

Sonoma County Continuum of Care

Coordinated Entry Policies and Procedures

COORDINATED ENTRY POLICIES AND PROCEDURES

Sonoma County Continuum of Care

A “No Wrong Door” Approach for Housing and Services for All Individuals Experiencing
Homelessness

Sonoma County Continuum of Care Board
updated September 26, 2018

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Coordinated Entry Policies and Procedures

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CA-504 Santa Rosa/Petaluma/Sonoma County CoC

Coordinated Entry System (CES) Overview

Coordinated Entry is a streamlined system for accessing housing, shelter, and services to end homelessness and is required by the U.S. Department of Housing and Urban Development (HUD) for all Continuums of Care (CoCs) as stated in 24 CFR 578.7 (a) (8) of the Continuum of Care Program Interim Rule. Coordinated Entry in Sonoma County follows a Housing First approach for all participating projects and prioritizes individuals and families for permanent supportive housing for those with the highest vulnerability and needs.

Coordinated Entry is the primary process for assessing severity of needs and ensuring that people can receive assistance in a timely fashion. Utilization of the VI-SPDAT as the standardized assessment tool, as well as full geographic coverage, enables providers to ensure those experiencing homelessness have equal access to housing and resources.

All CoC and ESG funded projects are required to participate in and accept referrals only from Coordinated Entry. Coordinated Entry covers the entire geography of the Sonoma County Continuum of Care and is the primary access point for referrals for permanent supportive housing and rapid re-housing as well as emergency crisis services/emergency shelter.

Sonoma County CES Vision

The Sonoma County Continuum of Care's Coordinated Entry System (CES) provides entry into housing via multiple access points for individuals and families experiencing homelessness with a goal of providing participants with their choice of housing, shelter or services within 60 days of program enrollment.

Governance

The Sonoma County Community Development Commission provides funding to the Coordinated Entry Operator, Catholic Charities of the Diocese of Santa Rosa. Primary oversight of the CE System is performed by the Continuum of Care Board. The CoC Board shall be responsible for final approval of all CE policies and procedures, and will approve annual revisions to these Policies and Procedures.

The CoC Board will be responsible for adopting any revisions of the CE system based on recommendations from the CoC's Evaluation Committee. The CoC Evaluation Committee will review CE data and direct feedback from individuals assessed through CE.

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The CE Steering Committee, comprised of a majority of CoC Board members and staffed by the CoC Coordinator and CE Project Coordinator, collected recommendations from CE Subcommittees and submitted recommendations on policy for full CoC Board Review for these policies.

The CoC Evaluation Committee assists the CoC Board with annual evaluation of the CE System.

Ongoing subcommittees of CE after January 2018 will include:

- Referral Subcommittee (Chaired by CE Operator and CoC Coordinator)
- Data Subcommittee (Chaired by HMIS Administrator)
- Safety Committee (Chaired by CoC Coordinator and Family Justice Center)

Feedback is also solicited from quarterly Continuum of Care membership meetings open to the public.

Coordinated Entry Participation Requirements and Nondiscrimination Compliance

HUD guidance released in January 2017 requires all projects receiving HUD funding to participate in their local CE system. Any project that receives HUD funding (CoC Program, Emergency Solutions Grants) as well as CDBG-funded public services grants must comply with CE participation requirements as established by the local CoC. Recipients and subrecipients of these programs must comply with the nondiscrimination and equal opportunity provisions of Federal Civil Rights including Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, Title II of the Americans with Disabilities Act (ADA), and Title III of the ADA.

Coordinated Entry Cooperating Agencies

Cooperating agencies include agencies not *required* to participate in Coordinated Entry but that have agreed to participate in order to improve access, flow, and implementation of Coordinated Entry. These include Sonoma County access points (see Section B) as well as homeless and housing providers that have entered into data sharing agreements with HMIS and actively engaged in CE and/or are entering and accessing data through the Sonoma County HMIS.

Coordinated Entry HMIS Vendor

Social Solutions is the HMIS vendor for the Continuum of Care, and Efforts to Outcomes (EtO) is the software utilized for Coordinated Entry. The Sonoma County Community Development Commission is the lead agency for the Continuum of Care and the Sonoma County HMIS, and is responsible for data quality and technical support. Additional information on the Sonoma County HMIS can be found here:

<http://sonoma-county-hmis.wikispaces.com/HOME>

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Coordinated Entry Roles

CES includes the following identified roles:

Access Point: Access points include service providers, shelters, Federally Qualified Health Centers (FQHCs), drop-in centers, County Departments, and other locations for initial screening and referral into Coordinated Entry.

Chronically Homeless: A homeless individual with a disability living in a place not meant for human habitation, a safe haven, or in an emergency shelter who has been homeless 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 in that situation.

Cooperating Agencies: Housing and shelter providers who are required to or wish to participate in CE.

Coordinated Entry Operator: Catholic Charities of the Diocese of Santa Rosa serves as the Coordinated Entry Operator. As such this agency provides staffing, serves as the contact for Coordinated Entry, and is empowered to manage all By Names Lists for Coordinated Entry.

Emergency Services: Emergency services include emergency shelters, transitional housing, and drop-in centers. These may operate as access points for Coordinated Entry, and participants may access emergency services at these sites during the hours Coordinated Entry is not in operation.

Homeless Management Information System (HMIS): HMIS is the centralized data system in the CoC. All agencies participating in Coordinated Entry are required to utilize the HMIS system, Efforts to Outcomes, and undergo training in HMIS policies and procedures. All CE By Names Lists are maintained in HMIS, and all referrals are made through HMIS with accompanying phone calls for verification that referrals are received.

HMIS Administrator: The Sonoma County Community Development Commission is the CoC's HMIS Lead. All agencies participating in Coordinated Entry are required to utilize HMIS. The CE Operator maintains all waiting lists for housing and emergency shelter in HMIS, and the waiting lists are viewable by cooperating agencies.

Homelessness Prevention Providers: Participants may contact Coordinated Entry or 211 for linkage to homelessness prevention programs.

HOST: The Homeless Outreach Services Team (HOST) is operated by the Coordinated Entry Operator and serves as the primary street outreach team connected to Coordinated Entry. HOST provides referrals directly to Coordinated Entry for unsheltered individuals experiencing homelessness.

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Housing/Service Navigators: Housing and Service Navigators are employed by the CE Operator and offer participants support with housing search as well as initial service navigation. Service Navigators assist with diversion, assessment using the standardized screening tool, and referrals to cooperating agencies. Housing navigators assist with housing search and placement.

Lead Agency: The Sonoma County Community Development Commission, serving as the collaborative applicant for the Continuum of Care, is designated as the Lead Agency for Coordinated Entry planning and project management. The SCCDC receives two Continuum of Care funded grants for Coordinated Entry and subcontracts with the Coordinated Entry Operator.

Participants: Individuals and families experiencing homelessness or at imminent risk of literal homelessness according to the federal definition of homelessness according to 24 CFR Parts 92, 582, and 583, the Homelessness Emergency and Rapid Transition to Housing (HEARTH) Act Final Rule Defining “Homeless,” **and** in need of permanent housing or emergency services. Participants must be located within the geography of Sonoma County (https://www.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf).

Aspects of Coordinated Entry

A. Planning

This document and accompanying materials ensure compliance with all stated HUD requirements for CE systems, as noted HUD’s “Coordinated Entry Core Elements” document and subsequent materials guiding CE system implementation. Sonoma’s County CES was developed over several years and has been in operation prior to the stated HUD deadline in January 2018. A pilot Coordinated Intake project serving households with children experiencing homelessness has been operating since early 2015. This pilot was expanded to serving individuals throughout Sonoma County in September 2017. The CES covers the entire geographic area claimed by the Sonoma County CoC and is easily accessed by individuals and families seeking housing or services. The CES is well-advertised, utilizing flyers, website, social media, toll free number, regionally dispersed access points, street/encampment outreach teams and also fosters connection with mainstream services such as healthcare providers and emergency services/first responders.

Coordination with Agencies Serving Victims of Domestic Violence

All CES Access Points must provide equal access to any individual or family escaping or attempting to flee domestic violence, sexual assault, data violence, stalking, or human trafficking. Such persons experiencing the aforementioned circumstances are provided opportunity to receive CES referrals for available services from either non-victim specific providers or victim service providers specializing in assistance to such persons fleeing or attempting to flee domestic violence and/or sexual assault. Upon determining the household may be escaping or attempting to flee a violent situation, Access Points must also provide information and referral to the Family Justice Center, the designated Domestic and Family Violence Access Point. When the Family Justice Center is not open, Access Points may contact the domestic violence hotline at (707) 546-

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1234.Coordination with Recipients of Emergency Solutions Grant Program Funds and System-Wide Written Standards

Coordinated Entry collaborates with the Sonoma County Community Development Commission, the HUD entitlement ESG Recipient and State ESG Administrative Entity, and all programs receiving ESG funds. Written program standards for all system components (TH, RRH, ES, PSH) have been developed in collaboration with CoC/ESG-funded providers as well as other agencies not funded by CoC/ESG. These standards have been designed in accordance with 24 CFR 578.7(a)(8) and are found online at: <http://sonoma-county-continuum-of-care.wikispaces.com/System-wide+Program+Standards>

Written standards include guidance on evaluating eligibility for assistance; determining which participants will be prioritized for RRH, TH, PSH; and the amount of rent each program participant must pay while receiving RRH assistance.

The SCCDC and CoC support the CES Operator in ensuring participation of ESG projects and compliance with ESG standard during monthly CE Policy Meetings.

Marketing and Outreach

The CES Operator in partnership with the CoC manages CES marketing, which includes a website, social media, printed materials, toll free telephone number and informational events on CES. All such marketing efforts affirmatively market of CE System and Access Points to ensure equal access and opportunity to pursue shelter and housing services.

The toll free Coordinated Entry # is (866) 542-5480 and is available Monday-Friday from 9am-5pm. Additional phone numbers for Access Points and Service Navigators can be found in Section B (Access). Coordinated Entry information is currently located online on the CoC Website at: <http://sonoma-county-continuum-of-care.wikispaces.com/Coordinated+Entry+System>

The SCCDC will host the permanent CES website beginning in January 2018.

Nondiscrimination

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

- Race
- Color
- Religion

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

B. Access

Access Model and Accessibility

An established Diversion assessment tool and the VI-SPDAT are utilized at all access points for initial screening and CES prioritization. A toll free phone number is available for individuals to contact from any point in the County for information on accessing Coordinated Entry. Included in this number are connections to service navigators located in all 5 geographic regions of the county with available drop-in hours. All access points must be accessible to individuals with disabilities and meet requirements of the Americans with Disabilities Act.

Access points are located in all 5 geographic areas of Sonoma County and have been identified to ensure that all individuals experiencing homelessness are able to meet with an assessor to complete the VI-SPDAT. These access points are affirmatively marketed to eligible individuals and families regardless of race, color, national origin, sex, religion, familial status, age, or disability, with a focus on those who are least likely to access homeless services. Coordinated Entry Service Navigators provide connection to CES in all geographic regions during designated drop-in hours or by appointment. If a member of one of the five subpopulations allowable by HUD accesses Coordinated Entry (ex: transition age youth accesses a veteran access point), that access point will immediately link the individual to the appropriate access point via a warm hand-off (phone call as well as HMIS referral).

In general, no individuals can be denied service at any access point in the CoC's geographic area. However, individuals who are violent/threatening may be denied access. Sex offenders may also be denied access at family access points and individuals with active restraining orders may be denied access. Access points that serve specific subpopulations (such as veterans, families, individuals with serious and persistent mental illness, etc.) must offer initial screening or linkage to a different access point within 24 hours via HMIS or a warm hand-off (phone call/email).

The CES has developed a feedback loop for Access Point providers to submit comments and concerns to the CES Operator, CoC lead agency and other Access Point providers. This web-based document will provide an opportunity to collect and review real time experiences of Access Points, so that improvements may be addressed in between Steering and subcommittee meetings.

