongly encourages programs that do not receive either of these sources of funds to adopt and utilize these policies and procedures.

The Sutter Yuba CoC Governing Board shall review and update these policies and procedures annually or as needed.

Process Overview and Workflow

To illustrate how the *Coordinated Entry Process* functions, the following overview provides a brief description of the path a household would follow from an initial request for housing through permanent housing placement. The overview also describes roles and expectations of the key partner organizations that play a critical role in the system.

Additional details can be found in the subsequent sections of this manual and the Coordinated Entry workflow.

From Initial Request for Services to Permanent Housing Placement– Pathway through the Coordinated Entry Process

Step 1: Connecting to the Coordinated Entry Process/Initial Request for Services

- To ensure accessibility to households in need, the Coordinated Entry Process provides access to services from multiple, convenient physical locations. Households in need may initiate a request for services in person through any of the designated Coordinated Entry locations (909 Spiva Avenue in Yuba City / 131 F Street in Marysville) or by phone via the Counties' hotline phone number (530-749-6811). The Coordinated Entry location in Marysville is open Monday-Wednesday from 9:00am-1:00pm. The Yuba City location is open Monday-Thursday from 11:00am-5:00 pm. Both locations are ADA accessible and near public transportation.

Step 2: Coordinated Entry Assessment – Assessors will complete the Coordinated Entry Assessment with the household. The assessment includes the collection of HMIS universal data elements as well as administering the standardized Vulnerability Assessment Tool. Assessors have the option of completing the assessment directly into the HMIS system (which is strongly encouraged) or administering a paper version to be entered into HMIS at a later time depending on the logistics of the agency's operation. Data collected on paper should be entered into HMIS within three (3) business days. Entry into HMIS automatically enters the household onto the Queue.

Step 3: Case Management Match- Information gathered from the assessment is used to determine which level of case management intervention is best suited to end the household's homelessness. Scoring from the Assessment Tool matches households to a level of case management intervention and will be reflected by the household's positioning on the Queue. Case management will be offered by Sutter County Health and Human Services, Yuba County Health and Human Services, or Hands of Hope. Services are person centered and it is recognized that the initial match may not be appropriate for the household.

Step 4: Housing Referral – Completion of the Coordinated Entry Assessment results in the household being placed on the Queue. Upon identifying a case

management intervention, the case manager will work closely with the household to remove housing barriers. Case managers will provide eligible referrals, pulled from the queue, to the Receiving Programs for housing services.

A case manager meeting will be conducted weekly to review active cases and make housing referrals based on prioritization score and date of assessment.

Step 5: Housing Navigation - Various programs provide housing search assistance. Appropriate referrals may be made by the Receiving Program or by Coordinated Entry assessors.

Below is an illustration of the CE Workflow:

Coordinated Entry Policies and Procedures

1. Connecting to the Coordinated Entry Process

- 1.1. Locations & Hours** – Assessments are conducted at designated Coordinated Entry Front Door Sites. Current Front Door locations and assessment hours include:

Yuba County

The Rick Teagarden Life Building Center is centrally located at 131 F Street in Marysville, CA. This location serves as the Coordinated Entry site in Yuba County. The hours of operation are Monday through Wednesday from 9:00am-1:00pm. This location is ADA accessible.

Sutter County

Hands of Hope is centrally located at 909 Spiva Avenue in Yuba City, CA. This location serves as the Coordinated Entry site in Sutter County. The hours of operation are Monday through Thursday from 11:00am-5:00pm. This location is ADA accessible.

Homeless Hotline

Homeless households seeking assistance are able to enter into the Coordinated Entry Process through the homeless hotline number. This number is 530-749-6811.

Individuals will be prioritized by the individual's assessment score, chronic homelessness, chronic illness, and date of inquiry. Matching to Receiving Programs will be determined by eligibility, unit availability and capacity.

- 1.2. Eligibility** – Coordinated Entry is intended to facilitate access to the most appropriate housing intervention for each household's immediate and long- term housing needs and ensure that permanent

housing resources are targeted to those who are most vulnerable and/or have been homeless the longest. Individuals/households who are included in more than one of the subpopulations (i.e. parenting youth, unaccompanied youth, victim of DV, etc.) can be served at all Coordinated Entry locations. The Coordinated Entry Process cannot deny access to individuals who are victims of domestic violence, dating violence, sexual assault, stalking or human trafficking.

- 1.3. Marketing/Advertising – The Sutter/Yuba CoC’s Coordinated Entry Committee will conduct marketing to promote access and availability of the information regarding the Coordinated Entry Process. This will include outreach to businesses and agencies within the region, posting flyers around the community, outreach to known homeless encampments, and announcements at the regular CoC meetings and other community meetings. The CoC affirmatively markets housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, handicap or who are least likely to apply in the absence of special outreach. Both Sutter and Yuba Counties’ Health and Human Services agencies regularly conduct outreach to individuals residing along the riverbottoms and in homeless encampments.

2 The Housing Assessment Process

- 2.1 Assessment: Upon entry into the Coordinated Entry Process, individuals/households will be assessed using a standardized Vulnerability Assessment tool to identify individual need and prioritize based on level of vulnerability. There are two tools used depending on household size. Both forms can be found in Attachments A and B.
- 2.2 Roles and Responsibilities - Assessors are generally trained staff and/or volunteers at the Coordinated Entry locations. Assessors will administer the standardized Vulnerability Assessment Tool and may also be trained in diversion services. The Assessor may connect a consumer/household with a Case Manager based on the household’s prioritization score.

Case managers, when available, may provide the following:

- Operate as the initial contact for the *Coordinated Entry Process*
- Collect HMIS data
- Client notification of *Eligibility and Referral Decisions*
- Provide or refer to diversion services where appropriate

2.3 Training Requirements –

Assessors are trained annually by the CoC Coordinator and CoC Governing Board, and trained by the HMIS lead for HMIS data entry requirements. Assessors will be trained on the Coordinated Entry Policy and Procedure manual, standardized Vulnerability Assessment tool, requirements for use of assessment information to determine prioritization, criteria for uniform decision-making and referrals, and HMIS data entry.

Case Managers are trained by their employing agency on the Coordinated Entry Policy and Procedure manual, standardized vulnerability assessment tool, requirements for use of assessment information to determine prioritization, criteria for uniform decision-making and referrals, protocols regarding program eligibility and documentation, HMIS data entry, and housing plan development.

2.4 Release of Information – In order to share information with participating agencies, clients will be requested to sign a release of information (ROI) upon intake, to share and store participant information.

Participants will not be denied services if they refuse to allow their data to be shared. Clients are informed of the privacy rules associated with collection, management, and reporting of client data in the Homeless Management Information System (HMIS). A sample ROI can be found in Attachment C.

2.5 Privacy Protection – Clients are not required to disclose specific disabilities or diagnoses. Specific diagnoses or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals. All client information is securely stored in the Homeless Management Information System (HMIS). Bell Data is Sutter Yuba CoC's HMIS provider, with Sutter Yuba Behavioral Health acting as the lead agency. As the lead agency, the Sutter Yuba Behavioral Health Agency is responsible for the daily administration of the HMIS software and providing technical assistance to participating agencies and end-users.

2.6 Participant Autonomy – Clients are freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. Participants may be required to provide certain pieces of information to determine program eligibility only when the applicable program regulation requires the information to establish or document eligibility. Clients must be informed of his/her right to file a non-discrimination complaint (Attachment D).

- 2.7 Timeline - Based on household score, the client may be assigned a case manager. The case manager will make 3 attempts to contact the client within one week, and meet with the client within 10 days to conduct a second assessment that will identify barriers he/she has with regards to permanent housing, determine program eligibility, and create a Housing Plan.

3 Housing Matching

- 3.1 Timeline – Within 10 days of determining program eligibility, the case manager will work with the client to obtain necessary documents to remove housing barriers.
- 3.2 Unit Availability/Vacancy Notification – All ESG- or CoC- funded Transitional Housing, Rapid Re- housing, and Permanent Supportive Housing Programs will make known availability and vacancies via email to the Lead Case Manager.

4 Housing Referral

- 4.1 Queue – The Queue consists of the following:
- 4.1.1 Clients are prioritized based vulnerability assessment score, chronic homelessness, chronic illness, and date of inquiry.
 - 4.1.2 The Receiving Programs request referrals from the Lead Case Manager (CM) when the receiving program has space available. During the weekly case management meetings, the Lead CM will review the referral requests and pull eligible clients from the Queue.
 - 4.1.3 Case Managers will be requested to make contact with the client within 48 hours.
 - 4.1.4 If the client cannot be contacted within that time frame, the Lead CM will pull another name from the Queue.
 - 4.1.5 Once staff makes contact with the client, the client must decide within 5 business days whether to accept or decline the unit or program slot.
 - 4.1.6 If the client accepts the unit/program slot, he/she moves forward in the next steps towards move-in/program enrollment.
 - 4.1.7 If the client declines the unit, then the next client on the list is contacted and the client that refused is skipped. The client still maintains his/her place in the Queue if they reject a referral.

4.1.8 Inactive Clients: A client will be marked as “inactive” for the following reasons:

4.1.8.1 CM makes 3 phone call attempts in 1 week with no contact being made

4.1.8.2 Client missed an appointment. The CM will attempt 1 phone call to reschedule. If the client misses the 2nd appointment, they will move to “inactive” status.

4.1.8.3 When the client presents at the Coordinated Entry Site again requesting services, they will be moved to “pending” status. The client is still able to keep their prioritization status.

4.1.9 Receiving Program Responsibilities – The Receiving Program will contact the Lead CM to receive a client referral. If the client misses the first appointment, Receiving Program will schedule a new intake appointment within 3 business days and should hold the vacancy until the intake appointment is concluded. If the client misses the second appointment, the Receiving Program may move on to the next client on the Queue.

4.1.10 Document Requirement Updates - Receiving Programs make eligibility determination decisions within 10 business days of the intake interview (or when all required application materials are complete). If a client is denied, the client must be notified in writing of the denial, the reason for the denial, and of their right to appeal, and how to do so.

4.1.11 Ineligibility – Receiving Programs must follow their written policies regarding program eligibility. These policies must be designed to screen in rather than screen out participants. Receiving Programs must have an appeal process for those applicants who have been denied service or entry into a program. Some reasons for denial may be:

4.1.11.1 There is no actual vacancy available;

4.1.11.2 The individual or family missed two intake appointments without good cause;

4.1.11.3 The household presents with more people than referred by the Housing Assessor and the Receiving Program cannot accommodate the increase;

4.1.11.4 Certain criminal behaviors; or

4.1.11.5 Program policies and procedures of the Receiving Program has determined that the individual or family cannot be safely accommodated or cannot meet tenancy obligations with the supports provided by the program.

4.1.11.6 Programs may deny persons with psychiatric disabilities for refusal to participate in mental health services if there is concern for the safety of all participants and staff. The *Receiving Program* must enter the reason for any decisions to reject a client in HMIS. If the ineligible client has not otherwise been accommodated for the night, e.g. via an intervention by emergency services, the *Receiving Program* must notify the *Housing Navigator*, refer the client back, and document that outcome in HMIS. Reason for denial forms must be submitted to the client within 5 business days of the day the decision was made.

4.1.12 Client Choice – Clients may decline a referral because of program requirements that are inconsistent with their needs or preferences. There are no limitations on this decision. For example, clients may decline participation in programs requiring sobriety.

4.1.13 Client Appeal/Non-Discrimination Complaint – All clients have the right to appeal eligibility determinations issued by any *Receiving Program*. Each program is required to have an appeal process and must educate clients on this process. If the issue is not resolved by the Receiving Program, the client may appeal the decision through Coordinated Entry. The Coordinated Entry grievance policy is found in Attachment E. The client is also able to file a non-discrimination complaint, and must be informed of the process during the assessment process. A copy of the non-discrimination complaint is located in Attachment D.

4.2 Move In – If the homeless individual or family is accepted, the *Receiving Program* must document that acceptance in HMIS.

4.3 Referrals to and from other systems not using HMIS – The *Coordinated Entry Process* appropriately addresses the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, individuals in crisis, and veterans.

4.3.1 Domestic Violence (DV) – When a homeless or at-risk individual/household is identified by the *Coordinated Entry Process* to be in need of domestic violence services, Casa de Esperanza will be contacted immediately by phone (530-674-2040) and requested to come on-site to conduct an assessment. If the individual/household does not wish to seek DV specific services through Casa de Esperanza, County Victim Services will be contacted by phone (530-741-6275 OR 530-822-7345) and requested to come on-site to meet with the individual or household. The individual/household will have full access to the *Coordinated Entry Process*, in accordance with all protocols described in this manual, regardless of their desire to seek services from Victim Service Providers.

If Casa de Esperanza or County Victim Services determines that the individual/household seeking DV specific services is either not eligible for or cannot be accommodated by the DV specific system, they will refer the client to the Coordinated Entry location(s) for assessment and referral in accordance with all protocols described in this manual.

4.3.2 Safety Planning – Individuals fleeing, or attempting to flee, domestic violence, sexual assault, dating violence, stalking, or human trafficking are not required to receive services from Victim Service Providers. If a client does not wish to receive DV specific services, they must be informed of the ways to ensure his/her safety, including contacting law enforcement and providing information of the offender to the non-victim agencies. Victims may also be referred to agencies outside Sutter and Yuba Counties if the client chooses.

4.3.3 Crisis & Emergency - When a homeless or at-risk individual/household is identified by the Coordinated Entry Process to be experiencing a mental health crisis or medical emergency, staff are to provide the appropriate response immediately by calling 911 or crisis. The individual/household may be referred back to the Coordinated Entry location(s) for assessment and referral in accordance with all protocols described in this manual, at such time as the crisis/emergency has been rectified.

4.3.4 Veterans – When a homeless or at-risk individual is identified by the *Coordinated Entry Process* to be a Veteran, he or she will be referred to VA services if he/she chooses.

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

The *Coordinated Entry Process* complies with the non-discrimination requirements of Federal, State, and local Fair Housing laws and regulations, including the following:

- Fair Housing Act, which prohibits discrimination in all housing transactions on the basis of race, national origin, sex, color, religion, disability status and familial status. This also includes protection from housing discrimination based on source of income. Additional protected classes under state law include sexual orientation (including gender identity), marital status, military discharge status, and age (40+).
- Section 504 of the Rehabilitation Act, which prohibits discrimination based on disability under any program or activity receiving Federal financial assistance.
- Title VI of the Civil Rights Act, which prohibits discrimination based on race, color or national origin under any program or activity receiving Federal financial assistance.
- Title II of the Americans with Disabilities Act, which prohibits public entities, which includes State and local governments and special purpose districts from discriminating against individuals with disabilities in all their services program and activities, which include housing and housing related services such as housing search and referral assistance.
- Title III of the American with Disabilities Act, which prohibits private entities that own, lease and operate places of public accommodations providing housing, from discriminating based on disability.

All Authorized User Agencies who enter into an MOU for the *Coordinated Entry Process* agree to take full accountability for complying with Fair Housing laws and all other funding and program requirements. The MOU requires User Agencies to use the *Coordinated Entry Process* in a consistent manner with the statutes and regulations that govern their housing programs.