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Types of CES Access Points

Levels of Access	Description	Minimum Standards
Access Partner	<p>An agency that can direct a person experiencing a housing crisis to a Coordinated Entry System Access Point.</p> <p><i>Examples:</i> An Access Partner may include some County Agencies, homeless service providers with limited capacity for screening, medical providers/FQHC's, and law enforcement.</p>	<p>Provides an initial Diversion screening, assessing homeless status and immediate needs (not VI-SPDAT)</p> <p>Possesses working knowledge of other CES Access Points.</p>
Initial Access Point Provider	<p>Initial Access is a function of CES performed by a CES Cooperating Agency with the goal of initiating or continuing contact with prospective CES participants.</p> <p>An Initial Access Point Provider administers a coordinated crisis response to address the prospective participant's immediate needs and provides direct referrals to an appropriate CES resource.</p> <p><i>Examples:</i> Initial access can be performed remotely/hotline (211, etc.), or in person by service providers or outreach workers.</p>	<p>Provides an initial screening (Diversion and/or VI-SPDAT) by trained staff to determine a prospective participant's homeless status and immediate needs.</p> <p>Employs trained staff with a working knowledge of CES Access Points and the system's resources.</p> <p>Agrees to participate in Coordinated Entry planning.</p> <p>Agrees to comply with CES Policies and Procedures by signing a CES Participation Agreement/MOU.</p>
Comprehensive Access Point	<p>Comprehensive Access Points offer all the functions of initial access but also can directly connect (enroll and refer) a person into appropriate and available CES resources and/or are able to perform a standardized assessment process. At Comprehensive Access Points, providers collect required participant information and enter personally identifiable information (PII) into HMIS.</p> <p><i>Examples:</i> Comprehensive Access is generally offered by CES Geographic Lead Agencies and some County Agencies and other service providers.</p>	<p>Meets Minimum Standards for Initial Access Points above.</p> <p>Can also/either:</p> <ol style="list-style-type: none"> 1) Enroll a client into a program appropriate to their immediate need. 2) Perform Standardized Diversion and VI-SPDAT Assessment protocol. <p>Collects participant information and initiates a client record in HMIS Coordinated Entry Program. <i>(continued)</i></p>

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Levels of Access	Description	Minimum Standards
		Coordinates with CES Operator to continue client engagement and complete referral to appropriate programming per vulnerability prioritization.

Coordinated Entry Access Points (November 2017)

CE Access Site	Subpopulation	Geographic Region	Service Navigation	Level of Access
Catholic Charities – Family Support Center	Families, Single Adults	Santa Rosa	Yes	Comprehensive Access Point
Catholic Charities Homeless Services Center	Single Adults	Santa Rosa	Yes	Comprehensive Access Point
Social Advocates for Youth	Transition Aged Youth (18-24)	Santa Rosa; Countywide	Yes	Comprehensive Access Point
West County Health Center/ Clean Day	Single Adults	Guerneville/West County	Yes	Comprehensive Access Point
Reach for Home	Single Adults, Families	Healdsburg/North County	Yes	Initial Access Point
YWCA/Family Justice Center	Victims of Domestic Violence	Confidential/Countywide	No	Comprehensive Access Point
Petaluma People’s Services Center/COTS	Single Adults/Families	Petaluma	Yes	Comprehensive Access Point
Community Support Network	Individuals with Behavioral Health Challenges	Santa Rosa	No	Comprehensive Access Point

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Possible Future Coordinated Entry Access Points in January 2018

CE Access Site	Subpopulation	Geographic Region	Service Navigation	Level of Access
Sonoma County Behavioral Health	Single Adults, Individuals with Mental Illness	Santa Rosa/Countywide	No	Initial Access Point
COTS – Mary Isaak Center	Families, Single Adults	Petaluma	Yes	Comprehensive Access Point
Sonoma Overnight Support	Families, Single Adults	Sonoma Valley	Yes	Initial Access Point
North Bay Veterans Resource Center	Veterans (Single Adults and Families)	Santa Rosa	No	Comprehensive Access Point
Interfaith Shelter Network	Persons on Parole/Probation	Santa Rosa	No	Initial Access Point
Face to Face	Persons with HIV/AIDS	Santa Rosa	No	Initial Access Point
Santa Rosa Junior College	SRJC Students, Faculty, Employees	Santa Rosa	No	Access Partner
Sonoma County Economic Assistance	Single Adults/Families	Santa Rosa/Countywide	No	Access Partner
Alexander Valley Healthcare	Single Adults	North County/Cloverdale	Yes	Initial Access Point
Santa Rosa Community Health	Single Adults/Families	Santa Rosa	No	Initial Access Point

Assessment and Standardized Decision Making Tool

Households may receive an assessment at various points of entry within the homeless system. The most common entry points will be CES Access Points (at any of the access levels noted above). Households are not required to be enrolled in a shelter or interim program to complete the CES assessment. Assessments can and should be updated as contact information or life circumstances

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change. Vulnerability Indices (VI-SPDAT) may be **updated if the household continues to experience homelessness or if life changes dictate this need** such as emergency room visits, hospitalizations, learning about a new diagnosis, and involvement in the child welfare system, or juvenile detention center encounters. Additionally, re-administering the VI-SPDAT may occur when the participant receives notification from the CES of a shelter or housing referral opportunity, so as to ensure that programming is still the most appropriate.

Skilled Assessors complete assessments directly in the HMIS. Training for Skilled Assessors and agency staff serving as access points will be held at minimum annually and more frequently as needed.

All households facing homelessness should be assessed and may not be prevented from accessing the CES because of any barriers including, but not limited to: income, active (or history of) substance use, domestic violence history, lack of interest in services, disabling condition, evictions or poor credit, lease violations or any type of criminal record.

Applicants may refuse to answer assessment questions. However, doing so may limit the Applicant's possible permanent housing and service opportunities if the questions that are not answered are related to eligibility criteria for specific programs. The assessment process does not require that the Applicant share information about a specific disability if the Applicant does not wish to do so.

CES assessment procedures follow federal Fair Housing Laws for protected classes such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or marital status. Data will be protected by the HMIS database/cooperating HMIS agencies and only shared as allowed for based on the consent of the Applicant.

Diversion Procedure & Screening Tool

A Diversion Pre-screening tool is utilized at all access points to determine appropriate service referrals. Diversion seeks to limit unnecessary entry into CES and Shelter/Housing Services. Access Points must be regularly trained to ensure appropriate use of the Diversion Pre-screening, and the VI-SPDAT tools when applicable. Access Point staff must undergo training provided by the CE Operator on policies and procedures for access points, annually and as changes in CES changes occur.

Families and individuals will be provided information, support and assistance in understanding how to access services and support. Families and individuals will be eligible for some services and not others. Transparency about eligibility and about how the homeless services system works is critical when giving families and individuals choice about the options that may work best for them. Assisting individuals in understanding system navigation empowers them to find and make choices

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about the support and services they will be eligible for, and to find what will assist them in achieving housing stability.

VI-SPDAT Assessment Tool

CES utilizes VI-SPDAT, TAY VI-SPDAT, and Family VI-SPDAT for determination of housing needs and vulnerability prioritization. The VI-SPDAT is a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity and vulnerability. These are taken into consideration with other factors to determine housing and services prioritization.

Linkage with Victims of Domestic Violence & Safety Planning

No participant may be denied access to the coordinated entry process based on a history as a victim of domestic violence, dating violence, sexual assault, or stalking. When a participant reveals a history of domestic violence at a Coordinated Entry access point, the access point will offer linkage to emergency services with the CoC's primary domestic violence provider and the Family Justice Center, the designated Access Point for victims of domestic violence. The Family Justice Center (FJC) is the primary Access Point for individuals and families who are fleeing/attempting to flee domestic, dating violence, sexual assault, or stalking and who are seeking shelter, services, and housing from non-victim services providers.

When a homeless participant presents for services at the primary domestic violence provider and/or the Family Justice Center, the provider will offer linkage to Coordinated Entry for screening and assessment. The FJC also collaborates with the YWCA and Verity, the primary victim services providers in the CoC, to provide access to Coordinated Entry. The FJC provides confidential access to CE, and individuals are enrolled into CE confidentially by the Project Coordinator at the FJC. To ensure confidentiality of victims, individuals are prioritized and placed on the By Names List by the FJC Coordinator. Victims are also offered access to the comparable process used by victim services providers and have immediate access to the confidential Safe House with the YWCA.

Coordination with Homelessness Prevention Services (ESG-funded and non-ESG funded)

Individuals and families may contact any Coordinated Entry access point for linkage with homelessness prevention services. All access points will have contact information for homelessness prevention services and will be trained in assisting individuals and families who may be diverted without having to enter Coordinated Entry and the homeless service system. Access points should make every effort to assist individuals and families with resolving episodes of homelessness prior to system entry.

The CE Operator and all access points will offer referrals to ESG-funded and non-ESG funded homelessness prevention services (such as Season of Sharing or the HCA Fund) to any participant seeking such services.

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Access to Emergency Shelter

When participants access CE intake outside normal business hours, agencies may place participants into emergency shelter immediately, including expanded winter shelters. However, the participant must be referred to Coordinated Entry for screening and assessment within 24 hours. Participants must also be offered access to other emergency services or housing of the participant's choice (if available).

Full Coverage

Coordinated Entry Access Points shall be available in all 5 sub-regions of the CoC's geographic area: Central Santa Rosa, Healdsburg/North County, Petaluma/South County, Sonoma Valley/Southeast County, and Guerneville/West County. CE Access Points are located in proximity to public transportation such as the SMART train and local bus routes in central areas of the County. All Access Points offer information on local public transit options.

Aside from Access Points, the CoC strives to provide a "No Wrong Door" approach: any homeless family or individual can present at any homeless housing and service provider in the geographic area for linkage to Coordinated Entry.

Access for Individuals with Disabilities & with Limited English Proficiency

All access points must ensure that physical locations are accessible to individuals with disabilities. If an access point is not accessible to individuals who use wheelchairs, the access point must ensure that the individual is provided immediate linkage to a physical space for entry into the CES, and work with the CE Operator to identify an alternative location.

Access points must also ensure that physical locations provide an environment that is welcoming to people who are least likely to access homeless assistance. Participants should be presented with choice in access points, and supported to enter the CES at the access point where they are most comfortable and likely to access assistance. If a participant identifies a preference for a specific access point, the CE Operator will provide linkage and/or a warm handoff to that access point. Street outreach teams such as the HOST team provide linkage for individuals who are not able to access Coordinated Entry in person or who are not likely to engage in services. Individuals assessed by the HOST team with the VI-SPDAT assessment tool must be placed on the Coordinated Entry By Names List.

Access points offer Coordinated Entry materials in Spanish and also provide immediate linkage to resources in other languages upon the request of an individual accessing Coordinated Entry. Additionally, individuals with disabilities must be provided accommodation (such as assisted listening devices, etc.) in order to ensure effective communication. If an access point does not have the resources to ensure effective communication with individuals with disabilities, the access

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point should contact the Coordinated Entry Operator and/or Disability & Legal Services Center, for assistance.

Collaboration with Street Outreach and Virtual Entry

The HOST Street Outreach Team and other street outreach teams are trained on CES policies and procedures and are offered the same standardized process as individuals who access CE at site-based access points. Street outreach teams have the capacity to enroll individuals into CE virtually and to administer the VI-SPDAT both through the internet and via phone. Access Points also have the capacity to enroll individuals virtually via phone.

C. Assessment

Standardized Assessment Tool and Assessment Process

The VI-SPDAT is the primary standardized assessment tool for the Sonoma County Continuum of Care. In cases where the VI-SPDAT does not produce adequate information due to trauma or other special circumstances the Coordinated Entry Operator and/or Access Points may utilize other information from providers working closely with the participant(s). The VI-SPDAT is used to establish prioritization for individuals, families, individuals/families fleeing domestic violence, and transition-aged youth (TAY) for CES. Assessment questions are adjusted for these specific populations, and some assessment questions may be skipped if they do not pertain to the subpopulation. For example, a youth under 18 will not be asked questions related to veteran status.

The CES is open to all households meeting the HUD definition of homelessness, Categories 1, 2 or 4. Participants receive the same assessment process at each access point, but in order to minimize potential trauma to participants from repeating the assessment multiple times, CES minimizes the number of times a participant undergoes an assessment using the VI-SPDAT by only conducting a VI-SPDAT at initial intake and/or when vulnerability may have changed. The most common entry points for assessment are shelters, community health centers, street outreach, and drop-in centers. Participants shall not be required to be enrolled in a shelter or service program prior to completing the assessment, and assessments will be updated as vulnerability indicators change. Vulnerability changes may include continued experience of homelessness, utilization of emergency room/hospitals, interactions with law enforcement, etc.

All assessments should be completed within 24 hours of contact with an Access Point or within 24 hours of being placed in a shelter if outside of usual CES hours. However, in circumstances when trust needs to be built with a participant or if the participant prefers to not complete an initial VI-SPDAT, more time shall be taken before conducting an assessment. CES shall strive to incorporate approaches that reflect the characteristics of our local population, including geographic preference

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in housing and shelter as well as connecting with trusted regional providers. All participants are offered choice in their decisions for the location and type of housing intervention, and CE staff/Access points will provide a clear, person-centered approach in explaining the type of program referral being made and explaining the expectations of the program/provider.

Assessments may be uploaded directly into HMIS at Access Points or given to a Service Navigator with CES if the access point does not utilize HMIS. Upon receipt of the assessment survey and pertinent documentation such as documentation of homelessness and disability, CES staff will place the individual or family onto one of the three By Names List (Single Adult, Family, or TAY) if no permanent supportive housing is available. Participants may simultaneously be referred to Rapid Re-Housing and an Emergency Shelter.

Participants may not be denied access to Coordinated Entry by a cooperating agency for any of the following reasons:

- Perceived barriers to housing
- Little to no income
- Active or history of substance abuse
- Domestic violence history
- Resistance to receiving services
- Type or extent of disability related services or supports needed
- History of evictions or poor credit
- Criminal Record
- Lease violations or lack of rental history

Standardized Training for Access Points

Trainings on CES Policies & Procedures occur quarterly and are conducted by the CE Operator in collaboration with the Lead Agency. Agencies that are unable to attend quarterly or annual trainings may participate in 1:1 trainings with the CE Operator. All agencies with assessors (Comprehensive Access Points and Initial Access Points) must undergo training prior to gaining access to Coordinated Entry in HMIS and the CE Waitlist.

Trainings for Access Points includes:

- Utilization of VI-SPDAT
- How assessment information determines prioritization
- Trauma-informed care and trauma-specific care
- Vulnerable populations who are in recovery from addiction
- Housing First Principles
- Overview of Coordinated Entry System Policies and Procedures
- Live Data Input
- Safety Planning & Protocols

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- Interface with Victim Services Organizations
- Basic HMIS training (for new users)
- Nondiscrimination
- Cultural and Linguistic Competency Training

Additionally, all agencies are trained on procedures to assist participants with filing a discrimination complaint at initial intake into Coordinated Entry.

Participant Autonomy and Privacy Protections

Participants have full autonomy in deciding what information to provide during the assessment process. Participants also may reject any housing option or emergency service option without retribution and without losing their place on the list. Participants' priority on the list is only affected by their prioritization score.

Participants cannot be required to disclose disabilities or diagnoses. Disability information is only used to determine whether the person is eligible for a certain program.

Alignment with Housing First Principles

All Access Points utilize a Housing First approach in the assessment process. Access points may not prioritize participants based on any real or perceived barriers such as substance use, lack of credit, perceived "readiness" for housing, criminal history, etc. All Access Points are trained in Housing First basics and philosophy.

Safety Planning Training for Assessment Staff

In the event that Access Sites identify an immediate safety issue for a participant, assessors will work with Coordinated Entry to refer the participant to an appropriate level of care. Safety issues may include but are not limited to:

- The participant has a grave disability or self-neglect and should be referred to Adult Protective Services at 1 (800) 667-0404
- The participant is in crisis and should be referred to the Mobile Support Team or other crisis resources at 1 (800) 746-8181
- The participant's minor child/children are at-risk and Child Protective Services should be contacted at 1 (800) 870-7064
- The participant is experiencing domestic violence and the domestic violence hotline should be contact at (707) 546-1234.
- The participant is having thoughts of suicide and the suicide prevention hotline should be contacted at (1-855-587-6373)

Confidential Assessment Areas

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All Access Points must have a confidential, private space to conduct the VI-SPDAT and to identify any potential safety issues that may affect participants (such as trauma, victimization, domestic violence, trafficking, etc.). If an access point does not have a confidential space, the access point will work with the CE Operator to identify an alternate location.

Collaboration with Veteran Affairs (VA) and Veteran Partners

The CoC manages a By Names List (BNL) of homeless veterans. The BNL is managed by the CoC Coordinator and HUD-VASH Coordinator with the Santa Rosa VA Medical Center. The list is updated twice monthly by members of the CoC's Homeless Veterans Committee. CE staff members attend and provide updates to the BNL and cross-reference names on the BNL with the CE waitlist.

The VA and the primary SSVF provider, North Bay Veterans Resource Center (NBVRC), are both cooperating agencies in CE. In 2018, NBVRC will be the primary Access Point for veterans to enroll in CE. Veterans accessing services at the VA shall be referred to the NBVRC Access Point for access to CE or may meet CE staff at designated drop-in hours for CE at the other local sites such as Vet Connect or the VA office in Santa Rosa by appointment. VA staff are also trained in administering the VI-SPDAT and will provide CE staff with assessment information upon completion of assessment.

CE staff have access to the BNL and also have capability to enroll veterans directly into CE with signed consent from the participant and/or a release of information from the VA. Veteran prioritization follows the same protocol for the three waitlists: single adults, families, and transition-aged youth.

D. Prioritization

Overview and Prioritization of Chronic Homeless Populations

Prioritization for Coordinated Entry follows HUD notice CPD-16-11, *Prioritizing Persons Experiencing Chronic Homelessness in PSH* for all **chronically** homeless individuals and families seeking permanent supportive housing in Sonoma County. Individuals, families, and transition aged-youth ages 18-24 are assessed using the VI-SPDAT by the Coordinated Entry operator and designated access points across Sonoma County. Individuals scoring 9 or above on the VI-SPDAT are prioritized for PSH based on vulnerability and prioritization in HUD notice CDP-16-11:

- 1st priority: homeless individuals and families with a disability and long periods of episodic homelessness and severe service needs
- 2nd Priority: homeless individuals and families with a disability with severe service needs with no minimum length of time homeless required

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- 3rd Priority: homeless individuals or families who are residing in a place not meant for human habitation, safe haven, or an emergency shelter who has not been identified as having a severe service need and
- 4th priority: An individual who is currently residing in a transitional housing, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven.

Individuals and families scoring between 4 and 8 on the VI-SPDAT will be prioritized for rapid re-housing services. Individuals and families scoring below 4 on the VI-SPDAT will be prioritized for rapid re-housing, transitional housing, and diversion services.

Referrals to emergency shelters will rotate to each agency in the following manner:

1. Referral from the highest prioritized client on the By Names List who meets program eligibility.
2. Referral from the highest prioritized client on the By Names List scoring below 10 on the VI-SPDAT who meets program eligibility.

Additional factors for all participants experiencing homelessness are detailed in the Prioritization Matrices, below, p. 19-20.

Due to the extreme shortage of permanent supportive housing units and affordable permanent housing units, individuals and families are likely to be placed on one of three By Names Lists (single adults, families, and transition-aged youth ages 18-24) and ranked based on vulnerability/length of time homeless for permanent supportive housing and rapid re-housing interventions. These priority lists will be held in HMIS and maintained by the Coordinated Entry Operator. If an individual or family is residing in emergency shelter or in a transitional housing unit, screening will be conducted by agency staff in order to assess whether the participant should be placed onto the PSH By Names List and if so, CE staff will assess and place the participant on the priority list.

Nondiscrimination

Data collected from the assessment process shall only be used to prioritize households for housing interventions and accompanying services based on vulnerability and length of time homelessness. Eligibility for housing is solely based on determining if a referral meets basic program requirements. The CE operator and all agencies receiving/accepting referrals from CE are prohibited from prioritizing or discriminating households based on a protected status such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. However, a project may only have beds for one gender at a given time (such as an emergency shelter with separate beds for men and women).

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Participants may file a discrimination complaint (page 31 of the policies and procedures) with the CE Operator or a referring agency at any time. Participants who wish to file a complaint regarding the CE operator may file a written complaint directly with the CE operator or with the Continuum of Care Collaborative Applicant. Participants who wish to file a discrimination complaint with an agency accepting/placing referrals with Coordinated Entry may file a complaint in writing with said agency or with the CE operator. Participants filing a discrimination complaint shall receive a response within 3 business days.

Participants who reject an offer of permanent supportive housing or rapid re-housing shall maintain their place on the prioritization list. A participant shall remain on the list until they are housed permanently, they voluntarily request to be removed, or have not been contacted or located for 90 days with at least three outreach attempts by the CES operator.

Participants who reject offers of emergency shelter/transitional housing will also not lose their place on the active priority list and will remain active in CES. The CES Operator shall follow policy in providing individuals/families with multiple options for emergency shelter/transitional housing by making referrals to multiple sites.

Data Privacy and Protection

The Continuum of Care extends the same HMIS data privacy and security protections prescribed by HUD for HMIS practices in the 2004 HMIS Data and Technical Standards. Cooperating agencies that have signed agreements with the CE Operator and which receive referrals from, or make referrals to Coordinated Entry have access to the prioritization list.

Collaboration with Homeless Prevention Services

CE and CE Access Points provide linkage to homelessness prevention services. Individuals and families that score lower than 5 on the VI-SPDAT as well as individuals and families who do not meet Category 1, 2 or 4 definitions of homelessness will be provided referrals to homelessness prevention services, including a “warm” hand-off by phone whenever possible.

Prioritization List and Prioritization Factors

The community-wide prioritization list (known as the “By Names List”) includes individuals, transition aged youth, and families prioritized for permanent supportive housing and rapid re-housing as well as individuals and families who are screened and assessed for emergency shelter/transitional housing services. This list is maintained by the CE Operator in the HMIS Coordinated Entry site, and is visible to other cooperating agencies, in that HMIS site. These lists are updated on a daily basis; separate lists exist for single adults, families, and transition-aged youth.

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The following factors are included in prioritization and are used to determine a priority score:

- Vulnerability to illness or death,
- Vulnerability to victimization (including physical assault, trafficking, or sex work)
- Significant functional impairments (including physical, mental, developmental, or behavioral health challenges) which require a significant level of support in order to maintain permanent housing
- Length of time homeless/chronicity will be factored into prioritization
- Frequency of interaction with crisis services/law enforcement
- Additional factors are used to determine prioritization for TAY and families

The CE Operator and CoC Collaborative Applicant will coordinate with other existing Master Lists in the community including, but not limited to, the By Names List of Homeless Veterans and any other multidisciplinary lists in the CoC's geography. The Coordinated Entry Operator is empowered by the Continuum of Care Board to update and manage the CE Prioritization List.

Additional Information for Prioritization

In cases where the assessment tool does not produce sufficient information for prioritization, the CE Operator shall contact case workers, access points, or other providers to obtain additional information to complete the assessment. Additionally, in circumstances that administering the VI-SPDAT proves problematic due to an individual's or family's history of trauma, CE may rely on input from other providers and case managers for prioritization.

In cases where an individual or family access Coordinated Entry while in substance abuse treatment, the VI-SPDAT assessment done prior to treatment entry will be used to determine shelter/housing By Names List placement following treatment, regardless of the length of treatment stay.

Length of Time on Prioritization List

CE will strive to offer every individual placement into the intervention of their choosing within 60 days of placement on the priority list. Additionally, supportive services and resources will be offered to every individual upon assessment and entry into CE.

Participants placed on the prioritization list for permanent supportive housing will be offered placement into emergency shelter or transitional housing (if available) if no permanent supportive housing is available at the time of being placed onto the list or within 60 days.

The CE Operator will evaluate length of time on the By Names List in HMIS on a quarterly basis in consultation with the CoC Collaborative Applicant and CoC Evaluation Committee in order to adjust prioritization standards as well as bed utilization.

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Identical Prioritization

If two households in the CoC geographic area receive identical scores from the VI-SPDAT for an available permanent supportive housing unit or emergency shelter placement and both households are eligible for that unit, the Coordinated Entry Operator will select the household that first presented for assistance and enrollment in CE for a referral. That household will have 72 hours to accept or decline a PSH unit or RRH enrollment and 24 hours to accept or decline an Emergency Shelter bed, and a minimum of 3 attempts will be made to contact the household.

Prioritization Matrices and Factors

Scores for prioritization from the VI-SPDAT are assessed along with other barriers and vulnerability indices to prioritize individuals and families for referral to services in the CES. Below is the CES Prioritization Matrix to be utilized by the CE Operator, in developing CES prioritization and referral for services.

SINGLE ADULT PRIORITIZATION MATRIX					
Priority / Referral Placement	VI-SPDAT Score	Length of Homelessness	Disabling Condition (per HUD)	Literally Unsheltered	Frequent PD/Fire/ER (4+ in 6 mo.'s)
1 – PSH	9+	2 + Yrs.	X	X	X
2 – RRH/PSH	4–8	2 + Yrs.	X	X	X
3 – RRH	1–4	1–2 Yrs.	X	X	X
4 – RRH/Diversion	1–4	Any	X	X	X
5 – Diversion	0–4	Any			

FAMILY PRIORITIZATION MATRIX							
Priority / Referral Placement	Family VI-SPDAT Score	Length of Homelessness	Disabling Condition (per HUD)	Literally Unsheltered	Frequent PD/Fire/ER (4+ in 6 mo.'s)	Family Instability	H. of H. w/ Young Children (0–5 Yrs.)
1 – PSH	9+	1 + Yrs.	X	X	X	X	X
2 – RRH/PSH	4–8	1 + Yrs.	X	X	X	X	X
3 – RRH	1–4	6 mos.–1 Yr.	X	X	X	X	X
4 – RRH/Diversion	1–4	Any	X	X	X		
5 – Diversion	0–4	Any					

TRANSITIONAL AGE YOUTH (TAY) PRIORITIZATION MATRIX						
Priority / Referral Placement	TAY VI-SPDAT Score	Length of time w/o stable housing	Frequent PD/Fire/ER (2+ in 6 mo.'s)	Literally Unsheltered	Self-Care (not met)	Social-relationships (lacking 3+)
1 – PSH	9+	1 + Yrs.	X	X	X	X
2 – RRH/PSH	4–8	1 + Yrs.	X	X	X	X
3 – RRH	1–4	6 mos.–1 Yr.	X	X	X	X
4 – RRH/ES /Diversion	1–4	Any	X	X		
5 – ES/Diversion	0–4	Any				

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Families and Individuals (Adult & TAY) shall be prioritized accordingly for priority listing and for any available Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Transitional Housing (TH) and Emergency Shelter (ES), depending on where they fall in the prioritization matrix. In cases where no PSH or RRH spaces are available for those prioritized to receive such services, the individual or family shall then be prioritized for the next available Emergency Shelter or Transitional Housing bed as the next temporary intervention, while still awaiting the originally designated prioritization referral for PSH or RRH.