The *Sutter/Yuba CoC* will request from each Authorized User Agency their tenant selection plan and any funding contract that requires or allows a specific subpopulation of persons to be served. For instance, Housing Opportunities for Persons with AIDS (HOPWA) programs will show funding contract, a single-gender program must produce its HUD waiver. The *Sutter/Yuba CoC* in accordance with the Fair Housing Act also recognizes that a housing provider may seek to fulfill its “business necessity” by narrowing focus on a subpopulation within the homeless population. The *Coordinated Entry Process* may allow filtered

searches for subpopulations while preventing discrimination against protected classes.

Evaluating and Updating the Coordinated Entry Process

The implementation of the *Coordinated Entry Process* necessitates significant, community-wide change. To help ensure that the Process will be effective and manageable for homeless and at-risk households and for the housing and service providers tasked with meeting their needs, particularly during the early stages of implementation, the Sutter/Yuba CoC anticipates adjustments to the processes described in this manual. To inform those adjustments, the *Coordinated Entry Process* will be periodically evaluated, but not less than annually, and there will be ongoing solicitation for stakeholder feedback, including but not limited to Referral and Receiving Program workgroups convened and managed by the Sutter/Yuba CoC *Governing Board* in addition to a client satisfaction survey, found in Attachment F. Specifically, the *Governing Board* is responsible for:

- Leading periodic evaluation efforts to ensure that the Coordinated Entry Process is functioning as intended; such evaluation efforts shall happen at least annually.
- Leading 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.
- Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders.
- Ensuring that the Coordinated Entry Process is updated as necessary to maintain compliance with all state and federal statutory and regulatory requirements

Evaluation efforts shall be informed by metrics established annually by the CoC *Governing Board*, in conjunction with the *CoC Strategic Planning Committee* and *Coordinated Entry Review Team*.

These metrics shall include indicators of the effectiveness of the functioning of the *Coordinated Entry Process* itself, such as:

- Wait times for initial contact
- Length of time an individual is on the Queue.
- Extent to which expected timelines described in this manual are met
- Number/Percentage of referrals that are accepted by receiving programs
- Rate of missed appointments for scheduled assessments
- Number/Percentage of persons deemed ineligible by more than one (1) provider
- Number/Percentages of Eligibility and Referral Decision appeals

- # of program intakes not conducted through Coordinated Entry Process
- 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 Continuum of Care outcomes, such as:

- Persons referred have length of stays consistent with system guidelines
- Waiting lists are reduced for all services; eliminated for shelter
- Program components meet outcome targets
- Reductions in long term chronic homeless
- Reduction in family homelessness
- Reductions in returns to homelessness
- Reduced rate of people becoming homeless for first time

Termination

Any Authorized User Agency may terminate their participation in the *Coordinated Entry Process* by giving written notice. Housing programs that are required to participate due to HUD guidelines will need HUD approval to terminate participation.

Definitions & Key Terms

Terms used throughout this manual are defined below:

Queue

The Queue is the CoC-wide waitlist for housing programs. Because housing resources in our CoC are scarce and because most programs will not have immediate openings, it is assumed that each assessed household will spend some amount of time on the Queue before being referred to a program. The Queue is maintained by the Coordinated Entry Lead Service Provider and is organized according to the household's date of inquiry and Vulnerability Assessment score, which takes into account veteran status, disabilities, and length of time homeless, in addition to other criteria.

Chronically Homeless (24 CFR 578.3):

- (1) A "homeless individual with a disability," as defined in section 401(9) of the McKinney- Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
 - i. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - ii. Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 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 paragraph (1)(i).
 - Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12- month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;
- (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 paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Disability (24 CFR §583.5):

- (1) A condition that:

- i. Is expected to be long-continuing or of indefinite duration;
 - ii. Substantially impedes the individual's ability to live independently;
 - iii. Could be improved by the provision of more suitable housing conditions; and
 - iv. Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;
- (2) A developmental disability, as defined in this section; or
- (3) The disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

Developmental Disability (24 CFR §578.3.)

Developmental disability means, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 ([42 U.S.C. 15002](#)):

- (1) A severe, chronic disability of an individual that—
- i. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - ii. Is manifested before the individual attains age 22;
 - iii. Is likely to continue indefinitely;
 - iv. Results in substantial functional limitations in three or more of the following areas of major life activity:
 - a. Self-care;
 - b. Receptive and expressive language;
 - c. Learning;
 - d. Mobility;
 - e. Self-direction;
 - f. Capacity for independent living;
 - g. Economic self-sufficiency.
 - v. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.
- (2) An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described in paragraphs (1)(i) through (v) of the definition of “developmental disability” in this section if the individual, without services and supports, has a high probability of meeting these criteria later in life.

Homeless (24 CFR 578.3)

Literally Homeless (Category 1):

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

- (1) Has a primary nighttime residence that is a public or private place not meant for human habitation;
- (2) 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
- (3) 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; or

At imminent risk of homelessness (Category 2)

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

- (1) Residence will be lost within 14 days of the date of application for homeless assistance;
- (2) No subsequent residence has been identified; and
- (3) The individual or family lacks the resources or support networks needed to obtain other permanent housing; or

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:

- (1) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
- (2) 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;
- (3) 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
- (4) Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability;

or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

Fleeing domestic abuse or violence (Category 4)

Any individual or family who:

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

Assessment

A process that reveals the past and current details of an individual's/household's strength, and needs, in order to match the client to appropriate services and housing. For the purpose of this document, assessment will refer to a process (whether at primary screening and intake or at entry to a housing program) that reveals a client's eligibility, needs, barriers and strengths.

Assessor

An intake worker, whose responsibility is to provide coordinated intake and assessment for individuals or families seeking housing services.

No Wrong Door

The "No Wrong Door" approach is one in which a homeless household can present at any homeless services agency within the geographic area and will be assessed and referred using the standardized vulnerability assessment tool. Agencies using this approach are responsible for adhering to the guiding principles listed in the document including (but not limited to) providing fair and equal access to persons that are disabled and persons who are limited English proficient.

Diversion

A strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. The main difference between diversion and other permanent housing-focused interventions centers on the point at which intervention occurs.

Prevention targets people at imminent risk of homelessness, diversion targets people as they are applying for entry into shelter, and rapid re-housing targets people who are already homeless.

HEARTH ACT

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) act of 2009 that includes Emergency Solutions Grant (ESG) and Continuum of Care (CoC) grants.

Coordinated Assessment

Relates to the utilization of the same assessment tool to connect clients to services as a means for a Coordinated Entry system. For the purpose of this document, that tool is the locally developed Vulnerability Assessment.

Homeless Management Information System

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 policy makers at the federal, state, and local levels use aggregate HMIS data to obtain better information about the extent and nature of homelessness overtime. Specifically, HMIS can be used to produce an unduplicated count of homeless persons, understand patterns of service use, and measure the effectiveness of homeless programs.

Sutter Yuba HMIS is staffed by the Sutter Yuba Behavioral Health Agency. The software provider is Bell Data. The HMIS staff is responsible for the administration of the HMIS software and providing technical assistance to participating agencies and end-users. Agencies that participate in HMIS are referred to as “participating agencies.” Each participating agency needs to follow certain guidelines to help maintain data privacy and accuracy.

As the HMIS Lead Agency, the Sutter Yuba County Behavioral Health Agency is responsible for the day-to-day administration of the *Coordinated Entry Process*, including but not limited to the following:

- (1) Monitoring data quality of HMIS data and provide training as necessary to ensure continued quality of data gathered.

- (2) Maintaining the Queue and disseminating the list to the Receiving Programs and the Coordinated Entry Review Team.

Current licensed agencies utilizing HMIS include:

- Hands of Hope
- Bridges to Housing
- The Salvation Army
- Sutter Yuba Behavioral Health
- Sutter County Public Health Agency
- Yuba County Health and Human Services Agency
- St. John's Church
- Fremont-Rideout Health Group
- YCCW-CAPC Displaced Youth

Authorized User Agencies

Housing providers who wish to, or are required to, participate in the *Coordinated Entry Process* are Authorized User Agencies. Authorized User Agencies must:

- a. Enter accurate data into the HMIS system
- b. Sign and agree to the HMIS Privacy and Security Policies for HMIS database use
- c. Agree to comply with the established policies and procedures identified in this manual

Receiving Program –

All Transitional Housing, Rapid Re-housing, and Permanent Supportive Housing programs are Receiving Programs and are responsible for responding to the referral provided by the Queue, in compliance with the protocols described in this manual.

**COORDINATED ENTRY****VERSION 7.2****HMIS INDIVIDUAL INITIAL INTERVIEW AND VULNERABILITY SCREENING FORM**

Page 1 of 8

Interviewer: _____ Location: ☐ Yuba ☐ Sutter Interview Date: _____ / _____ / _____
Month Day Year

Client Name: _____ Client ID: _____
First Middle Last

Contact Number: _____ Social Security Number: _____ - _____ - _____

Best way to reach you: ☐ Call ☐ Text ☐ Does not know ☐ Declines to answer

Email: _____ Best place to find you: _____

Alternate contact: _____ Alternate Contact Number: _____
Best way to reach them: ☐ Call ☐ Text

CLIENT'S DEMOGRAPHICS**1) What is your primary language? (Choose only one response)**

☐ English ☐ Spanish ☐ Punjabi ☐ Other language: _____

2*) What is your gender identity? (Choose only one response)

☐ Male ☐ Female ☐ M to F Transgender ☐ F to M Transgender ☐ Don't know ☐ Declined to answer

3*) What is your age and date of birth?

Date of Birth: _____ / _____ / _____ Age: _____
Month Day Year ☐ Don't know ☐ Declined to answer

4) What is the your ethnicity? (Choose only one response)

☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Don't know ☐ Declined to answer

5) What is your race? (Read all responses and choose ALL that apply)

☐ White ☐ African-American ☐ Native American ☐ Native Hawaiian ☐ Pacific Islander
☐ Asian Indian ☐ Japanese ☐ Filipino ☐ Chinese ☐ Korean
☐ Vietnamese ☐ Multiracial ☐ Don't know ☐ Declined to answer
☐ Some other race: _____

6) What is the highest degree or level of education you have completed? (Read all responses and choose only one)

☐ Grades K-4 ☐ Grades 5-6 ☐ Grades 7-8 ☐ Grades 9-11 ☐ High School
☐ GED ☐ School without grade levels ☐ Some College ☐ Associate's Degree ☐ Bachelor's Degree
☐ Graduate Degree ☐ Vocational certificate ☐ Don't know ☐ Declined to answer

7) Are you disabled?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

8) Are you a veteran?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

9) What is your occupation, if any?

10) What transportation do you have? (Read all responses and choose ALL that apply)

☐ Car ☐ Bus ☐ Bicycle ☐ Walking ☐ Rides ☐ Other: _____ ☐ Don't know ☐ Declined to answer

Client ID: _____ Location: ☐ Yuba ☐ Sutter Interview Date: _____ / _____ / _____
 _____ Month _____ Day _____ Year

CLIENT'S HOUSEHOLD

11) What is your relationship status? (Choose only one response)

☐ Single ☐ In a relationship ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

12) How many people live with you? (Choose only one response)

☐ None ☐ One ☐ Two ☐ Three ☐ Four ☐ Five ☐ Six ☐ Seven ☐ Eight or more

13. a) Does your household have any animals?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

b) If the client answered yes to 13a, how many animals do you have? (Choose only one response)

☐ One ☐ Two ☐ Three ☐ Four ☐ Five ☐ Six ☐ Seven ☐ Eight or more

c) If the client answered yes to 13a, what kinds of animals do you own? (Choose ALL that apply)

☐ Dogs ☐ Cats ☐ Fish ☐ Birds ☐ Reptiles ☐ Rabbits ☐ Horses ☐ Livestock ☐ Other: _____

d) If the client answered yes to 13a, are your animals' vaccinations up to date?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

e) If the client answered yes to 13a, are your animals currently licensed?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

f) If the client answered yes to 13a, are any of your animals service animals?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

g) If the client answered yes to 13f, what work or task has your animal been trained to perform?

CLIENT'S HOUSING SITUATION

14*. a) Where did you sleep last night? (Read all responses and choose only one)

☐ Emergency shelter (hotel/motel paid w/voucher) ☐ Interim housing ☐ Place not meant for human habitation
☐ Safe haven ☐ Foster care or group home ☐ Hospital or other medical facility
☐ Jail, prison, or juvenile detention facility ☐ Long-term care facility/nursing home ☐ Psychiatric hospital or other facility
☐ Substance abuse treatment facility ☐ Hotel/motel paid by participant ☐ Place owned by client
☐ Formerly homeless housing ☐ Place rented by client ☐ Residential project/halfway house
☐ Family member's house/apartment ☐ A friend's house/apartment ☐ Transitional housing for the homeless
☐ Don't know ☐ Declined to answer

b) If the client answered place not meant for human habitation to 14a, what best describes where you slept last night? (Read all responses and choose only one)

☐ Encampment ☐ In client's car ☐ Other place outside

c) If the client answered place not meant for human habitation to 14a, where was the encampment, car or other place located?

15) What subsidy, if any, did you receive to support where you stayed last night? (Choose only one response)

☐ None ☐ Rapid re-housing ☐ VASH ☐ Section 8 ☐ Transition in place ☐ Other
☐ Don't know ☐ Declined to answer

16*) How long have you been where you stayed last night? (Choose only one response)

☐ 1 week or less ☐ More than 1 week, less than 1 month ☐ 1-3 months ☐ 4-11 months
☐ 1 year or more ☐ Don't know ☐ Declined to answer

Client ID: _____ Location: ☐ Yuba ☐ Sutter Interview Date: _____ / _____ / _____
Month Day Year

CLIENT'S HOUSING SITUATION (CONTINUED)

17. a) Including today, how many times in the past three years have you been homeless? (Choose only one response)

☐ None ☐ One ☐ Two ☐ Three ☐ Four ☐ Five ☐ Six ☐ Seven ☐ Eight or more

b) If the client answered one or more, how long in total have you been homeless?

Length: _____ ☐ Days ☐ Months ☐ Years

c) If the client answered one or more, approximately when (ie, what date) did you become homeless?

18. a) What was your last permanent address?

Street: _____ City: _____ State: _____ Zip Code: _____

☐ Don't know ☐ Declined to answer

b) If your last address was not in Sutter or Yuba Counties, what brought you here?

_____ ☐ Don't know ☐ Declined to answer

19) What do you think are some of the reasons or conditions that led to you being homeless?

(Read all responses and choose **ALL** that apply)

- | | | |
|--------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Bad rental/credit history | <input type="checkbox"/> Break up, divorce or separation | <input type="checkbox"/> Child abuse |
| <input type="checkbox"/> Child support issues | <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Eviction or foreclosure |
| <input type="checkbox"/> Family member illness/death | <input type="checkbox"/> Family or household conflict | <input type="checkbox"/> Gender identity/sexual orientation |
| <input type="checkbox"/> Left/aged out of foster care | <input type="checkbox"/> Lost job/Unemployed | <input type="checkbox"/> Mental health issues |
| <input type="checkbox"/> Moved to seek work | <input type="checkbox"/> No friends/family available | <input type="checkbox"/> Pending/denied benefits |
| <input type="checkbox"/> Physical health issues | <input type="checkbox"/> Recent immigration | <input type="checkbox"/> Release from hospital, treatment facility or other institution |
| <input type="checkbox"/> Release from jail or prison | <input type="checkbox"/> Substance use issues | <input type="checkbox"/> Timed out of or left previous housing program |
| <input type="checkbox"/> Unable to pay rent/mortgage | <input type="checkbox"/> Welfare assistance sanctions | <input type="checkbox"/> Welfare payments insufficient |
| <input type="checkbox"/> Welfare time limits | <input type="checkbox"/> Don't know | <input type="checkbox"/> Declined to answer |
| <input type="checkbox"/> Other (please specify): _____ | | |

20) What are your current barriers to housing? (Read all responses and choose **ALL** that apply)

- | | | | |
|--------------------------------------------------------|--------------------------------------------------|-----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Insufficient income | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Physical health issues |
| <input type="checkbox"/> Substance use issues | <input type="checkbox"/> Lack of housing | <input type="checkbox"/> Transportation | <input type="checkbox"/> Pets/Animals |
| <input type="checkbox"/> Housing location | <input type="checkbox"/> Dislike housing options | <input type="checkbox"/> Bad rental history | <input type="checkbox"/> Bad credit history |
| <input type="checkbox"/> Criminal record | <input type="checkbox"/> Don't know | <input type="checkbox"/> Declined to answer | |
| <input type="checkbox"/> Other (please specify): _____ | | | |

21. a) Are you interested in permanent housing?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

b) If the client answered no, what are the barriers to your interest in permanent housing? (Read all responses and choose **ALL** that apply)

- | | | | |
|--------------------------------------------------------|--------------------------------------------------|-----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Insufficient income | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Physical health issues |
| <input type="checkbox"/> Substance use issues | <input type="checkbox"/> Lack of housing | <input type="checkbox"/> Transportation | <input type="checkbox"/> Pets/Animals |
| <input type="checkbox"/> Housing location | <input type="checkbox"/> Dislike housing options | <input type="checkbox"/> Bad rental history | <input type="checkbox"/> Bad credit history |
| <input type="checkbox"/> Criminal record | <input type="checkbox"/> Don't know | <input type="checkbox"/> Declined to answer | |
| <input type="checkbox"/> Other (please specify): _____ | | | |

Client ID: _____ Location: ☐ Yuba ☐ Sutter Interview Date: _____ / _____ / _____
Month Day Year

CLIENT'S INCOME AND BENEFITS

22*. a) Did you have income from any source in the last month?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

b) If the client answered yes to 22a, what is your total income per month?

\$ _____ .00

c) If the client answered yes to 22a, which of these income types do you have, and how much money do you receive from each per month? (Read all responses and choose ALL that apply)

<input type="checkbox"/> Earned income	\$ _____ .00	<input type="checkbox"/> TANF/CalWORKs	\$ _____ .00
<input type="checkbox"/> Unemployment	\$ _____ .00	<input type="checkbox"/> General assistance	\$ _____ .00
<input type="checkbox"/> Supplemental Security Income (SSI)	\$ _____ .00	<input type="checkbox"/> Social Security (SSA)	\$ _____ .00
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$ _____ .00	<input type="checkbox"/> Private Pension	\$ _____ .00
<input type="checkbox"/> Veterans benefits	\$ _____ .00	<input type="checkbox"/> Child support	\$ _____ .00
<input type="checkbox"/> Worker's comp.	\$ _____ .00	<input type="checkbox"/> Other: _____	\$ _____ .00

23. a) Did you receive any non-cash benefit within the last month? (Choose only one response)

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

b) If the client answered yes to 23a, which of these benefits did you receive?

(Read all responses and choose ALL that apply)

☐ Food stamps/CalFresh/SNAP ☐ WIC ☐ CalWORKs Child Care ☐ CalWORKs Transportation
☐ Other CalWORKs services ☐ Temporary Rental Assistance ☐ Section 8/Public Housing/Other Rental Assistance
☐ Other (please specify): _____

c) If the client answered yes to 23a, from which county did you receive benefits? (Choose only one response)

☐ Sutter ☐ Yuba ☐ Other: _____

CLIENT'S PHYSICAL HEALTH AND MEDICAL CARE

24. a) Did you have health insurance within the last month?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

b) If the client answered yes, which kinds of health insurance did you have?

(Read all responses and choose ALL that apply)

☐ County Health Medical Services ☐ Healthy Kids/Cal Kids ☐ Medicaid ☐ Medi-Cal
☐ Medicare ☐ Healthy Families (SCHIP) ☐ VA Medical Services ☐ Employer-provided
☐ COBRA Health Insurance ☐ Out of pocket purchase ☐ State Health Insurance for Adults ☐ Indian Health Service
☐ Other (please specify): _____

25) Do you have a regular doctor or other medical provider?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

26*) Where do you usually go for healthcare or when you are not feeling well?

(Read all responses and choose only one response)

☐ Emergency room (ER) ☐ Health clinic ☐ VA facility ☐ Doctor's office ☐ Other: _____
☐ Do not go ☐ Don't know ☐ Declined to answer

27*) How many times have you been to the emergency room in the last three months? (Choose only one response)

☐ None ☐ Once ☐ Twice ☐ Three times ☐ Four or more ☐ Don't know ☐ Declined to answer

Client ID: _____ Location: ☐ Yuba ☐ Sutter Interview Date: _____ / _____ / _____
 Month Day Year

CLIENT'S PHYSICAL HEALTH AND MEDICAL CARE (CONTINUED)

28*) How many times have you been admitted to the hospital in the last year? (Choose only one response)

☐ None ☐ Once ☐ Twice ☐ Three times ☐ Four or more ☐ Don't know ☐ Declined to answer

29*. a) Do you currently have, or have ever had, a major medical condition?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

b) If the client answered yes to 29a, which medical conditions do you have/did you have?

(Read all responses and choose ALL that apply)

☐ Arthritis ☐ Asthma ☐ Cancer ☐ COPD/Lung disease ☐ Currently pregnant
☐ Diabetes ☐ Depression ☐ Frostbite ☐ Heart disease ☐ Heat exhaustion/heat stroke
☐ Hepatitis C ☐ High blood pressure ☐ Hypothermia ☐ Immersion Foot ☐ Kidney disease/dialysis
☐ Liver disease/Cirrhosis ☐ Obesity ☐ Stroke ☐ Tuberculosis
☐ Other (please specify): _____

c) If the client answered yes to 29a, are you currently receiving care for your medical conditions?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

30. a) Are you currently taking any medications?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

b) If the client answered yes, list the medications and associated reasons below:

Medication: _____ Reason: _____

Medication: _____ Reason: _____

Medication: _____ Reason: _____

If the client is taking more than three medications, please list the remaining medications on a separate sheet of paper and attach.

31. a) Do you have any allergies, especially to medication or food?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

b) If the client answered yes, list the allergies below:

Allergy: _____ Allergy: _____

Allergy: _____ Allergy: _____

If the client has more than four allergies, please list the remaining allergies on a separate sheet of paper and attach.

32*. a) Do you have a physical disability?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

b) If the client answered yes to 32a, does your disability make it very difficult to live independently?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

c) If the client answered yes to 32a, are you currently receiving help for your disability?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

Client ID: _____ Location: ☐ Yuba ☐ Sutter Interview Date: _____ / _____ / _____
 Month Day Year

CLIENT'S PHYSICAL HEALTH AND MEDICAL CARE (CONTINUED)

33*. a) Do you have a developmental disability?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

b) If the client answered yes to 33a, does your disability make it very difficult to live independently?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

c) If the client answered yes to 33a, are you currently receiving help for your disability?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

34*. a) Have you been tested for HIV? - NOTE: all questions about HIV are optional

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

b) If the client answered yes to 34a, did you test positive for HIV?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

c) If the client answered yes to 34b, are you currently on medication or connected to other HIV care?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

CLIENT'S MENTAL HEALTH AND CARE

35*. a) Do you have a mental health condition?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

b) If the client answered yes to 35a, does your mental health condition make it very difficult to live independently?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

c) If the client answered yes to 35a, are you currently receiving help for your mental health condition?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

36*. a) Have you ever been hospitalized for a mental health reason?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

b) If the client answered yes to 35a, were you hospitalized against your will?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

37*) Have you ever threatened or tried to harm yourself or another person?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

38) Have you ever spoken with a psychiatrist, psychologist, therapist, social worker, counselor or other mental health professional because of your mental health?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

39*) Have you ever been prescribed medication for how you think, act or feel?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

40*. a) Have you experienced any emotional, physical, sexual or other type of abuse or trauma in your life?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

b) If the client answered yes to 40a, were you able to get the help you needed for it?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

41*) Do you use substances such as alcohol or drugs to help cope with your mental or physical conditions?

Note—all questions about substance use are optional and the client does not need to answer

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

Client ID: _____ Location: ☐ Yuba ☐ Sutter Interview Date: _____ / _____ / _____
 _____ Month _____ Day _____ Year

CLIENT'S SUBSTANCE USE HISTORY (REMIND THE CLIENT ALL OF THESE QUESTIONS ARE OPTIONAL)

42*. a) Do you currently use alcohol?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

b) How long ago did you last use alcohol? (Choose only one response)

☐ 1 week or less ☐ More than 1 week, less than 1 month ☐ 1-3 months ☐ 4-11 months
☐ 1 year or more ☐ Never ☐ Don't know ☐ Declined to answer

c) How often do/did you drink alcohol or non-beverage alcoholic liquids? (Choose only one response)

☐ Once a month or less ☐ Once a week ☐ Couple times a week ☐ Once per day ☐ More than once per day
☐ Never ☐ Don't know ☐ Declined to answer

d) How many alcoholic drinks do you have on a daily basis? (Choose only one response)

☐ None ☐ One ☐ Two ☐ Three ☐ Four ☐ Five ☐ Six ☐ Seven ☐ Eight or more

e) If the client answered yes to 42a, are you currently in a treatment program for alcohol use?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

f) If the client answered no to 42e, are you interested in a treatment program for alcohol use?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

43. a) Do you currently use tobacco?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

b) How long ago did you last use a tobacco product? (Choose only one response)

☐ 1 week or less ☐ More than 1 week, less than 1 month ☐ 1-3 months ☐ 4-11 months
☐ 1 year or more ☐ Never ☐ Don't know ☐ Declined to answer

c) What types of tobacco products do/did you use? (Read all responses and choose ALL that apply)

☐ Cigarettes ☐ Cigars, cheroots or cigarillos ☐ Electronic smoke devices ☐ Pipes ☐ Snuff
☐ Water pipes ☐ Chewing tobacco ☐ Don't know ☐ Declined to answer

d) How many tobacco products do/did you use?

_____ ☐ Per day ☐ Per week

e) If the client answered yes to 43a, are you currently in a smoking cessation program?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

f) If the client answered no to 43e, are you interested in a smoking cessation program?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

44*. a) Do you currently use drugs or other recreational substances?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

b) How long ago did you last use drugs? (Choose only one response)

☐ 1 week or less ☐ More than 1 week, less than 1 month ☐ 1-3 months ☐ 4-11 months
☐ 1 year or more ☐ Never ☐ Don't know ☐ Declined to answer

c) Which substances do/did you use? (Read all responses and choose ALL that apply)

☐ Methamphetamine ☐ Marijuana ☐ Cocaine ☐ Heroin ☐ Tranquilizers ☐ Inhalants ☐ Other opiates
☐ Other amphetamines ☐ Prescription drugs (specify): _____ ☐ Don't know ☐ Declined to answer

d) If the client answered yes to 44a, are you currently in a treatment program for substance use?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

e) If the client answered no to 44c, are you interested in a treatment program for substance use?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

Client ID: _____ Location: ☐ Yuba ☐ Sutter Interview Date: _____ / _____ / _____
 Month Day Year

CLIENT'S SAFETY AND LEGAL SITUATION (REMIND THE CLIENT ALL OF THESE QUESTIONS ARE OPTIONAL)

45*) Are you currently involved with Child Welfare Services/Child Protective Services (CPS)?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

46*) Do you currently have any legal issues that could result in jail time or having to pay a fine?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

47) Are you required to register with law enforcement, or have legal restrictions on where you can live?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

48*. a) Have you ever experienced domestic violence, intimate partner violence, dating violence, or stalking?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

b) If the client answered yes to 48a, when did this experience last occur? (Choose only one response)

☐ Within 3 months ☐ 3-6 months ago ☐ 6-12 months ago ☐ 1+ years ago ☐ Don't know ☐ Declined to answer

49*) Have you been attacked or beaten up in the last six months?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

50*) Does anybody force, trick or make you do things that you do not want to do?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

51*) Do you ever do things that may be considered risky, such as share needles, run drugs for someone, have unprotected sex with a stranger, exchange sex for money or goods, or anything like that?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

52*) Do friends, family or other people in your life ever take your money, constantly borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you do not really want to do?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

53*) Do you have friends family or other people in your life out of convenience or necessity, but who's company you do not like?

☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

END OF INTERVIEW
OBSERVATIONS ABOUT CLIENT (COMPLETE THESE QUESTIONS AFTER YOU INTERVIEW THE CLIENT)

54*) Do you detect signs of poor hygiene or lack of daily living skills?

☐ Yes ☐ No ☐ Don't know

55*) Do you detect signs or symptoms of severe persistent mental illness or compromised cognitive function?

☐ Yes ☐ No ☐ Don't know

56*) Do you observe signs or symptoms of a serious medical condition?

☐ Yes ☐ No ☐ Don't know

57*) Do you observe signs or symptoms of problematic alcohol and/or drug use?

☐ Yes ☐ No ☐ Don't know

History of Housing and Homelessness

5. Where did you and your family sleep last night? (Read all responses and choose only one)

- | | | |
|----------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Emergency shelter
(hotel/motel paid w/voucher) | <input type="checkbox"/> Interim housing | <input type="checkbox"/> Place not meant for human
habitation |
| <input type="checkbox"/> Safe haven | <input type="checkbox"/> Foster care or group home | <input type="checkbox"/> Hospital or other medical facility |
| <input type="checkbox"/> Jail, prison, or juvenile
detention facility | <input type="checkbox"/> Long-term care facility/nursing
home | <input type="checkbox"/> Psychiatric hospital or other
facility |
| <input type="checkbox"/> Substance abuse treatment
facility | <input type="checkbox"/> Hotel/motel paid by participant | <input type="checkbox"/> Place owned by client |
| <input type="checkbox"/> Formerly homeless housing | <input type="checkbox"/> Place rented by client | <input type="checkbox"/> Residential project/halfway house |
| <input type="checkbox"/> Family member's house/
apartment | <input type="checkbox"/> A friend's house/apartment | <input type="checkbox"/> Transitional housing for the
homeless |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Declined to answer | |

6. *If the client answered place not meant for human habitation to #5:* what best describes where you and your family slept last night? (Read all responses and choose only one)

- ☐ Encampment ☐ In client's car ☐ Other place outside

7. *If the client answered place not meant for human habitation to #5:* where was the encampment, car or other place located?

8. What subsidy, if any, did your family receive to support where you stayed last night? (Choose only one response)

- ☐ None ☐ Rapid re-housing ☐ VASH ☐ Section 8 ☐ Transition in place
☐ Don't know ☐ Declined to answer

9. How long has your family been living where you stayed last night? (Choose only one response)

- ☐ 1 week or less ☐ More than one week, less than one month ☐ 1-3 months ☐ 4-11 months
☐ 1 year or more ☐ Don't know ☐ Declined to answer

10. Including today, how many times in the past three years has your family been homeless? (Choose only one response)

- ☐ None ☐ One ☐ Two ☐ Three ☐ Four or more

11. *If the client answered one or more to #10:* how long in total has your family been homeless?