Families and Individuals deemed lower prioritization in the Matrix (i.e. 4 – RRH/Diversion And 5 – Diversion) shall be provided robust diversion and prevention resources in order to reduce the likelihood of needing to enter CES and receive more intensive services. The established Diversion Pre-Screen and corresponding protocols for provision of diversion and homelessness prevention services are common to all CES Access Points.

Program Transfer Policies & Process

On occasion the CE experiences a need for transfers between program types to better meet the preferences and needs of a household. A key component to any transfer process is an on-going assessment of the household's needs to determine whether the levels of service provided are appropriate or need to be increased or reduced.

A household may need to transfer to another program within the CES for a myriad of reasons including, though not limited to, changes to family composition, the defunding of an agency or program, or criminal record for state-mandated restrictions. Moreover, a successful CES will engage in ongoing assessment focused on ensuring that the levels of assistance are most appropriate for the need. Providers are often confronted with scenarios in which a household may wish to move from permanent supportive housing to a less-intensive service oriented housing or a household that requires a move from rapid re-housing to permanent supportive housing. CES program transfer policies are focused on providing a flexible strategy to structure assistance to meet a household's needs and employing ongoing assessment to determine those needs.

Transfers between Programs within the Same Program Model

When a current household must transfer to another program within the same program model (PSH to PSH, RRH to RRH, ES to ES) the household will be prioritized via the CES. The provider must contact CES Operator and request transfer, detailing the reasons why the household needs to be transferred. Coordinated Entry staff will review the request and make a determination within one week on whether to transfer, and will communicate this decision with the housing provider. If the transfer is approved, the household will be placed back on the CE By Names List and a new match will be made.

Transfers from Rapid Re-Housing to Permanent Supportive Housing

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Rapid re-housing assists individuals and families who are experiencing homelessness to obtain and maintain permanent housing, and it can be appropriate to use as a bridge to other permanent housing programs. Program transfers may be made from rapid re-housing to permanent supportive housing so long as the household meets the Permanent Supporting Housing project's specific eligibility criteria and program requirements.

Requests for transfers from rapid re-housing to permanent supportive housing must be for Applicants who are experiencing chronic homelessness and will be prioritized via the CES. The housing provider must contact the CES Operator and request a transfer, detailing the reasons why the household needs to be transferred. Coordinated Entry staff will review the transfer request and make a determination whether to transfer. If the transfer is approved, the household will be placed back on the CE By Names List and a new match will be made. Decisions will be made and communicated within one week.

E. Accommodations

(The Following section in italics has been recommended, but has not been approved by the CoC Board)

Individuals can make requests for reasonable accommodations to any CES staff member, in any form, at any time. Staff should be available to assist individuals with requests for reasonable accommodations. Individuals making requests for reasonable accommodations must participate in assessment and an interactive process with staff for requested accommodations to be considered.

A Notice of Rights must be provided to all applicants, participants, beneficiaries, and other interested persons. This notice shall inform individuals of their rights under disability nondiscrimination laws and the applicability of these laws to the CES entity's services, programs, and activities.

- 1) Documentation of Reasonable Accommodation Requests, and Enforcement Activities
 - a) *Coordinated Entry and Outreach staff should be trained in ADA law and requirements.*
 - b) *During assessment and engagement activities, data collection should reflect relevant information on any individual who has made Reasonable Accommodation requests.*
 - i) *Entry of data related to Reasonable Accommodation requests into the Coordinated Entry System Case Management Touchpoints.*
 - c) *Coordinated Entry Case Management Touchpoints should be updated to show follow-up on efforts made to connect individuals with services in response to Reasonable Accommodation requests.*
 - i) *CES Staff's focus on identifying reasonable accommodations should support access to all forms of temporary and permanent housing.*
 - d) *Documentation should record the following:*

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- i) The individual's stated disability or need for accommodation*
 - ii) The date and type of accommodation(s) requested or considered*
 - iii) Whether the request was granted or denied*
 - (a) Documentation of an accommodation request should be recorded in the Case Management Touchpoint to reflect the reasons for rejection or allowance.*
 - (i) If an Accommodation is allowed, documentation should reflect actions taken toward fulfillment of that request.*
 - (ii) In the event of a rejection of an accommodation request, documentation should reflect the reasons for denial and any subsequent actions taken.*
- 2) Documentation of a Refusal of Services
- i) The documentation of the refusal of services by any participant requires the approval of the Coordinated Entry manager.*
- 3) Approving and Providing Reasonable Accommodations
- a) Once it is determined that a requested accommodation is reasonable and necessary, the need for this accommodation (not the person's diagnosis) should be prominently documented in the person's case file and flagged to ensure that the accommodation is provided by any staff member handling the case or interacting with the individual.*
 - i) Many accommodations, such as assistance completing an application, should be provided on the same day they are requested. Other accommodations should be provided in time to prevent any denial of equal and meaningful access to the entity's programs and services.*
 - ii) While CES staff are permitted to grant accommodations to clients, they alone do not have the authority to deny or refuse accommodation requests.*
- 4) CES staff must provide notice to agencies receiving referrals of the accommodation needed for the participant.
- a) Participant must meet initial eligibility requirements for the program and be prioritized for placement.*
 - i) In the instance an ADA accommodated placement becomes available, agencies will notify CES of the opening, and the highest prioritized individual requiring accommodations will be referred over for placement.*
 - b) Agencies have 72 hours to respond to CES accommodation request confirming receipt of request.*

F. Referral

Uniform and Coordinated Process

Coordinated Entry is the primary access point for permanent supportive housing, emergency shelter, transitional housing, and rapid re-housing in Sonoma County. Individuals and families who meet the category 1, 2 or 4 definition of homelessness may access Coordinated Entry via phone or at defined access points around the county. The Uniform Referral Process applies to all Continuum

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of Care funded projects, Emergency Solutions Grant funded projects, local CDBG Public Services projects and other participating projects (including faith-based projects) in Sonoma County.

Authorized Providers notify CES when an opening is available in a CES affiliated bed or unit in their program. If possible, advance notice is provided so as to minimize the length of vacancies.

- CES sends providers up to 3 referrals upon receiving notification of the opening, sending the next 3 prioritized CES referrals on the relevant By Names List.
- All CES Access Points have ability to view CES By Names List. Cooperating agencies shall not disclose By Names List status to participants, as prioritization is fluid at any given time.
- CES Service Navigator and Access Points which are the main contacts for a participant then notify the participant of a referral to shelter/housing services.
- For shelter bed referrals, the applicant will be provided 24 hours to respond to a CES referral.
- If CES has difficulty contacting the participant CES will contact the participant's known network of service providers to facilitate communication of the referral opportunity.
- The CES Operator and Access Points shall record all attempts to contact participant when following up on making a referral to shelter or housing program. Records of attempted contacts, contacts made and their disposition shall be recorded in the "Case Notes" of each participants HMIS dashboard and electronic file.
- A client who misses or rejects a referral does not lose their prioritization status. However, they must stay connected with CES to receive further referrals.
- Providers will receive applicant referrals via HMIS and either accept or reject the referral via HMIS. CE Service Navigators will also contact the provider receiving the referral via phone to ensure that the referral has been received.

When an individual or family accesses Coordinated Entry and is assessed utilizing the VI-SPDAT, the participant is offered a choice of housing intervention (if possible) based on their need and geographic preference. Coordinated Entry will provide multiple options for referrals for the participant (if available) and will send the referral through HMIS as well as contact the agency receiving the referral via phone/email. If a PSH unit is not available, the participant will be contacted when an applicable unit (meeting eligibility of the participant) is opened.

If a participant lacks transportation to an appointment with an agency receiving a referral, Coordinated Entry and HOST (Homeless Outreach Services Team) will make every effort to arrange transportation.

Rejection of Referrals

Only three standardized options are available for rejecting a referral from Coordinated Entry: the participant does not meet eligibility requirements, the project is not currently accepting applications, or the participant has disappeared or is not able to be located.

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Rejection Process: Does not meet eligibility requirements

- The CoC maintains a public website with eligibility requirements for all projects in the CoC's geographic area participating in Coordinated Entry. An agency may reject an individual or family only if the participant does not meet basic eligibility requirements. Examples include single adults attempting to access designated family shelters, or non-veterans attempting to access SSVF funded units. An agency may not reject a participant on presumed "fit" in housing or shelter. If any agency rejects a referral for safety reasons, CE staff will trigger a case conference with the CE Referral Subcommittee to discuss further before a final determination is made. In most instances, case conferences will occur via phone or in-person the same day as a rejection.

Rejection Process: Program no longer accepting applications

- If a program is no longer accepting applications, the referring agency and CE will work together to redirect the referral to another program within HMIS. This includes instances when a project serves multiple populations (ex: individuals and families) but only has beds for one population at a given type.

Rejection Process: Unknown/Disappeared

- If referring agencies have attempted to contact the participant after referral from CES with no response for three days with a minimum of three outreach attempts, agencies will have the option to decline the referral as "unknown/disappeared." Every attempt should be made to contact the participant, including contacting HOST workers, Coordinated Entry staff, and all known service providers. The CES Operator and Access Points shall record all attempts to contact participant when following up on making a referral to shelter or housing program. Records of attempted contacts, contacts made and their disposition shall be recorded in the "Case Notes" of each participants HMIS dashboard and electronic file.

Case Conferencing

In the instance that an agency rejects a referral, a case conference will be triggered. A smaller group of Referral Committee members will review referral rejections and corresponding appeals.

If the provider or participant disagrees with the Referral Committee's decision, the Continuum of Care Board will make a final decision on appeal.

Public Eligibility Listing

All emergency shelter, transitional housing, permanent supportive housing, and rapid re-housing projects submit their specific enrollment eligibility requirements to the CE Operator and the

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Continuum of Care Collaborative Applicant. This information is held on a public facing website that is easily accessed by individuals seeking housing or shelter throughout the CoC's geographic area. Eligibility criteria include projects that have a specific focus, such as family shelters, housing for veterans, emergency services for domestic violence, permanent supportive housing for individuals with serious and persistent mental illness, etc. The Continuum of Care Coordinator and Coordinated Entry Operator will update the list on a monthly basis for accuracy.

Additional services and resources will also be placed on the website and links will be provided to 211 for additional resources.

Referrals to CoC/ESG-programs and Non HUD-funded Agencies

All CoC and ESG projects use only CE when accepting referrals to fill vacancies in housing and/or shelter funded by these sources.

However, if an accepting agency has not received a referral from CE within two business days of requesting a referral and the shelter bed has remained unoccupied for more than 48 hours, the agency may divert from using CE as their primary referral source.

Projects that do not receive HUD funding or who are not required to participate due to local priorities are encouraged to participate in Coordinated Entry but are not required to do so. Projects not participating in Coordinated Entry will not have access to Housing Locators and Service Navigators that are part of the CE System, nor will they have access to the CE By Names List.

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Compliance with Fair Housing Laws and Equal Access Rule

Referrals through CES follow all Federal, State, and local Fair Housing Laws. Participants may not be “steered” or directed to a particular housing type, facility, or neighborhood because of race, color, national origin, sex, disability, or presence of children.

Cooperating agencies in must also comply with the HUD Equal Access Rule in accordance with their gender identity.

Resource Listing

A resource list is held by the CE Operator and will be publicly available on the Collaborative Applicant’s website by full CE implementation in January 2018. This resource list is updated on a monthly basis in partnership with 2-1-1 and other agencies offering resources for mainstream resources.