Length: _____ ☐ Days ☐ Months ☐ Years
☐ Don't know ☐ Declined to answer

12. *If the client answered one or more to #10:* approximately when (ie, what date) did you become homeless?

☐ Don't know ☐ Declined to answer

13. What was your last permanent address?

Street: _____ City: _____ State: _____ Zip Code: _____
☐ Don't know ☐ Declined to answer

14. *If the client's last address was not in Sutter or Yuba Counties:* what brought you to Sutter/Yuba County?

☐ Don't know ☐ Declined to answer

History of Housing and Homelessness (Continued)

15. What do you think are some of the reasons or conditions that led to you being homeless? (Read all responses and choose ALL that apply)

- | | | |
|-------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Bad rental/credit history | <input type="checkbox"/> Break up, divorce or separation | <input type="checkbox"/> Child abuse |
| <input type="checkbox"/> Child support issues | <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Eviction or foreclosure |
| <input type="checkbox"/> Family member illness/death | <input type="checkbox"/> Family or household conflict | <input type="checkbox"/> Gender identity/sexual orientation |
| <input type="checkbox"/> Left/aged out of foster care | <input type="checkbox"/> Lost job/Unemployed | <input type="checkbox"/> Mental health issues |
| <input type="checkbox"/> Moved to seek work | <input type="checkbox"/> No friends/family available | <input type="checkbox"/> Pending/denied benefits |
| <input type="checkbox"/> Physical health issues | <input type="checkbox"/> Recent immigration | <input type="checkbox"/> Release from hospital, treatment facility or other institution |
| <input type="checkbox"/> Release from jail or prison | <input type="checkbox"/> Substance use issues | <input type="checkbox"/> Timed out of or left previous housing program |
| <input type="checkbox"/> Unable to pay rent/mortgage | <input type="checkbox"/> Welfare assistance sanctions | <input type="checkbox"/> Welfare payments insufficient |
| <input type="checkbox"/> Welfare time limits | <input type="checkbox"/> Don't know | <input type="checkbox"/> Declined to answer |

☐ Other (please specify): _____

16. What are your current barriers to housing? (Read all responses and choose ALL that apply)

- | | | | |
|-----------------------------------------------|--------------------------------------------------|-----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Insufficient income | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Physical health issues |
| <input type="checkbox"/> Substance use issues | <input type="checkbox"/> Lack of housing | <input type="checkbox"/> Transportation | <input type="checkbox"/> Pets/Animals |
| <input type="checkbox"/> Housing location | <input type="checkbox"/> Dislike housing options | <input type="checkbox"/> Bad rental history | <input type="checkbox"/> Bad credit history |
| <input type="checkbox"/> Criminal record | <input type="checkbox"/> Don't know | <input type="checkbox"/> Declined to answer | |

☐ Other (please specify): _____

17. Are you interested in permanent housing?

- | | | | |
|------------------------------|-----------------------------|-------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Declined to answer |
|------------------------------|-----------------------------|-------------------------------------|---------------------------------------------|

18. *If the client answered no to #17: what are the barriers to your interest in permanent housing?* (Read all responses and choose ALL that apply)

- | | | | |
|-----------------------------------------------|--------------------------------------------------|-----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Insufficient income | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Physical health issues |
| <input type="checkbox"/> Substance use issues | <input type="checkbox"/> Lack of housing | <input type="checkbox"/> Transportation | <input type="checkbox"/> Pets/Animals |
| <input type="checkbox"/> Housing location | <input type="checkbox"/> Dislike housing options | <input type="checkbox"/> Bad rental history | <input type="checkbox"/> Bad credit history |
| <input type="checkbox"/> Criminal record | <input type="checkbox"/> Don't know | <input type="checkbox"/> Declined to answer | |

☐ Other (please specify): _____

Risks

EMERGENCY SERVICE USE	19. In the past six months, how many times have you or anyone in your family . . .		
	a) Received health care at an emergency department/room?	_____	<input type="checkbox"/> Refused
	b) Taken an ambulance to the hospital?	_____	<input type="checkbox"/> Refused
	c) Been hospitalized as an inpatient?	_____	<input type="checkbox"/> Refused
	d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	_____	<input type="checkbox"/> Refused
	e) Talked to police because you or a member of your family witnessed a crime, were the victim of a crime, the alleged perpetrator of a crime or because the police said you or a member of your family must move along?	_____	<input type="checkbox"/> Refused
	f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?	_____	<input type="checkbox"/> Refused
RISK OF HARM	20. Have you or anyone in your family been attacked or beaten up since they've become homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		
	21. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		
LEGAL ISSUES	22. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		
RISK OF EXPLOITATION	23. Does anybody force or trick you or anyone in your family to do things that you do not want to do? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		
	24. Do you or anyone in your family ever do things that may be considered to be risky, like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		

Socialization and Daily Functioning

MONEY MANAGEMENT	25. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		
	26. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		
DAILY ACTIVITY	27. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		
SELF CARE	28. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		

Wellness

PHYSICAL HEALTH

29. Do you, or anyone in your family, currently have, or have ever had, a major medical condition? ☐ Yes ☐ No ☐ Refused

30. *If the client answered yes to #29:* (Read all responses and choose ALL that apply)

- | | | | |
|------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Asthma | <input type="checkbox"/> Cancer | <input type="checkbox"/> COPD/Lung disease |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Depression | <input type="checkbox"/> Frostbite | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Heat exhaustion/heat stroke | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> Hypothermia |
| <input type="checkbox"/> Immersion Foot | <input type="checkbox"/> Kidney disease/dialysis | <input type="checkbox"/> Liver disease/Cirrhosis | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Other (please specify): _____ | |

31. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family? ☐ Yes ☐ No ☐ Refused

32. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ Yes ☐ No ☐ Refused

33. Where do you usually go for healthcare or when you are not feeling well? (Read all responses and choose only one response)

- | | | | |
|--------------------------------------------------------|----------------------------------------|---------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Emergency room (ER) | <input type="checkbox"/> Health clinic | <input type="checkbox"/> VA Facility | <input type="checkbox"/> Doctor's office |
| <input type="checkbox"/> Do not go | <input type="checkbox"/> Don't know | <input type="checkbox"/> Declined to answer | |
| <input type="checkbox"/> Other (please specify): _____ | | | |

ALCOHOL USE

34. Does anyone in your family currently use alcohol?

- | | | | |
|------------------------------|-----------------------------|-------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Declined to answer |
|------------------------------|-----------------------------|-------------------------------------|---------------------------------------------|

35. How long ago did someone in your family drink alcohol?

- | | | | |
|-----------------------------------------|--------------------------------------------------------------|-------------------------------------|---------------------------------------------|
| <input type="checkbox"/> 1 week or less | <input type="checkbox"/> More than 1 week, less than 1 month | <input type="checkbox"/> 1-3 months | <input type="checkbox"/> 4-11 months |
| <input type="checkbox"/> 1 year or more | <input type="checkbox"/> Never | <input type="checkbox"/> Don't know | <input type="checkbox"/> Declined to answer |

36. How often does anyone in your family drink alcohol or non-beverage alcoholic liquids?

- | | | | |
|-------------------------------------------------|--------------------------------------|----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Once a month or less | <input type="checkbox"/> Once a week | <input type="checkbox"/> Couple times a week | <input type="checkbox"/> Once per day |
| <input type="checkbox"/> More than once per day | <input type="checkbox"/> Never | <input type="checkbox"/> Don't know | <input type="checkbox"/> Declined to answer |

37. *If the client answered yes to #34:* Is anyone in your family currently in a treatment program for alcohol use?

- | | | | |
|------------------------------|-----------------------------|-------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Declined to answer |
|------------------------------|-----------------------------|-------------------------------------|---------------------------------------------|

38. *If the client answered no to #37:* Is anyone in your family interested in a treatment program for alcohol use?

- | | | | |
|------------------------------|-----------------------------|-------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Declined to answer |
|------------------------------|-----------------------------|-------------------------------------|---------------------------------------------|

Wellness (Continued)

TOBACCO USE

39. Does anyone in your family currently use tobacco?

☐ Yes

☐ No

☐ Don't know

☐ Declined to answer

40. How long ago did someone in your family use a tobacco product?

☐ 1 week or less

☐ More than 1 week, less than 1 month

☐ 1-3 months

☐ 4-11 months

☐ 1 year or more

☐ Never

☐ Don't know

☐ Declined to answer

41. What types of tobacco products does anyone in your family use? (Read all responses and choose ALL that apply)

☐ Cigarettes

☐ Cigars, cheroots or cigarillos

☐ Electronic smoke devices

☐ Pipes

☐ Snuff

☐ Water pipes or hookah

☐ Chewing tobacco

☐ Don't know

☐ Declined to answer

42. *If the client answered yes to #39:* Is anyone in your family currently in a smoking cessation program?

☐ Yes

☐ No

☐ Don't know

☐ Declined to answer

43. *If the client answered no to #42:* Is anyone in your family interested in a smoking cessation program?

☐ Yes

☐ No

☐ Don't know

☐ Declined to answer

OTHER SUBSTANCE USE

44. Does anyone in your family currently use drugs or any other recreational substances?

☐ Yes

☐ No

☐ Don't know

☐ Declined to answer

45. How long ago did anyone in your family use drugs or any other recreational substances?

☐ 1 week or less

☐ More than 1 week, less than 1 month

☐ 1-3 months

☐ 4-11 months

☐ 1 year or more

☐ Never

☐ Don't know

☐ Declined to answer

46. What substances does/did anyone in your family use? (Read all responses and choose ALL that apply)

☐ Methamphetamines

☐ Marijuana

☐ Cocaine

☐ Heroin

☐ Tranquilizers

☐ Inhalants

☐ Other opiates

☐ Other amphetamines

☐ Prescription drugs (specify):

☐ Don't know

☐ Declined to answer

47. *If the client answered yes to #44:* Is anyone in your family currently in a treatment program for substance use?

☐ Yes

☐ No

☐ Don't know

☐ Declined to answer

48. *If the client answered no to #47:* Is anyone in your family interested in a treatment program for substance use?

☐ Yes

☐ No

☐ Don't know

☐ Declined to answer

Wellness (Continued)

MENTAL HEALTH	49. Does anyone in your family have any developmental disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Declined to answer
	50. Does anyone in your family have any mental health conditions that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Declined to answer
TRI-MORBIDITY	51. <i>If the client answered yes to any of the medical condition questions (#29 or #32), AND yes to any of the substance use questions (#34 or #44), AND yes to any of the mental health questions (#49 or #50):</i> Does any single member of your household have a medical condition, mental health concerns, and experience with problematic substance use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Declined to answer
MEDICATIONS	52. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Declined to answer
	53. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Declined to answer

Family Unit

FAMILY LAW	54. Are there any children that have been removed from the family by a child protection service within the last 180 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Declined to answer
	55. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Declined to answer
NEEDS OF CHILDREN	56. In the last 180 days, have any children lived with family or friends because of your homelessness or housing situation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Declined to answer
	57. Has any child in the family experienced abuse or trauma in the last 180 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Declined to answer
	58. <i>If there are any school-aged children in the family:</i> Do your children attend school more often than not each week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Declined to answer
FAMILY STABILITY	59. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Declined to answer
	60. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know	<input type="checkbox"/> Declined to answer

Family Unit (Continued)

PARENTAL ENGAGEMENT

61. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?
- ☐ Yes ☐ No ☐ Don't know ☐ Declined to answer
62. *If the client has at least one child aged 13 or older:* After school, on weekends or days when school is not open, does any child aged 13 or older spend three or more hours where they do not interact with you or another responsible adult?
- ☐ Yes ☐ No ☐ Don't know ☐ Declined to answer
63. *If the client has at least one child aged 12 or younger:* After school, on weekends or days when school is not open, does any child aged 12 or younger spend two or more hours where they do not interact with you or another responsible adult?
- ☐ Yes ☐ No ☐ Don't know ☐ Declined to answer
64. *If the client has at least one child aged 12 or younger and at least one child aged 13 or older:* Do any of your older children spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?
- ☐ Yes ☐ No ☐ Don't know ☐ Declined to answer

Income and Insurance

MONETARY INCOME

65. Did anyone in your family have income from any source in the last month?
- ☐ Yes ☐ No ☐ Don't know ☐ Declined to answer
66. *If the client answered yes to #65:* What is your family's total income per month?
- _____
67. *If the client answered yes to #65:* How much money did your family receive from each of these sources per month? (Read all responses and choose ALL that apply)
- | | | | |
|-------------------------------------|-------|----------------------------------------------|-------|
| Earned income or employment income? | _____ | Unemployment Insurance? | _____ |
| Supplemental Security Income (SSI)? | _____ | Social Security Disability Insurance (SSDI)? | _____ |
| Veterans benefits? | _____ | Private Disability Insurance? | _____ |
| Worker's compensation? | _____ | Temporary Assistance for Needy Families? | _____ |
| General Assistance? | _____ | Social Security? | _____ |
| Private pension? | _____ | Child support? | _____ |
| Alimony or other spousal support? | _____ | Other sources of income? | _____ |
68. *If the client reported other income:* Please specify what your other source of income is:
- _____

Income and insurance (Continued)

NON-CASH BENEFITS

69. Did anyone in your family receive any non-cash benefit within the last month?

☐ Yes

☐ No

☐ Don't know

☐ Declined to answer

70. *If the client answered yes to #69:* Which of these benefits did anyone in your family receive? (Read all responses and choose ALL that apply)

☐ Food stamps, CalFRESH or SNAP

☐ WIC

☐ CalWORKS child care

☐ CalWORKS transportation

☐ Other CalWORKS services

☐ Temporary rental assistance

☐ Section 8, public housing, or other ongoing rental assistance

☐ Other (please specify): _____

HEALTH INSURANCE

71. Did anyone in your family have health insurance within the last month?

☐ Yes

☐ No

☐ Don't know

☐ Declined to answer

72. *If the client answered yes to #71:* Which kinds of health insurance did anyone in your family receive? (Read all responses and choose ALL that apply)

☐ County Health Medical Services

☐ Healthy Kids or Cal Kids

☐ Medicaid

☐ Medi-Cal

☐ Medicare

☐ Healthy Families (SCHIP)

☐ VA medical services

☐ Employer provided

☐ COBRA health insurance

☐ Out of pocket purchase

☐ State Health Insurance for Adults

☐ Indian Health Service

☐ Other (please specify): _____



AUTHORIZATION FOR ENTRY OF INFORMATION INTO HMIS

PAGE 1 OF 1

The Homeless Management Information System (HMIS) is a shared homeless and housing database system administered by The Sutter/Yuba Homeless Consortium Continuum of Care. HMIS can improve the services and programs for homeless and low-income households by allowing authorized staff at Partner Agencies to share client information and to follow trends and service patterns over time. HMIS operates over the Internet and uses many security protections to ensure confidentiality.