G. Data Management

The HMIS is key to centralizing information to measure outcomes and determine client needs through Coordinated Entry. Not all stakeholders have direct access to HMIS. Throughout the CoC, service provider agencies that directly interact with people facing homelessness actively use and contribute to the HMIS. All HMIS Lead personnel (including employees, volunteers, affiliates, contractors and associates), and all participating agencies and their personnel, are required to comply with the HMIS User Policy, Agency Participation Agreement, and Code of Ethics Agreement. All personnel in the CES participating agencies with access to HMIS must receive and acknowledge receipt of a copy of the Participation Agreement and receive training on this Privacy Policy before being given access to HMIS.

To comply with federal, state, local, and funder requirements, information about the homeless persons, their dependents, and the services that are provided to them, is required to be collected in the HMIS. When assistance is requested it is assumed that the client is consenting (“inferred consent”) to the use of the HMIS to store this information. The participants have the right to explicitly refuse the collection of this information, and participating agencies are not permitted to deny services for this reason. However, such refusal may severely impact the ability of any participating agency throughout the CES to qualify the client for certain types of assistance or to meet their needs.

Data collection should not be confused with data sharing (“disclosure”). Participating agencies are required to provide the client with an opportunity to consent to certain disclosure of their information with CE and cooperating agencies, either in writing or electronically. If the client

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consents to the disclosure of their information, they enhance the ability of CES to assess their specific needs and to coordinate delivery of services for them.

To protect the privacy and the security of client information, the HMIS is governed by data access control policies and procedures. Every user's access to the system is defined by their user type and role. Their access privileges are regularly reviewed and access is terminated when users no longer require that access. Controls and guidelines around password protection and resets, temporary suspensions of User Access and electronic data controls are in place and are outlined in detail in the HMIS User Agreement.

Services will not be denied if the participant refuses to allow their data to be shared, unless Federal statute requires collection, use, storage and reporting of a participant's personally identifiable information as a condition of program participation.

HMIS users will be informed and understand the privacy rules associated with collection, management, and reporting of client data.

Privacy Protections

The CoC ensures adequate privacy protections of all participant information per the HMIS Data and Technical Standards (CoC Interim Rule – 24 CFR 578.7(a)(8)). All providers participating in Coordinated Entry must undergo training provided by the HMIS Coordinator before gaining access to the CE By Names List. Participant consent is obtained in a uniform written release of information and is stored in a secure location. Participants are informed of all cooperating agencies who may have access to their information for purposes of referral through the CE process. All users of HMIS in cooperating agencies in CE are trained by the HMIS Administrator and CE Operator on data collection, management, and reporting.

The CoC prohibits denying services to participants if they refuse their data to be shared unless Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information as a condition of program participation. The CoC only shares participant information and documents when the participant has provided written consent through the CE Release of Information.

Collaboration with Homeless Service Providers and Mainstream Resource Providers

The CoC shares aggregate data from Coordinated Entry with mainstream resource providers such as Federally Qualified Health Centers as well as criminal justice stakeholders (Department of Probation) and other county stakeholders in the Department of Human Services, Health Services, and Behavioral Health.

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Additionally, the CoC collaborates with other multidisciplinary teams focused on high utilizers of system resources/utilizers of multiple systems in efforts such as Whole Person Care and Access Sonoma. The CoC provides aggregate data in these efforts; in some cases, a specific subpopulation or group may require client level data. In that case, additional written consent will be required from participants.

H. Evaluation

Evaluation Overview, Frequency, and Methods

The CoC Evaluation Committee, comprised of impartial CoC Board Members, individuals experiencing homelessness or who have experienced homelessness previously, and local subject matter experts, will work with the CoC Coordinator and HMIS Administrator in conducting annual evaluation of Coordinated Entry as well as annual evaluation with all projects participating in Coordinated Entry. The CE Operator, in partnership with the CoC Lead Agency, will survey all participants enrolling in Coordinated Entry.

In conducting evaluation of Coordinated Entry, the Evaluation Committee will utilize the following sources of information:

- Annual Performance Reports (APRs) of Coordinated Entry grants. The Evaluation Committee will review benchmarks including key system performance measures such as length of time homeless after placement into CE, placement into and retention of permanent housing, and prioritization of individuals and families experiencing chronic homelessness
- Direct feedback from cooperating agencies via an annual survey
- Direct feedback from participants in CE via annual surveys or surveys conducted after exit from CE
- Bed utilization rates for emergency shelter and permanent supportive housing
- Placement into rapid re-housing and exits from rapid re-housing to permanent supportive housing

The Evaluation Committee, in collaboration with the CoC Coordinator and HMIS Coordinator, will provide Quarterly updates to the CoC Board. An annual Coordinated Entry Evaluation Report will be prepared for the CoC Board and disseminated publicly.

Adjustments to policies and procedures will be authorized on an annual basis by the CoC Board based upon recommendations from the Evaluation Committee.

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Participant Evaluation

The Evaluation Committee will review surveys given to participants upon exit from Coordinated Entry (placement in to PSH) or upon initial placement in shelter. Participants must be offered a survey within 30 days of enrollment into CE.

The CE Operator will also solicit more in-depth feedback from participants in CE randomly selected for in-person interviews. The CE Operator will provide a report to the CoC Lead Agency to be shared with the Evaluation Committee and CoC Board.

All participant information will be kept confidential; no Personally Identifying Information will be shared with the CoC Evaluation Committee or Continuum of Care Board.

Project Evaluation

All Cooperating Agencies will be solicited for feedback on an annual basis by the CoC Evaluation Committee. The CE Operator, in consultation with the CoC Coordinator and Evaluation Committee, will provide a survey to evaluate CE Intake, Assessment, Access, and Referral processes. Information gleaned from this survey will be utilized to implement updates to existing policies & procedures. In addition to cooperating agencies, the public will be invited to provide feedback at CoC Quarterly Membership meetings or in writing to the CE Operator and CoC Lead Agency.

Approved and adopted the 23rd day of January, 2018. I, the undersigned, hereby certify that the Sonoma County Continuum of Care Policies and Procedures were duly adopted by the Sonoma County Continuum of Care Board:

Following Roll Call vote: Ayes:
 Nos:
 Absent/Abstain:

Sue Castellucci, Continuum of Care Board Chair

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Appendix 1 – HUD Terminology

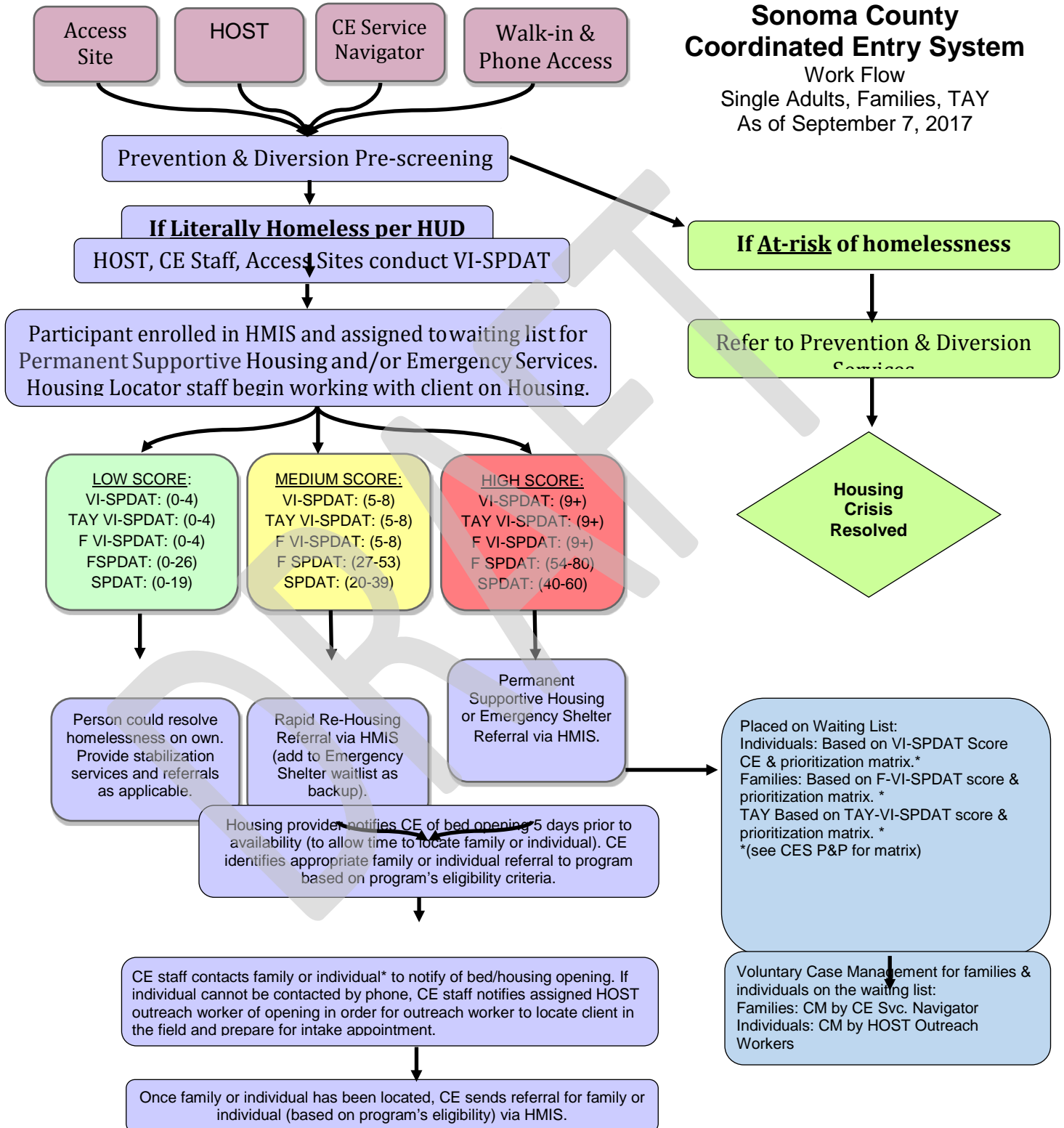
Term	Definition
AHAR	Annual Homeless Assessment Report
APR	Annual Performance Report
CDBG	Community Development Block Grant
CES	Coordinated Entry System
CH	Chronically Homeless
CoC	Continuum of Care
DV	Domestic Violence
ES	Emergency Shelter
ESG	Emergency Solutions Grant
FAQ	Frequently Asked Questions
FMR	Fair Market Rent
HEARTH	Homeless Emergency and Rapid Transition to Housing
HIC	Housing Inventory Chart
HOPWA	Housing Opportunities for People With AIDS
HUD	Department of Housing and Urban Development
NOFA	Notice of Funding Availability
PH	Permanent Housing
PIT	Point In Time
PPI	Personal Protected Information
PSH	Permanent Supportive Housing
RHY	Runaway and Homeless Youth
RRH	Rapid Re-Housing
S+C	Shelter Plus Care
SA	Substance Abuse
SOAR	SSI/SSDI Outreach Access and Recovery Program
SSO	Supportive Services Only
SSVF	Support Services for Veteran Families
TA	Technical Assistance
TH	Transitional Housing
VASH	HUD-VA Supportive Housing Program
VAWA	Violence Against Women Act
VI-SPDAT	Vulnerability Index Service Prioritization Decision Assistance Tool

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Appendix 2 – Coordinated Entry Work Flow

Sonoma County Coordinated Entry System Work Flow Single Adults, Families, TAY As of September 7, 2017



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Appendix 3 – Coordinated Entry Memorandum of Understanding for Access Points

Memorandum of Understanding For the Sonoma County Continuum of Care’s Coordinated Entry System and Access Points

I. Parties

This Memorandum of Understanding is between the Sonoma County Continuum of Care, Catholic Charities of Diocese of Santa Rosa (CC) and _____.

II. Background and Intent

The parties listed above have collaborated in identifying priorities and consolidating services related to the implementation of the Sonoma County Coordinated Entry System project also known as CES. Catholic Charities of the Diocese of Santa Rosa (CC) has been identified as the agent responsible for hiring and supervision of the program coordinator. CC was awarded grants by the Continuum of Care for the furtherance of this project.

CC will administer the grants, hire and supervise the CES Program Coordinator and report to the CES Steering Committee, the COC Coordinators and the Governance Committee on activities and outcomes related to the CES project as outlined in Section III. Roles and Responsibilities.

III. Roles and Responsibilities

A. Joint Roles of the CES partners

It is understood that the success of this project is dependent upon close cooperation, good faith effort, and timely communication on the part of both CC and the other CES partners listed above. The CES partners will share mutual responsibility for the program success, as well as separate responsibility for their respective roles in the project.

The CES partners will:

- 1) Comply with the policies, statutes, regulations and terms of CES and its grant contracts.
- 2) Adhere to the project design set forth in the project’s CoC application and any amendments to the project as approved by the CoC and CES Steering Committee.
- 3) Appropriately communicate any concerns, challenges, or issues that affect the overall success of the project in a timely manner.
- 4) Participate in regular project meetings to review roles, practices, and progress related to the project.
- 5) Cooperate with monitoring by the signatory parties.
- 6) Participate in outreach efforts regional and local levels to identify and engage eligible agencies and individuals as participants, and to build and enhance relationships with other community providers and service systems.

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- 7) Cooperate and participate in the development of participant intake and screening criteria, program policies and procedures, practices, and forms.
- 8) Participate in the application process for renewal funding as it is available.

B. Role of CES Operator – Catholic Charities of Diocese of Santa Rosa

The Catholic Charities of Diocese of Santa Rosa, as the primary administrator for the CES project, agrees to the following:

- 1) Ensure that all regulatory and funding requirements are met.
- 2) Administer the CES program.
- 3) Compile and submit financial and other progress reports to the COC Coordinators and the Governance Committee.
- 4) Provide direct, day-to-day supervision of the CARES Coordinator.

C. Role of CES Access Points

Below are description and expectations of the three types of Access Point that are part of the CES. _____ (agency name) agrees to fulfill an Access Point role as: _____ (enter level of access)

Levels of Access	Description	Minimum Standards
Access Partner	<p>An agency that can direct a person experiencing a housing crisis to a Coordinated Entry System Access Point.</p> <p><i>Examples:</i> An Access Partner may include some County Agencies, homeless service providers with limited capacity for screening, medical providers, and law enforcement.</p>	<p>Provides an initial screening of homeless status and immediate needs (not VI-SPDAT)</p> <p>Possesses working knowledge of CES Access Points.</p>
Initial Access Point Provider	<p>Initial Access is a function of CES performed by a CES Participating Agency with the goal of initiating or continuing contact with prospective CES participants. An Initial Access Point Provider administers a coordinated crisis response to address the prospective participant’s immediate needs and provides direct referrals to an appropriate CES resource.</p> <p><i>Examples:</i> Initial access can be performed remotely, via crisis hotline (211, etc), or</p>	<p>Provides an initial screening (diversion or VI-SPDAT) by trained staff to determine a prospective participant’s homeless status and immediate needs.</p> <p>Employs trained staff with a working knowledge of CES Access Points and the system’s resources.</p> <p>Agrees to participate in Coordinated Entry planning and evaluation.</p>

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Levels of Access	Description	Minimum Standards
	in person by service providers or outreach workers.	Agrees to comply with CES Policies and Procedures by signing a CES Participation Agreement.
Comprehensive Access Point	<p>Comprehensive Access Points offer all the functions of initial access but also can directly connect (enroll or refer) a person into appropriate and available CES resources and/or are able to perform a standardized assessment process. At Comprehensive Access Points, providers collect required participant information and enter personally identifiable information (PII) into HMIS.</p> <p><i>Examples:</i> Comprehensive Access is generally offered by CES Geographic Lead Agencies and some County Agencies and other service providers.</p>	<p>Meets Minimum Standards for Initial Access Points above. Can either:</p> <ol style="list-style-type: none"> 1) Enroll a client into a program appropriate to their immediate need. 2) Perform Standardized Assessment protocol (Diversion & VI-SPDAT). <p>Collects participant information and initiates a client record in HMIS.</p>

IV. General Terms

- A. Terms.** This Memorandum of Understanding will begin effective the date of execution for the period through December 31, 2018. This Memorandum of Understanding will be reviewed annually and updated as needed to incorporate changes and clarification of roles and responsibilities.
- B. Termination.** Any party may terminate this Memorandum of Understanding for any reason or no reason by giving the other party ninety (90) days prior written notice. The party wishing to terminate this Memorandum of Understanding must provide notice and a written intent to terminate to the other party. **Confidentiality.** The CES partners agree that by virtue of entering into this Memorandum of Understanding they will have access to certain confidential information regarding the other party's operations related to this project. The CES partners agree that they will not at any time disclose confidential information and/or material without the consent of the other party unless such disclosure is authorized by this Memorandum of Understanding or required by law. Unauthorized disclosure of confidential information shall be considered a material breach of this Memorandum of Understanding. Where appropriate, client releases will be secured before confidential client information is exchanged. Confidential information will be handled with the utmost discretion and judgment.

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C. Amendments. This Memorandum of Understanding may be amended only in writing and authorized by the designated representatives of CC and CES partners.

- D. Grievance and Mediation Procedure.** Issues may arise related to individual performance, process or policy compliance and/or fiduciary responsibility. The CES partners agree to resolve issues promptly and respectfully.
- 1) Direct communication of the grievance between relevant parties shall be the first step, and result in a case conferencing opportunity to remedy the concern.
 - 2) Mediation of issues by a mutually agreeable mediator shall be the second step.
 - 3) If a formal grievance process becomes necessary, the complainant(s) shall follow the processes laid out by the participating organizations. (E.g., if the grievance concerns an employee of CC, the grievance procedure in CC's personnel policies shall govern the process.)
 - 4) The CES Steering Committee is responsible to hear and decide grievances that do not have another natural line of appeal.

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Signature Page for CES Memorandum of Understanding

Signed:

CES Access Point Provider

Name Title

Signature Date

CES Operator - Catholic Charities of Santa Rosa

Name Title

Signature Date

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Appendix 4 – Sonoma County Coordinated Entry System **Diversion Pre-Screening & Service Referral Protocols**

Upon initial contact by an individual or family seeking CES services, all Access Points must conduct the established Diversion Pre-screening to ensure that people are not unnecessarily referred to shelter and housing interventions, verifying all available resources outside of the shelter and housing system have been accessed to prevent their homelessness. Upon completing this pre-screening, Access Points will have determined if alternate diversion resources are available to this household, or if they are appropriate for the further CES screening, that includes completion of the VI-SPDAT and prioritization for services.

Families and individuals are to be provided information, support and assistance in accessing diversion services and support. Referrals to such services work on the assumption that the system works well in some ways and not well in other areas. Families and individuals will be eligible for some services and not others. Transparency about eligibility and how the system works is critical when giving families and individuals choice about what the options may work for them. Assisting individuals in understanding how the system works well or does not work well empowers them to find and make choices about the support and services that will be eligible for and find what will assist them in the housing stability.

Step 1 – Explanation of the diversion conversation

“Our goal is to learn more about your specific housing situation right now and what you need so that together we can identify the best possible way to get you a place to stay and find a safe, permanent housing. This might mean staying in shelter or accessing other homeless services, but we want to avoid that if possible. We’ll work with you to find better alternatives if we can.”

Step 2 – Initial Questions

- Why are you seeking emergency shelter today? _____
- What are all the other things you tried or thought about trying before you sought shelter today? _____

Step 3 – Last night

- If staying with someone else, what is the relationship between them and you? _____
- How long have you been staying there? _____
- Where did you stay before that? _____
- Would it be safe for you to stay there again for the next 3-7 days? _____
- If couple and/or household w/ children under 18, would your whole household be able to return and stay there safely for the next 3-7 days? _____
- If indicated that the place they were stayed is unsafe, ask why it is unsafe? _____
- **If you cannot stay there safely, or if you were staying in a place unfit for human habitation, move to Step 6.**

Step 4 – Reasons

- What is the primary reason that you had to leave the place where you stayed last night? _____
- Are there additional reasons why you can’t stay there any longer? _____

Step 5 – Can you stay?

- Do you think that you/your household could stay there again temporarily if we provide help or referrals to find permanent housing or connect with other services? _____
- If no, why not? What would it take to be able to stay there temporarily? _____

Step 6 – Other Options

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- If no, is there somewhere else where you/your household can stay temporarily if we provide you with help or referrals to find permanent and access to other supports? E.g. Other family members, friends, co-workers? _____

- What would it take for you to be able to stay there temporarily? _____

Step 7 – Barriers & Obstacles

- What is making it hard for you to find permanent housing, or connect to other resources that could help do that? e.g. Any special needs, medical concerns, rental/utility arrears or are you new to the area? _____

Step 8 – Existing Resources

- What resources do you have now that could you find a place to stay temporarily or find permanent housing? e.g. Help from Family/friends. _____
- Do you have income, what are the sources, and are you involved in other services right now? _____

Step 9 – Sub-population Specific Referrals

- Do you self-identify with any sub-populations or underserved community members? (Veteran, Senior, Family Violence, Latino, Native, Mental Health, Transitional Age Youth, HIV, Substance Abuse) _____
- If yes, refer to appropriate support services (i.e. VetConnect, Petaluma Health Center resource clinic, Buckelew Community resource clinic, Access Team, Sonoma County Behavioral Health, Family Justice Center).

Step 10- Urgent Safety Referrals

- Do you have an urgent concern for your health or safety? _____
If yes, request they contact urgent care services (Emergency – 911, Crisis Stabilization Unit – (800) 746-8181)

Step 11 – Permanent Housing Plan

- If admitted to shelter, there is still expectation that you will be attempting to secure permanent housing. What is your plan at this point for securing housing if you are admitted to shelter?

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Appendix 5 – Client Release of Information

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Homeless Coordinated Entry System



CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

Overview: The Sonoma County Homeless Coordinated Entry System provides a single access point to shelter and housing programs throughout the county, which reduces the work families and individuals must do to locate housing or shelter and move out of homelessness.

Use of Confidential Information: The purpose of this Release of Confidential Information consent form is to allow the Sonoma County Continuum of Care Coordinated Entry (CE) System to use information you provide to assist in procuring housing/shelter placement and provide support services for you and your family. In order to enroll you and your family in the CE System, we need to collect some personal information from you as the head of your household. When housing resources become available you will be notified about the referral(s) being made.

While you are enrolled in the CE System, Coordinated Entry staff will have access to your confidential information. In addition, should you and your family be referred to a Sonoma County homeless service agency/program for housing placement, that agency will be afforded the information you have provided.

Unless otherwise stipulated, aggregate data, with redacted personal identifying information such as full name, SSN, and DOB, may be shared with HUD, other funders, and other appropriate entities.

Unless you stipulate otherwise, your confidential information will only be forwarded to Homeless Management Information System (HMIS) Participating Provider. The HMIS is a HIPAA compliant online database. All staff and administrators with access to the HMIS observe rigorous client security and ethical standards as mandated by the federal Department of Housing and Urban Development (HUD) and the Sonoma County Continuum of Care HMIS Quality Assurance workgroup. HMIS users are re-certified in Client Security and Ethics on an annual basis.

Your information will not be provided to any other party unless specifically outlined and agreed to in an addendum to this form, except for situations where a threat exists of harm to yourself or other persons.

*(**Note** If you ever have reason to believe your confidential information in the Sonoma County HMIS has been misused, you should immediately contact the Sonoma County Continuum of Care HMIS Coordinator by emailing hmis@sonoma-county.org or calling the Community Development Commission at (707) 565-7500)*

Disclosures and Period of Enforcement: The release I am signing will be in effect for a period of two years from the date of signed authorization by you. Should you refuse to sign this consent, you and your family may not be refused service, however by allowing the homeless providers you work with access to this information, a more relevant case plan will be able to be created to assist you.

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Specifically the information you provide will be considered active until one of the following events occur:

1. The Release of Confidential Information lapses after a period of two years
2. You return to the Coordinated Entry System with a new request to obtain shelter/housing services
3. You (at any time) formally request this Confidential Release of Information be revoked

Provisions of this Release of Information: By providing my consent I am allowing Coordinated Entry System staff to provide case management and housing placement services and share my information with Sonoma County HMIS Participating Providers where I and my family have been referred for service.

I, _____, (full name) and/or
 _____ (alias) on this day of _____

as head of my household, authorize the Sonoma County Homeless Coordinated Entry System to collect and share the following information with HMIS Participating homeless service providers to whom I have been referred for housing, shelter or other homeless service:

- Client Demographics including full name, DOB, SSN, Race, Ethnicity (see attached)
- Confidential information gathered during the Sonoma County VI-SPDAT for Families assessment process (including health and personal finance information – see attached)
- The shelter and/or housing program(s) preference my family has expressed interest in
- The date my family was placed on the Coordinated Entry Family Wait List for shelter and/or housing

The list of Sonoma County Homeless Service Providers who may have access to your information is below. I understand additional agencies may join the Coordinated Entry system at any time and upon my request, I will be provided a current list of those partner agencies.