Participation in the HMIS program is important to Yuba/Sutter Homeless Coordinated Entry Program's ability to provide you with the best services and housing possible. As you receive services, information will be collected about you, the services provided to you, and the outcomes these services help you to achieve.

Your name and other identifying information **will not** be shared with any agency not participating in the system. (Unless required to do so by law.)

Your name, gender, race, social security number and date of birth **may** be shared with Partner Agencies for identification purposes even if you elect not to share other relevant information.

Only information that you provide will be entered into the HMIS. No information in the HMIS will be entered from Partner Agency records. Since the HMIS includes only information self-disclosed by clients for this limited purpose, it is not covered by federal and state laws governing confidentiality of health information.

A list of Partner Agencies is available on request.

Authorizing your information to be entered into the HMIS is voluntary. Refusing to do so will not limit your access to shelter or services.

Please initial one of the following levels of consent:

(1) I give authorization for my basic and relevant information to be entered into the HMIS and shared between Partner Agencies. I understand that I have the right to receive a copy of all information shared between the Partner Agencies.

(2) I give authorization for my basic and relevant information to be entered into the HMIS, but not shared between Partner Agencies.

I understand that I may cancel this authorization at any time by written request. I understand that this release is valid for three years from the date of my signature below.

Signature of Client: _____ Date: _____

Signature of Parent,
Guardian/Conservator: _____ Date: _____

Witness: _____ Date: _____

Witness: _____ Date: _____



Title VI Complaint Procedure

Any person who believes he or she has been discriminated against on the basis of race, color, or national origin by the Sutter Yuba Homeless Consortium (hereinafter referred to SYHC), may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form. SYHC investigates complaints received no more than 180 days after the alleged incident. SYHC will process complaints that are complete.

Once the complaint is received, SYHC will send the complainant an acknowledgement letter. SYHC has 30 days to investigate the complaint. If more information is needed to resolve the case, SYHC may contact the complainant. The complainant has 15 business days from the date of the letter to provide the requested information. If SYHC is not contacted by the complainant or does not provide the additional information within 15 business days, SYHC can administratively close the case. A case can be administratively closed also if the complainant no longer wishes to pursue their case.

After reviewing the complaint, SYHC will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF). A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed. An LOF summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur. If the complainant wishes to appeal the decision, she/he has 30 days after the date of the letter of the LOF to do so. If the complainant is unable to write a complaint, the complainant will be connected to California Rural Legal Assistance.

A person may also file a complaint directly with the Federal Transit Administration, at FTA Office of Civil Rights, 1200 New Jersey Avenue SE, Washington, DC 20590.



Title VI Complaint Form

Section 601 under Title VI of the Civil Rights Act of 1964 states that "No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance." **If you feel you have been discriminated against, please provide the following information in order to assist in processing your complaint.**

SECTION I

Name:			
Address:			
Phone Number(s):	Home:	Work:	Cell:
Email Address:			

SECTION II

I believe the discrimination I experienced/saw was based on (check all that apply):		
<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
Date of Alleged Discrimination (month, day, year):		
Name(s) and title(s) of the person(s) you believe discriminated against you or another person:		
Explain as clearly as possible what happened and why you believe you or another person were discriminated against. Describe all persons who were involved. Include the names and contact information of any witnesses. If more space is needed, please attach pages to this form:		

SECTION III

Have you previously filed a complaint with this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---------------------------------------------------------	------------------------------	-----------------------------

SECTION IV

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please check all that apply:		
<input type="checkbox"/> Federal Agency <input type="checkbox"/> Federal Court <input type="checkbox"/> State Court <input type="checkbox"/> State Agency <input type="checkbox"/> Local Agency		
Please provide information about a contact person at the agency/court where the complaint was filed:		
Name:		
Title:		
Agency:		
Address:		
Telephone Number:		

You may attach any written materials or other information that you think is relevant to your complaint.

I believe the above information is true and correct to the best of my knowledge. Signature and date required below:

Signature

Printed Name

Date

Please submit this form by mail to:

Sutter Yuba Homeless Consortium
P.O. Box 3642
Yuba City, CA 95992



Grievance Policy/Procedure

Any person who believes he or she has been wrongly denied from a program, they may submit a grievance form to the Sutter Yuba Homeless Consortium. The individual must first attempt to resolve the issue with the Receiving Program. SYHC investigates complaints received no more than 180 days after the alleged denial. SYHC will only process grievance forms that are complete (2 pages).

Once the grievance is received, a representative from the SYHC Governance Board will respond within fifteen (15) business days. The SYHC Governance Board will review the grievance at the following Board meeting, and the matter shall be settled by Board Vote.

If the matter is still not resolved to your satisfaction, you may request an appeal of the decision to another agency or board that provides funding for the program involved in the grievance (address and contact person will be made available by request).

The Sutter Yuba Homeless Consortium's *Grievance Procedure*, does not in any way, abridge the right of the complainant to bring the matter before the appropriate local, state, or federal agencies.

Please submit the completed form by mail to:

Sutter Yuba Homeless Consortium
P.O. Box 3642
Yuba City, CA 95992



COORDINATED ENTRY GRIEVANCE FORM

Section I

Name:
Phone Number(s):
Email Address:

Section II

Agency who denied you into the program:
Date of the denial (mm/dd/yy):
Name(s) and title(s) of the person(s) who communicated the denial to you:
Explain as clearly as possible what happened and why you believe you were wrongly denied. If more space is needed, please attach pages to this form:

Section III

Have you previously filed a grievance about this agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dates (mm/dd/yy):		

You may attach any written materials or other information that you think is relevant to your grievance.

I believe the above information is true and correct to the best of my knowledge. Signature and date required below:

Signature

Printed Name

Date

Please submit this form by mail to:

Sutter Yuba Homeless Consortium

P.O. Box 3642

Yuba City, CA 95992



Client Satisfaction Survey

1. From the point when you entered the Coordinated Entry System, how many days before you received Case Management services?
 - ☐ Same Day
 - ☐ Within one week
 - ☐ More than week
 - ☐ I don't know

2. How often did the staff explain things in a way that was easy for you to understand?
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always

3. Did anyone in the Coordinatated Entry System help you develop housing plan?
 - ☐ Yes
 - ☐ No
 - ☐ I don't know

4. Were any refferrals made to service agencies on your behalf?
 - ☐ Yes
 - ☐ No

5. How long did it take to access refferral agencies?
 - ☐ Same Day
 - ☐ Within one week
 - ☐ More than one week
 - ☐ I don't know

6. How likely are you to refer other individuals to Coordinated Entry System for homeless assistance?

- ☐ Extremely likely
- ☐ Somewhat likely
- ☐ Not so likely

7. How did you hear about the Coordinated Entry System?

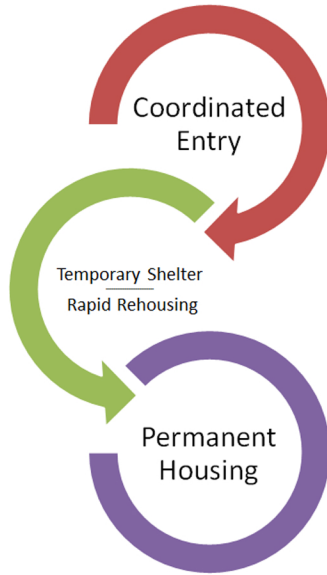
- ☐ A relative or friend
- ☐ Flyer or other printed material
- ☐ I went because it was close to the river
- ☐ Other: _____

8. Do you know who your Case Manager is?

- ☐ Yes (List Name: _____)
- ☐ No

9. Do you have any suggestions on how to improve the program? Do you have any suggestions on how to improve the program?

Date _____



WHERE IS THE PROGRAM LOCATED?

Serving Yuba County

Ric Teagarden Life Building Center
131 F Street, Marysville
Monday-Wednesday, 9 a.m.-1 p.m.
(530) 749-6811

Serving Sutter County

Hands of Hope
909 Spiva Avenue, Yuba City
Monday-Thursday, 11 a.m. - 5 p.m.
(530) 755-3491

WHAT IS HOMELESS COORDINATED ENTRY ?

STREAMLINED ACCESS - A unified approach that governs how people experiencing homelessness access the assistance available in the community.

STREAMLINED PROCESSES - Instead of entry policies established program-by-program, there is one policy and process for the entire system.

IMPROVED OUTCOMES - By providing focused and intentional services, and reducing duplication of effort, average length of time homeless and the number of unsheltered homeless individuals will reduce.

WHAT SERVICES ARE PROVIDED?

GOAL SETTING AND TASK MANAGEMENT ASSISTANCE

One-on-one assistance to participants who desire to elevate their situation, reduce barriers, reach their goals and obtain and retain permanent housing.

EMPLOYMENT ASSISTANCE

People skills training, resume and application assistance, interview skills, support and encouragement in finding employment.

EDUCATION AND SUPPORT GROUPS

Workshops and life-building assistance to participants on topics such as budgeting, safety, tenant/landlord etiquette, nutrition, anger management and smoking and/or substance use cessation.

BASIC NEED ASSISTANCE

Basic need assistance, such as showers, laundry and connection to food and healthcare resources.

WHAT ARE THE KEY PROGRAM COMPONENTS?

ASSESSMENT & CASE MANAGEMENT

Through targeted assessments, participants will be prioritized based on vulnerability. Specialized case managers will be assigned to guide and support participants as they access services and move toward self-sufficiency and permanent housing.

COORDINATION OF SERVICES ON-SITE

Agencies will offer services at Coordinated Entry, reducing access barriers and increasing outcomes.

COORDINATION OF SERVICES OFF-SITE

When services can not be provided on-site, a referral process and one-on-one assistance will be given to connect participants to necessary services.



NEED HELP? NEED HOUSING?

CALL TODAY

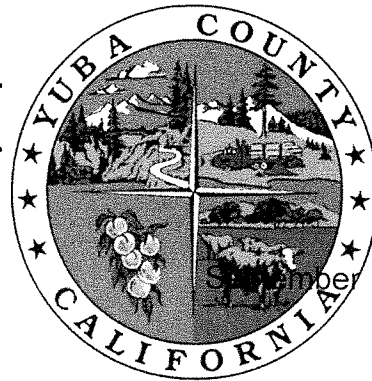
YUBA
(530) 749-6811

SUTTER
(530) 755-3491

The County Of Yuba

VICTIM AND PROGRAM SERVICES

CHILDREN AND FAMILIES AT RISK
JASON M. ROPER
PROGRAM MANAGER



PROBATION DEPARTMENT

(530) 741-6275
FAX (530) 749-7913

September 12, 2017

Sutter Yuba Homeless Consortium
P.O. Box 3652
Yuba City, CA 95992

To Whom It May Concern:

This letter is being written to demonstrate our participation in the Coordinated Entry project.

The implementation of Coordinated Entry will begin in early September, 2017. Yuba County Probation, Victim Services has agreed to provide services to Hands of Hope at 909 Spiva Avenue on Tuesday's from 9:00 am till 1:00 pm. We are dedicated to to working with individuals and families that have been affected by crime and trauma.

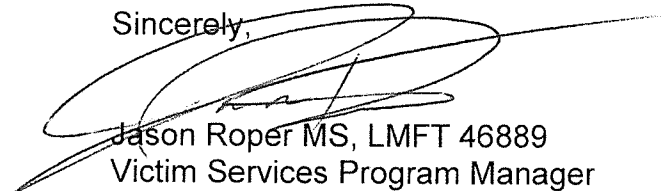
We are prepared to provide Personal Assistance in the areas of:

- Victim Services on site
- Therapy (Case by Case)

We are energized about this opportunity to provide services for Coordinated Entry to homeless individuals in Yuba County. This commitment will connect a vulnerable and underserved victim population with services, support and assistance in an effort to reduce barriers and improve access to services.

This new collaboration has the potential to reach many of our community members experiencing homelessness. Please contact me at 530-741-6275 or email me at jroper.co.yuba.ca.us if you have any questions.

Sincerely,



Jason Roper MS, LMFT 46889
Victim Services Program Manager
Yuba County Probation, Victim Services



SERVING CRIME VICTIMS SINCE 1985
209 6TH STREET MARYSVILLE, CALIFORNIA 95901



The County of Yuba

HEALTH & HUMAN SERVICES DEPARTMENT

Jennifer Vasquez, Director

5730 Packard Ave., Suite 100, P.O. Box 2320, Marysville, California 95901
Phone: (530) 749-6311 FAX: (530) 749-6281



Nichole Quick, MD, MPH
Health Officer
Phone: (530) 749-6366

Sutter Yuba Homeless Consortium
PO Box 3652
Yuba City, CA 95592

To Whom It May Concern:

This letter is being provided to demonstrate our participation in the Coordinated Entry project.

Yuba County Public Health has agreed to provide services at the RIC Teagarden Life Building Center at 131F Street on a flexible basis. We are dedicated to ensure a strong and healthy community by assessing community needs, promoting healthy lifestyle choices and enhancing the quality of the community through health education, prevention and intervention services.

We are prepared to provide group education on various Public Health topics including:

- Nutrition
- Substance abuse
- Communicable Disease
- Chronic disease management
- Sun and water safety
- In conjunction with Yuba County Environmental Health, food safety, food handlers and food managers training.

We are energized about this opportunity to provide services for Coordinated Entry to homeless individuals in Yuba County. This commitment will lead to a better understanding of lifestyle issues that particularly impact the homeless and an opportunity to train for future employment in the food service industry.

This new collaboration has the potential to reach many of our community members experiencing homelessness. Please contact me at (530) 749-6385 or email me at hrice@co.yuba.ca.us if you have any questions.

Homer J. Rice, MPH, PhD
Health Administrator
Yuba County Health and Human Services

Willa Smith, M.S., NCC, MCC
Professional Clinical Counselor, Retired
willasmithlpcc@gmail.com
(530) 763-4726

August 31, 2017

Sutter Yuba Homeless Consortium
P.O. Box 3652
Yuba City, CA 95992

To Whom It May Concern:

This letter is being written to demonstrate my participation in the Coordinated Entry project.

The implementation of Coordinated Entry will begin in early September, 2017. I have agreed to provide services at the Ric Teagarden Life Building Center at 131 F Street. I am available on the 2nd and 4th of each month, however, you will need to be flexible with my schedule due to other obligations. I am dedicated to support my community in making a difference in the lives of others.

I am prepared to provide Personal, Group Education and Support Groups in the areas of:

- Intake
- Information and Referral
- Mentor
- Reception
- Facilitating "Success Teams" and other Personal Growth groups
- Employment and Career Services

I am energized about this opportunity to provide services for Coordinated Entry to individuals who are homeless in Yuba County. This commitment will build a stronger community in the Yuba-Sutter area because of local and regional agencies and concerned individuals working together to generate and implement sustainable solutions to homelessness.

This new collaboration has the potential to reach many of our community members experiencing homelessness. Please contact me at 530-763-4726 or email me at willasmithlpcc@gmail.com if you have any questions.

Sincerely,

Willa Smith

Willa Smith, M.S.
Professional Clinical Counselor, Retired
National Certified Counselor #34674
Master Career Counselor

In addition to the nutrition program, we will be offering Making Every Dollar Count. This curriculum teaches individuals and families food buying/budgeting skills and food and resource management techniques with limited resources.