Agency Name	Acronym
Buckelew Programs	BUCK
Beacon Health Strategies	BHS
Catholic Charities of the Diocese of Santa Rosa	CC
Cloverdale Community Outreach	CCOC
Committee on the Shelterless	COTS
Community Action Partnership	CAPS
West County Community Services	WCCS
Community Support Network	CSN
County of Sonoma Human Services	HSD
Drug Abuse Alternatives Center	DAAC
Face to Face	F2F
Family Justice Center	FJC

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Agency Name	Acronym
Interfaith Shelter Network	IFSN
Legal Aid Sonoma County	LASC
Petaluma People Services	PPSC
Reach for Home	RFH
Red Cross	RC
Redwood Gospel Mission	RGM
Santa Rosa Health Centers	SRHC
Sonoma County Housing Authority	SCHA
Social Advocates for Youth	SAY
Sonoma County Behavioral Health	SCBH
Sonoma Overnight Support	SOS
The Living Room	TLR
Veteran's Resource Centers of America	VRCOA
Volunteer Center of Sonoma County 2-1-1	2-1-1

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COORDINATED ENTRY SYSTEM RELEASE OF LIABILITY

I (We) _____ and _____ understand that participation in Coordinated Entry System is on a voluntary basis. I (We) do hereby release Coordinated Entry System and its partnered agencies from any liability from any injury, accident, vandalism or theft that may occur during my (our) enrollment in Coordinated Entry. The release includes all family members listed below:

My signature below signifies that I (we) understand and agree to this release which is valid through the date of my (our) exit from the Coordinated Entry System.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGN BELOW IF AGREEING TO BE ENROLLED AND ASSESSED

Your signature (or mark) indicates that you have read (or been read) the information provided above, have had all your questions satisfactorily answered and agree to provide information for the purpose of enrolling in the Sonoma County Homeless Coordinated Entry System.

I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time except to the extent that action has already been taken to comply with it. Unless revoked in writing, this release of information is valid for a period of two years from the date of Coordinated Entry enrollment.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

I hereby provide my consent to collect data for ultimate entry into the Sonoma County Homeless Management Information Form _____ Yes _____ No

I hereby provide my consent to allow my case manager to take my picture for the purpose of adding it to my Participant record in the Sonoma County Homeless Management Information Form _____ Yes _____ No

**TO BE COMPLETED BY THE Sonoma County Homeless Outreach Team
or Coordinated Entry System staff**

Please write clearly to ensure accuracy

Head of Household's Name/Alias: _____

Date enrolled in the Coordinated Entry System: _____

The program(s) your family expressed interested in being referred to:

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Appendix 6 – Client Feedback Form

Coordinated Entry: Participant Feedback Survey

We value feedback. All answers and comments are confidential.

Coordinated Entry's goal is to ease access to services through a single "front door" with multiple access points for all individuals and families experiencing homelessness within Sonoma County. We aim to provide efficient, targeted, individualized service referrals that prioritizes access and reduces the length of time homelessness is experienced.

Please tell us how we are doing!

1. Date:

Date Survey Taken:

MM	DD	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. My initial screening with Coordinated Entry was completed:

- By Phone
 In Person

3. This was my first time experiencing homelessness:

- Yes**, this was the first time
 No, this was not the first time

4. Coordinated Entry made it easier to access shelter and housing services:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Do you agree or disagree?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Coordinated Entry was well advertised and I was able to connect with the program easily:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Do you agree or disagree?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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6. The staff member who did my initial screening and interviewed me was attentive to my needs:

	Strongly Agree Disagree	Agree	Neutral	Disagree	Strongly
Do you agree or disagree?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Staff communication was on-going throughout the process:

	Strongly Agree Disagree	Agree	Neutral	Disagree	Strongly
Do you agree or disagree?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Coordinated Entry provided me with program information, and made it easier to access the services I qualified for:

	Strongly Agree Disagree	Agree	Neutral	Disagree	Strongly
Do you agree or disagree?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. I am satisfied with the services that were offered to me:

	Strongly Agree Disagree	Agree	Neutral	Disagree	Strongly
Do you agree or disagree?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. How can we improve?

11. Anything you would like to add?

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Appendix 7 – Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) Prescreen for Single Adults

Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) Prescreen for Single Adults (VI-SPDAT for Single Individuals TouchPoint)

A-16. Survey Number/ID _____

Page #2. General Information

Interviewer's Name _____		A-15. Interviewer Role <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Consumer Guide
A-17. Date of Survey _____	A-18. Date (HMIS Entry) _____	A-19. (optional) Start Time: _____ End Time: _____
A-20. Sonoma Location (of Participant Interview) <input type="checkbox"/> Cotati/Rohnert Park <input type="checkbox"/> Healdsburg/Windsor <input type="checkbox"/> Petaluma/South County <input type="checkbox"/> Santa Rosa <input type="checkbox"/> Sonoma Valley <input type="checkbox"/> West County		A-22. Agency Taking Survey <input type="checkbox"/> Buckelew <input type="checkbox"/> Catholic Charities <input type="checkbox"/> Cloverdale Wallace House <input type="checkbox"/> Community Development Commission <input type="checkbox"/> COTS Petaluma <input type="checkbox"/> Social Advocates for Youth <input type="checkbox"/> Sonoma County DA Homeless Victims <input type="checkbox"/> The Living Room <input type="checkbox"/> West County Community Services <input type="checkbox"/> West County Health <input type="checkbox"/> Sober Sonoma <input type="checkbox"/> Interfaith Shelter Network <input type="checkbox"/> Reach for Home
A.21 Specific location where Participant received screening _____		
A-24 In what language (other than English or Spanish) do you feel most comfortable speaking in? _____		

Page #3. A. Homelessness/Housing History

QUESTION	RESPONSE	REFUSED
A-25. What is the total length of time you have lived on the streets or in shelters (indicate in months)		<input type="checkbox"/>
A-26. In the past 3 years, how many times have you been housed, and then homeless again?		<input type="checkbox"/>

Page #4. B. Risks

SCRIPT: I am going to ask you some questions about your interactions with health and emergency services. If you need any help figuring out when in the past was, let me know.

QUESTION	RESPONSE	REFUSED
A-27. In the past six months, how many times have you been to the emergency department/room?		<input type="checkbox"/>
A-28. In the past six months, how many times have you talked to police because you were the victim of a crime, or the alleged		<input type="checkbox"/>

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Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) Prescreen for Single Adults (VI-SPDAT for Single Individuals TouchPoint)

QUESTION	RESPONSE		REFUSED
perpetrator of a crime, or because the police told you that you must move along?			
A-29. In the past six months, how many times have you taken an ambulance to the hospital?			<input type="checkbox"/>
A-30. In the past six months, how many times have you used a crisis service, including rape crisis, mental health crisis, domestic violence, distress centers and suicide prevention hotlines?			<input type="checkbox"/>
A-31. In the past year, how many times have you been hospitalized as an inpatient?			<input type="checkbox"/>
A-32. Subtotal Responses			
A-33. Section B.a (Risks) – Subtotal			
A-34. Have you been attacked or beaten up since you've become homeless?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
A-35. Have you threatened to or tried to harm yourself or anyone else in the past year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-36. Section B.b (Risks) – Subtotal			
A-37. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-38. Section B.c (Risks) – Subtotal			
A-39. Does anybody force or trick you to do things that you do not want to do?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-40. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, anything like that?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-41. Where do you sleep most frequently? (Check only one.) <input type="checkbox"/> Shelters <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Streets <input type="checkbox"/> Car/Van/RV <input type="checkbox"/> Subway/Bus <input type="checkbox"/> Beach/Riverbed (Camp) <input type="checkbox"/> Other (specify A-42) <input type="checkbox"/> Refused			
A-42. If Other area slept - describe where:			
A-43. Section B.d (Risks) – Subtotal			

Page #5. C. Socialization/Daily Functions

QUESTION	RESPONSE		REFUSED
A-44. Is there anybody that thinks you owe them money?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

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Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) Prescreen for Single Adults (VI-SPDAT for Single Individuals TouchPoint)

QUESTION	RESPONSE		REFUSED
A-45. Do you have any money coming in on a regular basis like a job, government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-46. Do you have enough money to cover all of your expenses each month?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-47. Section C.a (Socialization) - Subtotal			
A-48. Do you have planned activities each day other than just surviving that bring you happiness and fulfillment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-49. Section C.b (Socialization) – Subtotal			
A-50. Do you have any friends, family or other people in your life out of convenience or necessity, but you do not like their company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-51. Do any of your 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 really don't want to do?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-52. Section C.c (Socialization) - Subtotal			
A-53. Surveyor, do you detect signs of poor hygiene or daily living skills? (Phone intake disregard)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
A-54. Section C.d (Socialization) – Subtotal			
Page #6 D. Wellness			
SCRIPT: OK, now I'm going to ask you some questions about your health and healthcare	RESPONSE		
A-56. Where do you usually go for healthcare or when you're not feeling well? <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other (Specify A-57) <input type="checkbox"/> Does not go for care			
A-57. Other option used for healthcare:			
A-58. Section D.a (Wellness) – Subtotal			
Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions?	RESPONSE		REFUSED
A-59. Kidney disease/End Stage Renal Disease or Dialysis	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-60. History of frostbite, Hypothermia, or Immersion Foot	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-61. History of Heat Stroke/Heat Exhaustion	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-62. Liver disease, Cirrhosis, or End-Stage Liver Disease	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

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A-63. Heart disease, Arrhythmia, or Irregular Heartbeat	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-64. HIV+/AIDS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-65. Emphysema	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-66. Diabetes	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-67. Asthma	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-68. Cancer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-69. Hepatitis C	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-70. Tuberculosis	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
OBSERVATION ONLY – DO NOT ASK: A-71. Surveyor do you observe signs or symptoms of a serious health condition?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-72. Section D.b (Wellness) – Subtotal			
<i>Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions?</i>	RESPONSE		REFUSED
A-73. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or been told you do?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-74. Have you consumed alcohol and/or drugs almost every day or every day for the past month?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-75. Have you ever used injection drugs in the last six months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-76. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-77. Have you used non-beverage alcohol (like cough syrup, rubbing alcohol, cooking wine, or anything like that) in the past six months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-78. Have you blacked out because of your alcohol or drug use in the past month?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
OBSERVATION ONLY – DO NOT ASK: A-79. Surveyor, do you observe signs or symptoms or problematic alcohol or drug abuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-80. Section D.c (Wellness) – Subtotal			
A-81. Have you ever been taken to a hospital against your will for a mental health reason?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

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A-82. Have you gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-83. Have you spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of your mental health -whether that was voluntary or because someone insisted that you do so?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-84. Have you had a serious brain injury or head trauma?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-85. Have you ever been told you have a learning disability or developmental disability?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-86. Section D.d (Wellness) – Subtotal			
<i>OBSERVATION ONLY – DO NOT ASK:</i> Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-87. Have you had any medicines prescribed to you by a doctor that you do not take, sell, had stolen, misplaced, or where the prescriptions were never filled?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-88. Section D.e (Wellness) - Subtotal			
Page #6 D. Wellness (con't.)	RESPONSE		REFUSED
A-89. Yes or No - have you experienced any emotional, physical, psychological, sexual or other type of abuse or trauma in your life which you have not sought help for, and/or which has caused your homelessness?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-90. Section D.f (Wellness) – Subtotal			

SCRIPT: Finally I'd like to ask you some questions to help us better understand homelessness, and improve housing and support services.