We are prepared to provide Personal and Group Education in the areas of:

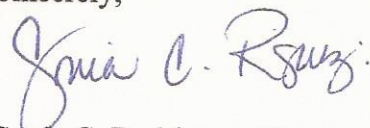
- Setting financial goals – *How to identify personal values and beliefs and practice setting goals.*
- Making choices – *Learn the difference between needs and wants.*
- Stretching Your dollars – *Discover personal options to make money stretch and learn how to find local community resources*
- Budgeting Basics – *Learn how to make a personal spending plan and learn how to reduce expenses using simple steps.*
- Paying Bills on time – *Learn ways to organize bills and how to set up a bill payment system that works.*
- Saving Money on Food – *Learn how to spend less on food and compare the costs of home cooking to eating out.*
- Food Advertising – *Learn when to use coupons to save money.*

We are energized about this opportunity to provide services for Coordinated Entry to homeless individuals in Yuba County. This commitment will help individuals and families improve in areas of:

- Improving their daily intake of fruits and vegetables.
- Keeping food safe to eat and applying sanitation practices.
- Limiting food high in fat, sugar and salt.
- Making healthy food and activity choices.
- Improving their diets and physical well-being.
- Increasing their own access to food (from food assistance programs where necessary) to ensure having enough food to eat.
- Financial Management (budgeting and setting goals).

This new collaboration has the potential to reach many of our community members experiencing homelessness. Please contact me at 530-513-3825 or email me at scrodriguez@ucdavis.edu if you have any questions.

Sincerely,



Sonia C. Rodriguez, Community Educator Specialist

August 24, 2017

Sutter Yuba Homeless Consortium

P.O. Box 3652

Yuba City, CA 95992

To Whom It May Concern:

This letter is being written to demonstrate our participation in the Coordinated Entry project.

The implementation of Coordinated Entry will begin in early September, 2017. University of California Cooperative Extension has agreed to provide services at the Ric Teagarden Life Building Center at 131 F Street, Marysville, CA 95901 on a weekly basis. We are available on a weekly basis on Monday or Wednesday. We are dedicated to promote good nutrition and physical activity as a means of maintaining a healthy lifestyle free of chronic disease. Our goal, while advocating for nutrition, is to help adults and their families establish & maintain healthy eating habits & physically active lifestyles.

We are prepared to provide Personal and Group Education through the Expanded Food and Nutrition Education Program (EFNEP) by using Eating Smart and Being Active, a researched-based curriculum developed jointly by Colorado State University and the University of California. Each lesson will have an educational theme, an incentive and nutritious food tastings.

We are prepared to provide Personal and Group Education in the areas of:

- Planning and preparing nutritious meals.
- Increasing physical activity.
- Stretching their food dollar.
- Practicing safe food handling.
- Preventing obesity through healthy lifestyles.



Sutter Yuba Homeless Consortium
P.O. Box 3652
Yuba City, CA 95992

To Whom It May Concern:

This letter is being written to demonstrate our participation in the Coordinated Entry project.

The implementation of Coordinated Entry will begin in early September, 2017. Bridges to Housing has agreed to provide services to Hands of Hope at 909 Spiva Avenue on a weekly basis on Monday – Thursday from **11:00 am – 4:00 pm**. We are dedicated to **provide assistance for homeless families to obtain safe, decent and affordable housing in Yuba and Sutter Counties.**

We are prepared to provide Personal Assistance in the areas of:

- Information and Referral with rental deposits

We are energized about this opportunity to provide services for Coordinated Entry to homeless individuals in Yuba County. This commitment will help **provide housing for families and individuals.**

This new collaboration has the potential to reach many of our community members experiencing homelessness. Please contact me at 530-755-3414 or email me at bridgestohousing@gmail.com if you have any questions.

Sincerely,

Hope Goudie
Program Administrator
Bridges to Housing



CALIFORNIA RURAL LEGAL ASSISTANCE, INC
FIGHTING FOR JUSTICE, CHANGING LIVES
SINCE 1966

Marysville Office

Laura Clauson Ferree
Directing Attorney

Jessica Hiller
Staff Attorney

Juanita Garcia
Administrative Legal
Secretary

Regina Davidson
Legal Receptionist

Alejandro Morales
Community Worker

Central Office

1430 Franklin St., ste. 815
Oakland, CA 94612-3024
(415) 777-2752 (telephone)
(415) 543-2752 (fax)

Jose R. Padilla
Executive Director

Michael Meuter
Deputy Director

Maureen Keffer
Deputy Director

Ralph Santiago
Abascal
General Counsel (1934-1997)

Ilene Jacobs
Cynthia Rice
Michael Meuter
Directors of Litigation,
Advocacy and Training

William G. Hoerger
Emeritus Attorney

Regional Offices

Arvin	Oceanside
Coachella	Oxnard
Delano	Salinas
El Centro	San Luis Obispo
Fresno	Santa Cruz
Madera	Santa Maria
Marysville	Santa Rosa
Modesto	Stockton
Monterey	

August 29, 2017

Sutter Yuba Homeless Consortium
P.O. Box 3652
Yuba City, CA 95992

To Whom It May Concern:

This letter is being written to demonstrate California Rural Legal Assistance's (CRLA) participation in the Coordinated Entry project. CRLA's mission is to fight for justice and individual rights alongside the most exploited communities of our society. We envision a rural California where all people are treated with dignity and respect, and guaranteed their fundamental rights.

The implementation of Coordinated Entry will begin in early September, 2017 and CRLA has agreed to provide services at the Ric Teagarden Life Building Center at 131 F Street and Hands of Hope at 909 Spiva Avenue on a monthly basis.

We are prepared to provide legal assistance for individuals regarding access to public benefits, assistance with employment issues, including records clearing remedies for individuals with criminal records, and assistance with housing issues.

We are pleased to participate in Coordinated Entry so that our community better serves homeless individuals in Yuba and Sutter Counties. Please contact me at 530-742-5191 or email me at iferree@crla.org if you have any questions.

Sincerely,

Laura Clauson Ferree
Directing Attorney

Sutter Yuba Homeless Consortium

Written Standards for Emergency Solutions Grants

- i. Emergency Shelter and Rapid Rehousing programs evaluate eligibility for assistance by determining a person's living situation. Literal homelessness is a factor and the severity of homelessness constitutes priority. In order to be considered literally homeless:

“An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- Has a primary nighttime residence that is a public or private place not meant for human habitation;
- 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 Is exiting an institution where (s)he 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.
- Is an unaccompanied youth (under 25) or a family with children and youth who do not otherwise qualify as homeless under HUD's definition and are defined as homeless under another federal statute, have not had permanent housing during the past 60 days, have experienced persistent instability, and can be expected to continue in such status for an extended period of time.
- Is fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against an individual.

The participant must meet the definitions of homelessness to be eligible for Emergency Shelter services. The emergency shelter provides temporary accommodation that is safe, respectful, and responsive to individual needs. The goal of the emergency shelter is to re-house participants in permanent housing as quickly as possible, regardless of other personal issues or concerns. Participants are expected to be actively working on re-housing plans and engaging in related assistance to overcome immediate and direct barriers to secure housing, and will be assisted in creating and updating an individualized Housing Plan. Participation in unrelated services is voluntary.

Eligibility for Rapid Rehousing is evaluated by determining if the individual or family is literally homeless or is fleeing, or attempting to flee, domestic violence, sexual assault, stalking, dating violence, or human trafficking, and meets the income guidelines. They must provide proof of all income and the income must be at or below the Area Median Income (AMI). Rent must meet Fair Market Rent Guidelines. If potential clients have children or medical needs, they may receive higher priority to receive assistance. The severity of the situation will be evaluated in addition to their income to expense ratio. Participants are expected to be actively working on re-housing plans and engaging in related assistance to overcome immediate and direct barriers to secure housing, and will be assisted in creating and updating an individualized Housing Plan. Participation in unrelated services is voluntary.

- ii. All ESG programs will participate in HMIS or equivalent database for victim service providers, entering client level data into the database as soon as feasible, when services are rendered. Caseworkers will be responsible to enter this data in accordance with HUD's standards on participation, data collection, and reporting.
- iii. All ESG programs will participate in the Continuum of Care's identified Coordinated Entry System. This Coordinated Entry System:
 - a. Is a comprehensive and coordinated access to assistance regardless of where an individual or family is located in the Continuum of Care Service Area. The Coordinated Entry System is easy to navigate and has protocols in place to ensure immediate access to assistance for people who are homeless or most at-risk;
 - b. Prioritizes access to assistance for people with the most urgent and severe needs, including, but not limited to, survivors of domestic violence. ESG-funded activities shall seek to prioritize people who:
 - i. Are unsheltered and living in places not designed for human habitation, such as cars, parks, bus stations, and abandoned buildings;
 - ii. Have experienced the longest amount of time homeless;
 - iii. Have chronic illness(es) that is diagnosed and requires medication; and
 - iv. For Homelessness prevention activities, people who are at greatest risk of becoming literally homeless without an intervention and are at greatest risk of experiencing a longer time in shelter or on the street should they become homeless.

The Coordinated Entry System will provide individuals with information on how to access community resources (e.g. legal services, food pantries, etc.). Referrals to homeless assistance will be made through the Coordinated Entry System.

- iv. All ESG funded agencies will strive to operate in a manner consistent with housing first practices and progressive engagement and assistance practices, including the following:
 - a. Ensuring low-barrier, easily accessible assistance to all people, including, but not limited to, people with no income or income history, and people with active substance abuse or mental health issues;
 - b. Helping participants quickly identify and resolve barriers to obtaining and maintaining housing;
 - c. Seeking to quickly resolve the housing crisis before focusing on other non-housing related services;
 - d. Allowing participants to choose the services and housing that meets their needs, within practical funding limitations;
 - e. Connecting participants to appropriate support and services available in the community that foster long-term housing stability; and
 - f. Offering financial assistance and supportive services in a manner which offers a minimum amount of assistance initially, adding more assistance over time if needed to quickly resolve the housing crisis by either ending homelessness or avoiding an immediate return to literal homelessness or the imminent risk of literal homelessness. The type, duration, and amount of assistance offered shall be based on an individual assessment of the household, and the availability of other resources or support systems to resolve their housing crisis and stabilize them in housing.

v. Emergency Shelter

Admission:

Staff will conduct an initial assessment to identify the needs of the client. Emergency Shelter programs will accept referrals through the Coordinated Entry System.

Admission is prioritized for people with the most urgent and severe needs.

Diversion:

During assessment, it is determined which program will be the most effective for a potential participant. If potential participants have other options for housing, they are diverted from the shelter to a more appropriate place to stay.

Referral:

Referrals may be made through the Coordinated Entry System. If an applicant comes to an emergency shelter and is identified as needing additional services, referrals will be made according to need. If an applicant is a survivor of domestic violence, referrals will accommodate the needs of the applicant, including confidentiality and service needs.

Discharge:

Can occur when a participant has successfully obtained permanent housing, employment and/or benefits. Unlawful behavior may determine a person's discharge from any program. The ESG provider will abide by its agency's internal process for program discharge. Involuntary discharge is avoided as much as possible. Individuals who pose an imminent risk of harm to themselves or others may be exited to more appropriate assistance, such as a more intensive program, hospital, or other emergency responder.

vi. Assessing, prioritizing and reassessing individuals' and families' needs for essential services are done by obtaining/evaluating a vulnerability needs assessment. Agencies also look at the length of homelessness and if children are involved. Other priorities would include chronically homeless, veterans, vulnerability to illness, death or victimization. Agencies ask the question, "Are they *literally* homeless?" "Where did they sleep last night?"

vii. ESG programs coordinate within our community with other agencies by taking referrals from the Coordinated Entry System and attending weekly CES case staffing. Agencies are encouraged to coordinate with the Continuum of Care by attending regular meetings hosted by the Sutter Yuba Homeless Consortium; working in conjunction with the local agencies to prevent duplication and maximize resources.

Clear, open communication will take place between Emergency Shelter, Street Outreach, Rapid Rehousing, and Homelessness Prevention Caseworkers and the local Housing Authority to ensure all eligible clients have the opportunity to sign up for services. Caseworkers will maintain these relationships through informal meetings and correspondence, at a minimum of once per month.

viii. ESG programs will coordinate with agencies and local service providers conducting Street Outreach, identifying the homeless who are living on the street and target areas where the homeless normally abide. Those individuals the CoC comes in contact with will be immediately connected to the Coordinated Entry System.

- ix. Eligibility for Rapid Rehousing and Homelessness Prevention is evaluated by determining if the individual or family is literally homeless, leaving a homeless shelter or will lose housing without intervention. Eligible applicants must provide proof of all income. Rent must meet Fair Market Rent Guidelines, and all units must meet habitability standards as required by HCD. If potential clients have children or medical needs, they may receive higher priority to receive assistance. The severity of the situation will be evaluated in addition to their income to expense ratio. Risk Factors include mental illness, history of abuse or trauma, substance abuse, sudden loss of income, additional family members living in the home, or an increase in unavoidable expenses. Admission into the program is prioritized for people with the most urgent and severe needs.
- x. Assistance for rental support through Rapid Rehousing and Homelessness Prevention is determined by evaluating income, expenses, and savings plan. If excess income exceeds savings plan, all excess income will be paid towards rent. If no excess income, full rent amount will be paid each month if eligibility requirements are met. Applicants currently receiving housing stabilization funds through another program are ineligible for the Rapid Rehousing Program. Program participants will be provided access to housing assistance without preconditions, such as sobriety or minimum income level.
- xi. In Rapid Rehousing and Homelessness Prevention, maximum rental assistance is 3 months, with exceptions made on a case-by-case basis. At a minimum, each case is evaluated on a monthly basis through formal interviews. Adjustments will be made based on changes in income and expenses. It may be determined that a client can begin paying their rent prior to the end of the 3-month period.
- xii. In Rapid Rehousing, housing stabilization need and amount is determined through formal interviews and review of documentation. An eligible client can receive financial assistance for a maximum of 3 months. Each case is evaluated monthly through the interview process. Adjustments in assistance will be made based on changes in income and expenses.

All ESG-funded programs shall take actions to create an effective, welcoming and affirming environment for all program participants and employees, including, but not limited to, persons of different races, ethnicities, sexual orientation, gender identities and gender expressions.

SUTTER YUBA CONTINUM OF CARE

HMIS Policies & Procedures Manual



21 January 2014*

* Updates may be made to reflect changes in federal HMIS requirements.

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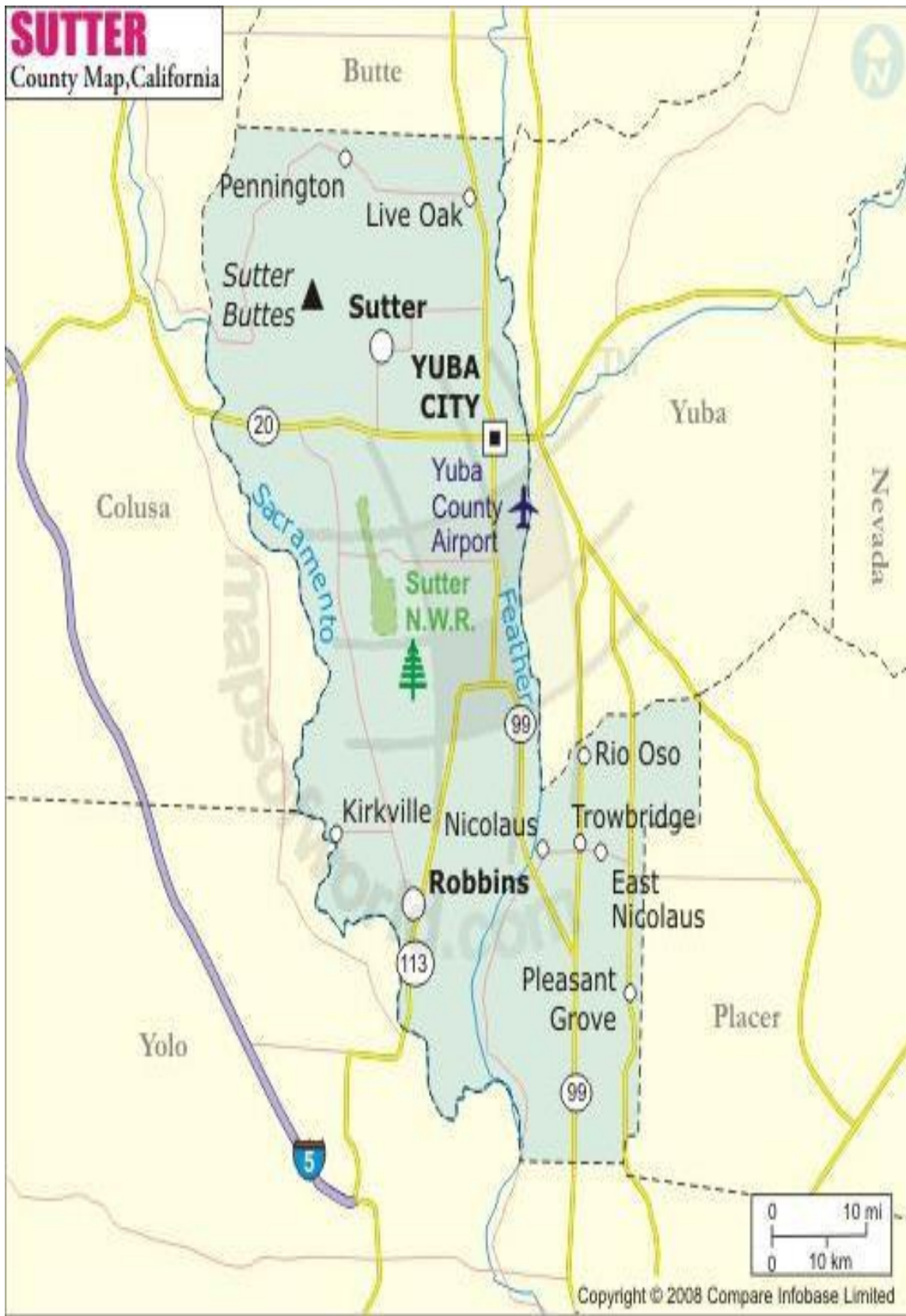
APPENDIX A — LIST OF DATA ELEMENTS

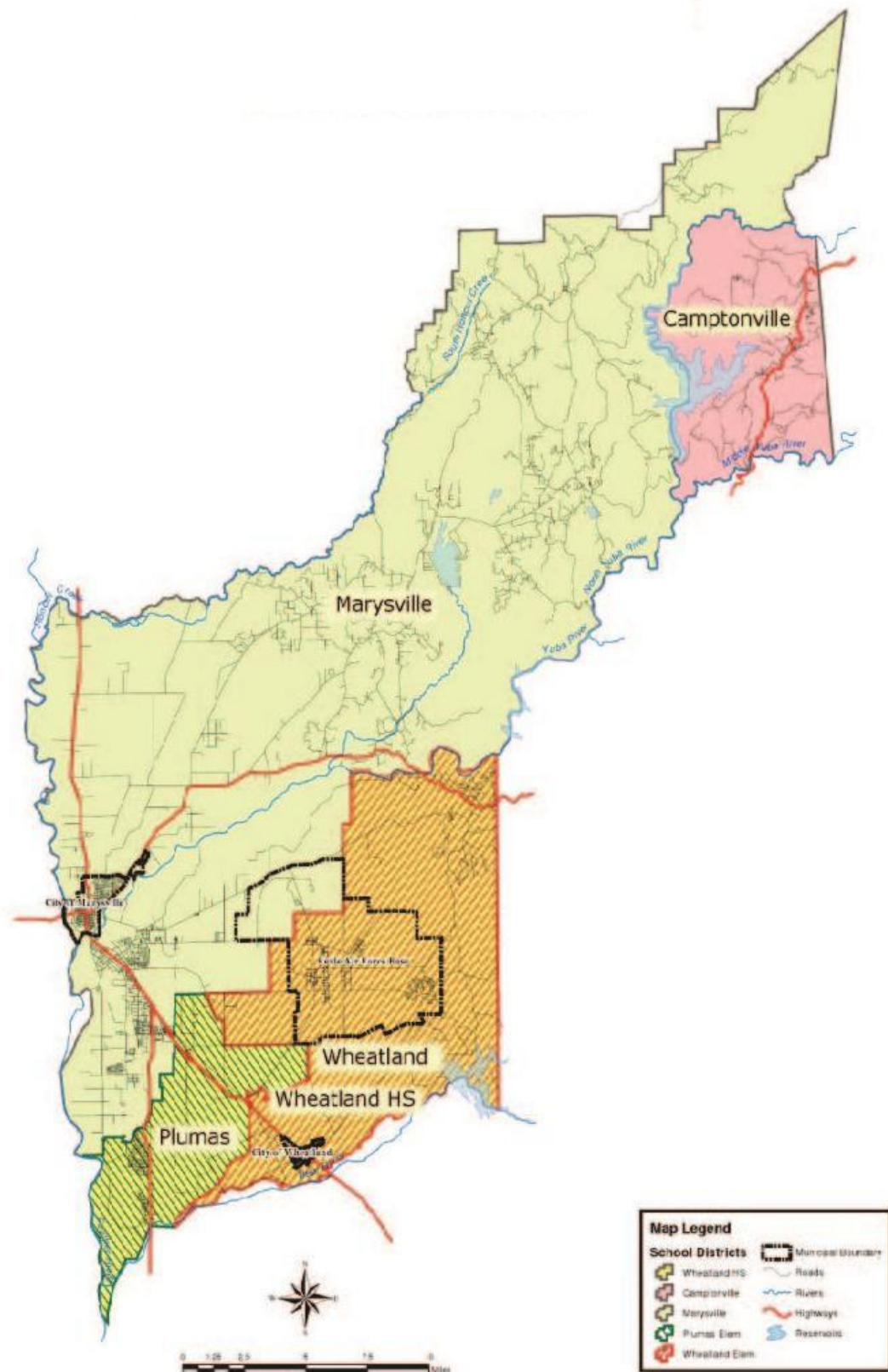
2. Program Descriptor Data Elements

3. Universal Data Elements

4. Program-Specific Data Elements

APPENDIX B — STATE REQUIRED DATA FOR PROGRAM-SPECIFIC DATA ELEMENTS





HMIS Contact Information

HMIS Lead Agency
Sutter Yuba Behavioral Health Services
1965 Live Oak Blvd
Yuba City, CA 95993
530-674-1885 ext. 114
jfloe@co.sutter.ca.us

John Floe HMIS Lead Administration 530-674-1885 ext. 114 jfloe@co.sutter.ca.us

Bell Data Systems Representative Tanya Pieterse, Customer Service Coordinator, (888) 845-0460 x202 TPieterse@BellDataSystems.net

1. HMIS Participation Policy

1 (a) Responsibilities

Beginning with the 2003 Continuum of Care (CoC) and Emergency Shelter Grants (ESG), and continuing with the Emergency Solutions Grant Homeless Prevention and Rapid Re-Housing Programs, the United States Department of Housing and Urban Development (HUD) requires all grantees and sub-grantees to participate in their local Homeless Management Information System (HMIS). This policy is consistent with the Congressional Direction for communities to provide data to HUD on the extent and nature of homelessness and the effectiveness of its service delivery system in preventing and ending homelessness. The HMIS and its operating policies and procedures are structured to comply with the most recently released *HUD Data and Technical Standards for HMIS*. Recognizing that the Health Insurance Portability and Accountability Act (HIPAA) and other Federal, State and local laws may further regulate agencies, the HMIS may negotiate its procedures and/or execute appropriate business agreements with Partner Agencies so they are in compliance with applicable laws.

2. Participation Requirements

2 (a) Mandated Participation

All designated agencies that are funded to provide homeless services by the State of California, Bureau of Homeless and Housing Services (BHHS) and/or HUD in the State of California must meet the minimum HMIS participation standards as defined by this Policy and Procedures manual. These designated programs include: emergency and transitional shelter, and permanent housing programs for people experiencing homelessness, Homelessness Prevention, and Rapid Re-Housing programs. These participating agencies will be required to comply with all applicable operating procedures and must agree to execute and comply with an HMIS Agency Participation Agreement.

2 (b) Voluntary Participation

Although non-funded agencies are only required to meet minimum participation standards, Cal-HMIS and each CoC strongly encourages non-funded agencies to fully participate with all of their homeless programs.

While each CoC cannot require non-funded providers to participate in the HMIS, the CoC works closely with non-funded agencies to articulate the benefits of the HMIS and to strongly encourage their participation in order to achieve a comprehensive and accurate understanding of homelessness in the State of California.

3. Minimum Participation Standards

- Collect all of the universal data elements, as defined by HUD, for all programs operated by the agency that primarily serve persons who are homeless, formerly homeless, or at risk of becoming homeless.
- For all programs, enter federally required client-level data into the HMIS.
- For all programs funded by California Dept. of Health and Human Services, Bureau of Homeless and Housing Services, enter federally-required AND state-required client level data.
- Complete data entry within specific timeframes, depending on the type of program (see *Section 9. HMIS Data Quality Policies and Procedures*).
- Comply with all HUD regulations for HMIS participation.

The HMIS uses all submitted data for analytic and administrative purposes, including the preparation of HMIS reports to funders and the Continuum's participation in the Federal Annual Homeless Assessment Report (AHAR).

4. HMIS Agency Participation Requirements

- Authorized agency users directly enter client-level data into the HMIS database. Users have rights to access data for clients served by their agency and use HMIS functionality based on their user level privileges. The agency's data is stored in the HMIS central database server, which is protected by several levels of security to prevent access from unauthorized users.
- Each agency shall designate at least one Agency Administrator who is the agency's point person/specialist regarding HMIS. The Agency Administrator is responsible for:
 1. Providing and maintaining agency specific information for the Executive Director and Agency Administrator (i.e.: name, address, email address and contact phone number);
 2. Organizing its agency's users;
 3. Making sure proper training has taken place for the users and that all HMIS policy is being followed by all users from that agency; and
 4. Notifying the HMIS lead agency of any staff turnover.

5. Hardware, Connectivity and Computer Security Requirements

5 (a) Workstation Specification

The minimum desktop specifications for Bell Data Systems Client Services Network V4 are as follows:

- **Computer** – PC
- **OS/Memory** Windows 7 – 4 GB recommended (2 GB minimum)
- **Monitor** Screen Display - 1024 x 768 (XGA)
- **Processor** A Dual-Core processor is recommended.
- **Internet Connection** Broadband

- **Browser** Google Chrome is recommended. Internet Explorer 8 is supported. Other browsers work with varying results.

5 (b) Internet Connectivity

Participating Program must have Internet connectivity for each workstation accessing the HMIS. To optimize performance, all agencies are encouraged to secure a high speed Internet connection with a cable modem, DSL, or T1 line.

5 (c) Security Hardware/Software

All workstations accessing the HMIS need to be protected by a Firewall. If the workstations are part of an agency computer network, the Firewall may be installed at a point between the network and the Internet or other systems rather than at each workstation. Each workstation also needs to have anti-virus and anti-spyware programs in use and properly maintained with automatic installation of all critical software updates. Good examples of anti-virus software include McAfee and Symantec (Norton) Security systems, among others.

5 (d) Agency Workstation Access Control

Access to the HMIS will be allowed only from computers specifically identified by the Participating Agency's Executive Director or authorized designee and HMIS Agency Administrator. Laptop computers will require an additional security statement indicating that they will not be used for unauthorized purposes from unauthorized locations. Access to these workstations will be controlled through both physical security measures and a password. Each agency's HMIS Agency Administrator will determine the physical access controls appropriate for their organizational setting based on HMIS security policies, standards and guidelines. Each workstation, including laptops used off-site, should have appropriate and current firewall and virus protection as specified above, see *Section 5 (c) Security Hardware/Software*.

6. HMIS User Implementation

6 (a) Eligible Users

Each Participating Agency shall authorize use of the HMIS only to users who need access to the system for data entry, editing of client records, viewing of client records, report writing, administration or other essential activity associated with carrying out participating agency responsibilities.

All Agency Administrations and End Users will be trained – either in person or using the online training materials. After training, users will be given a password so they can access Bell Data Systems Client Services Network V4.

The HMIS Sponsor shall authorize use of the HMIS only to users who need access to the system for technical administration of the system, report writing, data analysis and report generation, back-up administration or other essential activity associated with carrying out central server responsibilities.

6 (b) User Requirements

Prior to being granted a username and password, users must sign an HMIS User Policy Agreement that acknowledges receipt of a copy of the agency's privacy notice and that pledges to comply with the privacy notice.

Users must be aware of the sensitivity of client-level data and must take appropriate measures to prevent its unauthorized disclosure. Users are responsible for protecting institutional information to which they have access and for reporting security violations. Users must comply with all policies and standards described within this Policies and Procedures Manual. They are accountable for their actions and for any actions undertaken with their username and password. Agency Administrators must ensure that users have received adequate training prior to being given access to the database.

6 (c) Setting up a New HMIS User

- Determine the access level of the proposed HMIS user; and
- Execute an HMIS User Policy Agreement.

The Agency Administrator must:

- Verify that an HMIS user confidentiality agreement has been correctly executed;
- Verify that appropriate and sufficient training has been successfully completed; and
- Secure the new user ID and password in Bell Data Systems Client Services Network V4.

Once the user ID is established, the Agency Administrator is responsible for maintaining the user account. If any user leaves the agency or no longer needs access to the HMIS, the Agency Administrator is responsible for *immediately* terminating user access by deleting or inactivating the user account.

Volunteers have the same user requirements as paid staff. They must have an individual user account, go through the same training, and have the same confidentiality and privacy documents signed and on file with the agency they are serving.

The Executive Director or authorized designee is responsible for ensuring that the user understands and complies with all applicable HMIS policies and procedures.

A Participating Agency's access may also be suspended or revoked if serious or repeated violation(s) of HMIS Policies and Procedures occur by agency users.

7. HMIS Agency Implementation

Prior to setting up a new Participating Agency within the HMIS database, the HMIS System Administrator shall:

Verify that the required documentation has been correctly executed and submitted or viewed on site, including: Certification of Initial Implementation Requirements;
Agency Participation Agreement;
Information Security Protocol;
Additional documentation on Agency and Program(s);
Designation of Agency Administrator;
Verify funding source; and

- Request and receive approval from the HMIS Sponsor Agency (see *Section: HMIS Contact Information*) to set up a new agency;
- Work with the Agency Administrator to input applicable agency and program information; and

- Work with the HMIS Sponsor to migrate legacy data, if applicable, and within the scope of normal HMIS functions. Data needing additional HMIS or third party vendor intervention will be addressed on a case-by-case basis.

7 (a) Agency Information Security Protocol Requirements

At a minimum, Participating Agencies must develop rules, protocols or procedures to address the following:

- Internal agency procedures for complying with the HMIS confidentiality requirements and provisions of other HMIS client and agency agreements;
- Posting a sign in the areas of client intake that explains generally the reasons for collecting personal information;
- Appropriate assignment of user accounts;
- Preventing user account sharing;
- Protection of unattended workstations;
- Protection of physical access to workstations where employees are accessing HMIS;
- Safe storage and protected access to hardcopy and digitally generated client records and reports with identifiable client information;
- Proper cleansing of equipment prior to transfer or disposal; and
- Procedures for regularly auditing compliance with the agency's information security protocol.

7 (b) User Access Levels

All HMIS users must be assigned a designated user access level that controls the level and type of access the user will have within the system. Each user will only have access to client-level data that is collected by their own agency.

8. HMIS Client Data Policies and Procedures

8 (a) Client Notification Policies and Procedures

The HMIS has prepared standard documents for the HMIS User Policy Agreement and Client Acknowledgement Form. All written consent forms must be stored in a client's case management file for record keeping and auditing purposes.

8 (b) Definitions and Descriptions of Client Notification and Consent Procedures

8 (b) (1) Client Notice

A written notice of the assumed functions of the HMIS must be posted and/or given to each client so that he/she is aware of the potential use of his/her information and where it is stored. See the Client Acknowledgement Form at <http://nh-hmis.org/sites/default/files/reference/clientconsent.pdf>. The client has a right to view a copy of his/her record upon request.

8 (b) (2) Applicability of Consents

The Participating Agency shall uphold Federal and State Confidentiality regulations to protect client records and privacy. If an agency is covered by the Health Insurance Portability and Accountability Act (HIPAA), the HIPAA regulations prevail.

8 (c) Accountability for HMIS Policy

Participating Agencies must establish a regular process of training users on the HMIS policies and procedures outlined in this manual, regularly auditing that the policy is being

followed by agency staff (including employees, volunteers, affiliates, contractors and associates), and receiving and reviewing complaints about potential violations of the policy.

9. HMIS Data Quality Policies and Procedures

9 (a) Data Quality Standard

- All names provided will be accurate
- Blank entries in required data fields will not exceed 5% per month
- All services provided will be compatible with providing program
- Data entry must be complete within the timelines specified in *Section*

9. HMIS Data Quality Policies and Procedures

9 (b) Responsibility

Each of the agencies using HMIS are responsible for implementing these data standards in such a way that:

- Specifies the data quality standard to be used by all participating agencies;
- Provides a mechanism for monitoring adherence to the standard;
- Provides the necessary tools and training to ensure compliance with the standard; and
- Includes strategies for working with agencies that are not in compliance with the standard.

9 (c) Data Quality Monitoring

The HMIS System will perform regular data integrity checks on the HMIS data, which will include the following steps:

- Run HUD Universal Data Elements, Data Incongruities Reports, and other data quality reports as determined by HMIS, CoC's.
- Notify Agency Administrator of findings and timelines for correction;
- Re-run reports for errant agencies/programs, as requested. Follow up with Agency Administrators, if necessary;
- Notify the CoC chair and the HMIS Grantee regarding any uncorrected data quality issues.

9 (d) Accountability for Data Quality

- Any patterns of error at a Participating Agency will be reported to the Agency Administrator through electronic mail.
- Participating Agencies are expected to correct data errors within thirty (30) days of notification.
- When patterns of error have been discovered, users will be required to correct their data entry techniques and will be monitored for compliance.
- If data is not up to date, HMIS Lead will take the following steps: A formal letter of notification to the CoC Chair.

10. Data Collection Requirements

10 (a) HUD Universal Data Elements

A Participating Agency is responsible for ensuring that a minimum set of data elements, referred to as the HUD Universal Data Elements (UDEs) as defined by the *2014 HMIS Data Standards Manual*, will be collected and/or verified from all clients at their initial program enrollment or as soon as possible thereafter. Participating Agencies are required to enter data into the HMIS system.

The UDEs are all included collectively on the Client Profile, Assessment, and HUD Entry and Exit assessments, which are on the Bell Data Systems Client Services Network V4 Entry and Exit screens, respectively. Participating Agencies must report client-level UDEs using the required response categories detailed in section three (3) of the *2014 HMIS Data Standards*

Manual. For more information, please visit

<https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>.

Also see *APPENDIX A — List of Data Elements* later in this document for a list of the data elements.

10 (b) Program-Specific Data Elements

All Participating Agencies are also responsible for ensuring that the Program-specific Data Elements, as defined by the *2014 HMIS Data Standards Manual*, are collected from all clients that are served by applicable HUD-funded programs. These Program-specific Data Elements must be entered into the HMIS as specified in section four (4) of the *2014 HMIS Data Standards Manual*.

Participating Agencies must provide client-level data for the Program-specific Data Elements using the required response categories already incorporated into the HMIS.

The Program-specific Data Elements are located in the HUD Entry and Exit assessments, which are on the Bell Data Systems Client Services Network V4Entry and Exit screens, respectively.

See *APPENDIX B —HMIS Required Data for Program-Specific Data Elements* later in this document for a description of these data elements.

11. Data Quality Training

11 (a) Requirements

11 (a) (1) End-User Training

Each end user of the HMIS system must complete at least one session of training with the HMIS before being given HMIS login credentials. It is preferred they receive more training from their Agency Administrator in order to understand Agency Specific requirements, such as additional assessment information. When Agency Administrators have specific training needs, they will promptly notify HMIS by opening a Ticket.

11 (a) (2) Agency Administrator Training

After completing End-User training, each new Agency Administrator must complete an additional Admin training session. This session will include how to configure and manage an Agency's programs and users in the HMIS. Agency Administrators will participate in subsequent training sessions as designated by the HMIS Sponsor agency.

11 (a) (3) Reports Training

Reports training for Agency Administrators and other interested users will be made available as needed. This training will include how to use existing canned reports in Bell Data Systems Client Services Network V4Report Writer and may include opportunities for training on ART, the Advanced Reporting Tool (this may include Viewer licenses or ad-hoc licenses).

HMIS users are encouraged & participating agencies to run their own data quality reports so that participating agencies can monitor their own data quality and become more effective in serving our clients across the Continuum.

12. HMIS Data Access Control Policies

12 (a) User Accounts

Agency Administrators are responsible for managing user accounts for their Agency. They must follow the procedures documented in *Section 6. HMIS User Implementation* for user account set-up including verification of eligibility, the appropriate training, and the establishment of appropriate user type. The assigned user type will determine each user's individual access level to data, and Agency Administrators must regularly review user access privileges.

The Agency Administrator is responsible for removing users from the system. They should discontinue the rights of a user immediately upon that user's termination from any position with access to HMIS by opening a Ticket from the <http://nh-hmis.org/> website or by logging on to <http://support.nh-hmis.org>.

12 (a) (1) User Passwords

Each user will be assigned a unique identification code (User ID), preferably the first initial and last name of the user.

A temporary password will be automatically generated by the system when a new user is created. The user will be required to establish a new password upon their initial login. This password will need to be changed every 45 days. A password cannot be used again until another password has expired. Passwords should be between 8 and 16 characters long, contain at least two numbers, and should not be easily guessed or found in a dictionary. The password format is alphanumeric and is case-sensitive. Users are prohibited from sharing passwords, even with supervisors.

12 (a) (2) Password Reset

Except when prompted by Bell Data Systems Client Services Network V4 to change an expired password, users cannot reset their own password. The HMIS Lead will have the ability to temporarily reset a password.

12 (a) (3) System Inactivity

Users must log off from the HMIS application and their workstation if they leave their workstation. Also, HUD requires password-protected screen-savers on each workstation. If the user is logged onto a workstation and the period of inactivity on that workstation exceeds 30 minutes, the user will be logged off the system automatically.

12 (a) (4) Unsuccessful Login

If a user unsuccessfully attempts to log in 4 times, the User ID will be "locked out", their access permission will be revoked, and they will be unable to regain access until their User ID is reactivated by the HMIS Lead.

12 (b) HMIS Data Ownership Policies

The client has the right to view and have corrections made on their own data. In the event that the relationship between the HMIS and a Participating Agency is terminated, Participating Agency access is terminated. If another program is assuming the program administration then the data migrates to the new program (fees may apply).

12 (c) HMIS Data Use and Disclosure Policies and Procedures

Each of the HMIS Participating Programs must comply with uses and disclosure standards, as outlined in the *HUD Data and Technical Standards: Notice for Uses and Disclosures for*

Protected Personal Information. See the document http://FinalHMISDataStandards-Revised_3.pdf for the 2004 data standards.

12 (d) HMIS Data Release Policies and Procedures

12 (d) (1) Data Release Criteria

HMIS client data will be released only in aggregate, for any purpose beyond those specified in *Section 12 (c) HMIS Data Use and Disclosure Policies and Procedures*, according to the criteria specified below.

12 (d) (2) Aggregate Data Release Criteria

All released data must be anonymous, either by removal of all identifiers and/or all information that could be used to infer an individual or household identity.

13. HMIS Technical Support Policies and Procedures

13 (a) HMIS Application Support

As unanticipated technical support questions on the use of the HMIS application arise, users will follow these procedures to resolve those questions:

During the normal business hours:

- Begin with utilization of the on-line help and/or training materials;
- If the question is still unresolved, direct the technical support question to the Agency or HMIS Lead.
- Begin the utilization of the on-line help and/or training materials;
- If the question can wait to be addressed during the following business day, wait and follow the normal business hours procedure outlined above; and
- If the question cannot wait, direct the technical support question to the Agency HMIS Lead, if available.

13 (b) HMIS System Availability Policies

There are times that Bell Data Systems Client Services Network V4 is unavailable because the Systems is performing necessary backup and maintenance of the HMIS database. These are usually in the late evenings when as few people as possible need access to the system. However, when the HMIS receives notice of a planned interruption of service for other reasons or for an abnormal amount of time, the HMIS Sponsor Agency will notify Agency Administrators via email. If there is an unplanned interruption to service, the HMIS Lead will communicate with Bell Data Systems, and Agencies will be notified of any information regarding the interruption as it is made available.

APPENDIX A—List of Data Elements

Participating Agencies must report client-level detail in the “Required Response Categories” for the HUD Universal Data Elements that are shown in the *HUD Data and Technical Standards*.

2. Project Descriptor Data Elements.

- 2.1 Organization Identifier
- 2.2 Project Identifier
- 2.3 Continuum of Care Code
- 2.4 Project Type
- 2.5 Method for Tracking Emergency Shelter Utilization
- 2.6 Federal Partner Funding Sources
- 2.7 Bed and Unit Inventory Information
- 2.8 Site Information – Optional
- 2.9 Target Population – Optional

For more information, visit <https://www.hudexchange.info/resources/documents/HMIS-Project-Descriptor-Data-Elements-Manual.pdf>.

3. Universal Data Elements

- 3.1 Name
- 3.2 Social Security Number
- 3.3 Date of Birth
- 3.4 Race
- 3.5 Ethnicity
- 3.6 Gender
- 3.7 Veteran Status
- 3.8 Disabling Condition
- 3.9 Current Living Situation and Prior Living Situation
- 3.10 Project Entry Date
- 3.11 Project Exit Date
- 3.12 Destination
- 3.13 Personal ID
- 3.14 Household ID
- 3.15 Relationship to Head of Household
- 3.16 Client Location

For more information, visit <https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>.

4. Program-Specific Data Elements

- 4.1 Housing Status
- 4.2 Income and Sources
- 4.3 Non-Cash Benefits
- 4.4 Health Insurance
- 4.5 Physical Disability
- 4.6 Developmental Disability
- 4.7 Chronic Health Condition
- 4.8 HIV/AIDS
- 4.9 Mental Health Problem

- 4.10 Substance Abuse
- 4.11 Domestic Violence
- 4.12 Contact
- 4.13 Date of Engagement
- 4.14 Services Provided
- 4.15 Financial Assistance Provided
- 4.16 Referrals Provided
- 4.17 Residential Move-In Date
- 4.18 Housing Assessment Disposition
- 4.19 Housing Assessment at Exit
- HHS: PATH Program Specific
 - 4.20 PATH Status
 - 4.21 Connection with SOAR
- HHS: RHY Program Specific
 - 4.22 RHY – BCP Status
 - 4.23 Sexual Orientation
 - 4.24 Last Grade Completed
 - 4.25 School Status
 - 4.26 Employment Status
 - 4.27 General Health Status
 - 4.28 Dental Health Status
 - 4.29 Mental Health Status
 - 4.30 Pregnancy Status
 - 4.31 Formerly a Ward of Child Welfare/Foster Care Agency
 - 4.32 Formerly a Ward of Juvenile Justice System
 - 4.33 Young Person’s Critical Issues
 - 4.34 Referral Source
 - 4.35 Commercial Sexual Exploitation and Commercial Labor Exploitation
 - 4.36 Transitional, Exit-care, or Aftercare Plans and Actions
 - 4.37 Project Completion Status
 - 4.38 Family Reunification Achieved
 - 4.39 Medical Assistance (HOPWA Program Specific)
 - 4.40 Worst Housing Situation (RHSP Program Specific)
 - 4.41 Services and Financial Assistance Provided: SSVF (VA Program Specific)
- REFERENCE LINKS
 - 4.42 Percent of AMI
 - 4.43 Last Permanent Address
 - 4.44 HP Screening Score
 - 4.45 VAMC Station Number
 - 4.46 T-cell (CD4) and Viral Load (HOPWA Program Specific)
 - 4.47 SSVF HP Targeting Criteria
 - 4.48 Use of Other Crisis Services

For more information, visit <https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>.

APPENDIX B —Required Data for Program-Specific Data Elements

• **First Time Homeless?** (All programs except Homeless Outreach) Response choices=Yes/No.

• **Is Chronically Homeless?** Response choices=Yes/No. “Chronically Homeless” is defined as:

1. Chronically Homeless Individual – An unaccompanied homeless adult individual (persons 18 years or older) with a disabling condition (see “Disability” definition below) who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter/Safe Haven during that time. Persons under the age of 18 are not counted as chronically homeless.

2. Chronically Homeless Family – A household with at least one adult member (persons 18 or older) who has a disabling condition (see “Disability” definition below) and who has either been continuously homeless for a year or more OR has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter/Safe Haven during that time.

• **Do you have a disabling condition?** Response choices=Yes/No/Don’t Know/Refused. “Disability” is defined as any one of the following:

1. A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that:
 - a. Is expected to be long-continuing or of indefinite duration;
 - b. Substantially impedes the individual's ability to live independently; and
 - c. Could be improved by the provision of more suitable housing conditions.
2. A developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
3. The disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome (HIV).

Additionally, for veterans note: if the client is a veteran who is disabled by an injury or illness that was incurred or aggravated during active military service and whose disability meets the disability definition defined in Section 223 of the social security act they should be identified as having a disabling condition.

***NOTE: If the answer to “Do you have a disability of long duration?” is “Yes,” a Disability Type MUST be entered.**