Page #7. Miscellaneous

A-91. Have you been diagnosed with one or more of the following? Developmental Disability, HIV/AIDS, Physical or Chronic Health Condition, Mental Health, or Substance Abuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	REFUSED <input type="checkbox"/>
A-92. Do you have a documented Mental Health diagnosis?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	REFUSED <input type="checkbox"/>
A-93. Is there an area in Sonoma County that you would prefer to stay?	<input type="checkbox"/> No preference <input type="checkbox"/> Santa Rosa <input type="checkbox"/> Petaluma <input type="checkbox"/> Guerneville/West Coast <input type="checkbox"/> Sonoma Valley <input type="checkbox"/> Cloverdale/Healdsburg		
A-94. Veteran Status (HUD)	Custom Demographic – Veteran Status (HUD) will merge into assessment from Participant Demographics		

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A-95. (If yes this participant served in the military) which war/war era did you serve in?	<input type="checkbox"/> WWII <input type="checkbox"/> Korean War (June 1950-January 1955) <input type="checkbox"/> Vietnam Era (August 1964-April 1975) <input type="checkbox"/> Post Vietnam (May 1975-July 1991) <input type="checkbox"/> Persian Gulf Era (August 1991-Present) <input type="checkbox"/> Afghanistan (2001-Present) <input type="checkbox"/> Iraq (2003-Present) <input type="checkbox"/> Other (Specify) A-95 <input type="checkbox"/> Refused
A-96. 'Other' War Era	
A-97. If yes to Veteran, what was the character of the discharge?	<input type="checkbox"/> Honorable <input type="checkbox"/> Other than honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> General <input type="checkbox"/> Refused
A-98. As part of Participant having predictable income to meet his/her expenses, is any of that "Earned" Income?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
A-99. If yes to above, approximately how much "Earned" Income does the Participant bring in monthly?	\$ _____
A-100. Where did Participant live prior to becoming homeless? *	<input type="checkbox"/> Sonoma County <input type="checkbox"/> Northern California <input type="checkbox"/> Other part of CA <input type="checkbox"/> Other (A.100) <input type="checkbox"/> Refused to Answer
A-101. 'Other' area living prior to becoming homeless	
A-102. Have you ever been in foster care? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
A-103. Have you ever been in jail? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
A-104. Have you ever been in prison? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
A-105. Do you have a disability that limits your mobility? (i.e. wheelchair, amputation, unable to climb stairs?)*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
A-106. If yes, then please note any restrictions (i.e. outlet access, wheelchair accessible):	_____
A-107. If you are referred to emergency shelter, would you need a top or bottom bunk?	<input type="checkbox"/> Top Bunk <input type="checkbox"/> Bottom Bunk
A-108. If given the choice, which housing option do you think would be best for you?	<input type="checkbox"/> Strictly Clean and Sober <input type="checkbox"/> Sobriety Expectation <input type="checkbox"/> No Sobriety Requirements
A-109. Do you have a service animal? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
A-110. If you have a pet, what role if any did your animal play in your becoming homeless?	_____
A-111. What kind of health insurance do you have, if any? (check all that apply)	<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> VA <input type="checkbox"/> Private <input type="checkbox"/> Other (A.109) <input type="checkbox"/> None
A-112. If there is other type of health insurance please specify:	_____

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A-113. On a regular day, where is it easiest to find you and what time of day is easiest to do so?	_____
A-114. Other than the information you already provided - is there any other phone number and/or email where someone can get in touch with you or leave you a message?	_____
Assigned case manager	_____
Date to take next VI-SPDAT for Single Adults	_____

Revision History - VI-SPDAT For Single Individuals

January 31, 2017

- o Re-aligned question phrasing for to EtO TouchPoint form
- o Re-aligned question numbering to EtO TouchPoint form
- o Added question numbering for "Other" responses and Section Subtotals

Oct 30, 2015

- o Added Earned Income and Amt Questions Q.95 & Q.96
- o Re-aligned question numbering to EtO TouchPoint form
- o Still the older OrgCode form 3.0
- o Removed earlier TB screening questions – those moved to TB Screening TouchPoint
- o Added misc notations about revision into Tab 1 text

July 14, 2015

- o Added TB Screening questions
- o Re-aligned question numbering to EtO TouchPoint form

April 4, 2017

- o Revised A-21 "Agency Taking Survey" to add new & re-order agencies

August 29, 2017

- o Added question A-91
- o Realigned question numbering to EtO

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Appendix 8 – Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) Prescreen for Families

Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) Prescreen for Families (English)

Survey Number/ID _____

Page #2. General Information

Interviewer's Name <i>(No EtO Entry)</i>		A-15. Interviewer Role <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Consumer Guide
A-17. Date of Survey	A-18. Date (HMIS Entry)	A-19. <i>(optional)</i> Start Time: _____ End Time: _____
A-20. Sonoma Location of Participant Interview <input type="checkbox"/> Cotati/Rohnert Park <input type="checkbox"/> North County/Cloverdale <input type="checkbox"/> Healdsburg/Windsor <input type="checkbox"/> Petaluma/South County <input type="checkbox"/> Santa Rosa <input type="checkbox"/> Sonoma Valley <input type="checkbox"/> West County		A-21. Agency Taking Survey <input type="checkbox"/> Buckelew <input type="checkbox"/> Catholic Charities <input type="checkbox"/> Cloverdale Wallace House <input type="checkbox"/> Community Development Commission <input type="checkbox"/> COTS Petaluma <input type="checkbox"/> Social Advocates for Youth <input type="checkbox"/> Sonoma County DA Homeless Victims <input type="checkbox"/> The Living Room <input type="checkbox"/> West County Community Services <input type="checkbox"/> West County Health <input type="checkbox"/> Sober Sonoma <input type="checkbox"/> Interfaith Shelter Network <input type="checkbox"/> Reach for Home
A-24. In what language other than English or Spanish do you feel most comfortable speaking?		

Page #3. Children	RESPONSE
A-25. Total number of children under the age of 18 that are currently with the head(s) of household.	
A-26. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed?	

A-27. Children List	Notes <i>(optional)</i>
Last Name First Name Age Gender <i>(circle)</i>	

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I-6. Is any member of the family currently pregnant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Refused <input type="checkbox"/>
I-7. Is the Female Participant pregnant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Refused <input type="checkbox"/>
I-8. Is this participant part of a single parent family? <i>(if any member pregnant)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Refused <input type="checkbox"/>
I-9. If single parent family - are there are least 2 (or more) children?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Refused <input type="checkbox"/>
I-10. If single parent family - is any one child over the age of 11?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Refused <input type="checkbox"/>
I-12. Is this participant part of a two parent family?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Refused <input type="checkbox"/>
I-13. If two parent family - are there more than 3 children under the age of 18?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Refused <input type="checkbox"/>
I-14. If two parent family - is there at least one child who's age is 6 or younger?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Refused <input type="checkbox"/>

Page #4. A. HOMELESSNESS/HOUSING HISTORY

QUESTION	RESPONSE	REFUSED
I-15. What is the total length of time you and your family have lived on the streets or in shelters? <i>(record in months)</i>		<input type="checkbox"/>
I-16. In the past 3 years, how many times have you and your family been housed, and then homeless again?		<input type="checkbox"/>

Page #5 B. RISKS

SCRIPT: I am going to ask you some questions about yours or any of your family member's interactions with health and emergency services. If you need any help figuring out when 6 months ago was, just let me know.

QUESTION	RESPONSE	REFUSED
I-18. In the past six months, how many times have you and/or members of your family been to the emergency department/room?		
I-19. In the past six months, how many times have you and/or members of your family had an interaction with the police?		
I-20. In the past six months, how many times have you and/or members of your family been taken to the hospital in an ambulance?		
I-21. In the past six months how many times have you and/or members of your family used a crisis service, including distress centers or suicide prevention hotlines?		
I-22. In the past six months, how many times have you and/or members of your family been hospitalized as an in-patient including in a mental health hospital?		

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QUESTION	RESPONSE		REFUSED
I-25. Have you or any family member been attacked or beaten up since becoming homeless?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-26. Have you or any family member threatened to or tried to harm themselves or anyone else in the last year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-28. Do you or any member of the family have any legal stuff going on right now that may result in you being locked up or having to pay fines?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-30. Does anybody force or trick you or any member of the family to do things that you do not want to do?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-31. Do you or any family member ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, anything like that?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-32. I'm going to read types of places people sleep. Please tell me which one that you and your family sleep at most often. <i>(Check only one)</i>	<input type="checkbox"/> Shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Car, Van, or RV <input type="checkbox"/> Bus or subway <input type="checkbox"/> Park, beach, camping I-33. Other place slept (SPECIFY):		

Page #6. C: SOCIALIZATION/DAILY FUNCTIONS

QUESTION	RESPONSE		REFUSED
I-35. Is there anybody that thinks you or any family member owes them money?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-36. Does the family have any money coming in on a regular basis? Like a job, government benefits, or even working under the table, recycling, sex work, odd jobs, day labor, or anything like that?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-37. Does your family have enough money to meet all expenses on a monthly basis?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-39. Do you and each member of the family have planned activities each day other than just surviving that bring you happiness and fulfillment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-41. Do you or any member of the family have any friends, family or other people in your life out of convenience or necessity, but you do not like their company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-42. Do any friends, family or other people in you or your family's life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-44. Surveyor, do you detect signs of poor hygiene or daily living skills or any family member? <i>(note for 211 or phone interviews disregard this question)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

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QUESTION	RESPONSE		REFUSED
Page #7. D. WELLNESS			
<i>SCRIPT: OK, now I'm going to ask you some questions about your health</i>			
RESPONSE			
I-46. Where do you and other family members usually go for healthcare when you're not feeling well?	<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Does not go for care <input type="checkbox"/> Other (Specify) I-47.		
<i>SCRIPT: Do you have now, have you ever had, or has a healthcare provider ever told you that you or any member of your family have any of the following medical conditions?</i>			
	RESPONSE		REFUSED
I-49. Kidney disease/End Stage Renal Disease or Dialysis	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-50. History of frostbite, Hypothermia, or Immersion Foot	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-51. Liver disease, Cirrhosis, or End-Stage Liver Disease	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-52. HIV+/AIDS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-58. History of Heat Stroke/Heat Exhaustion	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-59. Heart disease, Arrhythmia, or Irregular Heartbeat	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-60. Emphysema	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-61. Diabetes	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-62. Asthma	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-63. Cancer	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-64. Hepatitis C	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-65. Tuberculosis	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
OBSERVATION ONLY – DO NOT ASK: I-66. Surveyor do you observe signs or symptoms of a serious health condition? <i>(211 or phone interviews disregard this question)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
I-68. Have you or any member of the family ever had problematic drug or alcohol use, abused drugs or alcohol, or told you do?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

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QUESTION	RESPONSE		REFUSED
I-69. Have you or any member of the family consumed alcohol and/or drugs almost every day or every day for the past month?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-70. Have you or any member of the family ever used IV drugs in the last six months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-71. Have you or any member of the family ever been treated for drug or alcohol problems and returned to drinking or using drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-72. Have you or any member of the family used non-beverage alcohol (like cough syrup, rubbing alcohol, cooking wine, or anything like that in the past month?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-73. Have you or any family member blacked out because of your alcohol or drug use in the past month?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-74. Has any family member under the legal drinking age consumed alcohol four or more times in the last month or used drugs at any point in time during the last month – including marijuana or prescription pills to get high?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
OBSERVATION ONLY – DO NOT ASK: I-75. Surveyor, do you observe signs or symptoms of problematic alcohol or drug abuse? <i>(note for 211 or phone interviews disregard this question)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
I-77. Have you or any member of your family ever been taken to a hospital against your will for a mental health reason?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-78. Have you or any member of your family gone to the emergency room because you weren't feeling 100% well emotionally or because of their nerves?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-79. Have you or any member of your family spoken with a psychiatrist, psychologist or other mental health professional in the last 6 months because of your mental health - whether that was voluntary or because someone insisted that it be done?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-80. Have you or any member of your family had a serious brain injury or head trauma?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-81. Have you or any member of your family ever been told you have a learning disability or developmental disability?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-82. Do you or any member of your family have any problems concentrating and/or remembering things?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-83. Surveyor, do you detect signs of symptoms or severe, persistent mental illness or severely compromised cognitive functioning? <i>(211 or phone interviews disregard this question)</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

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<i>(surveyor, if the respondent answers Yes to any question I-76 through I-82 ask this question)</i> I-85. You indicated in your responses that there is a medical condition, experience with mental health services and experience with substance abuse use. Is that the same member of the family in all those instances?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
I-87. Have you or any other member of the family had any medicines prescribed by a doctor that were not taken, sold, stolen, misplaced, or where the prescriptions were never filled?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-89. Yes or No – Have you or any member of your family experienced any emotional, physical, psychological, sexual or other type of abuse or trauma which help was not sought for, and/or has caused your homelessness?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Page #8. E: FAMILY UNIT

QUESTION	RESPONSE		REFUSED
I-91. Do any of your children spend two or more hours per day when you don't know where they are?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-92. On most days, do any children do tasks that adults would normally do, like preparing meals, getting other children ready for bedtime, shopping, cleaning the apartment, or anything like that?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-94. What is the total number of times adults in the family have changed in the family over the past year because of things like a new relationship or a breakdown in the relationship, prison, military deployment, or anything like that?			
I-95. What is the total number of times that children have been separated from the family or returned to the family over the past year?			
I-97. Are there any school-aged children that are not enrolled in school or missing more days of the school year than they are attending?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-98. Right now or any point in the last six months have any or your children been separated from you to live with a family member or friend?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-100. Has there been any involvement with any member of your family and child protective services in the last six months even if it was resolved?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-101. Have you had anything in family court over the past six months or anything currently being considered in family court?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
I-103. Have you or any member of your family been diagnosed with the following? Developmental Disability, HIV/AIDS, Physical or Chronic Health Condition, Mental Health, or Substance Abuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-104. Do you have a documented Mental Health diagnosis?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

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SCRIPT: Finally I'd like to ask you some questions to help us better understand homelessness, and improve housing and support services.

Page #9. Miscellaneous

<p>I-105. (If yes this participant served in the military) which war/war era did you serve in?</p>	<input type="checkbox"/> WWII <input type="checkbox"/> Korean War (June 1950-January 1955) <input type="checkbox"/> Vietnam Era (August 1964-April 1975) <input type="checkbox"/> Post Vietnam (May 1975-July 1991) <input type="checkbox"/> Persian Gulf Era (August 1991-Present) <input type="checkbox"/> Afghanistan (2001-Present) <input type="checkbox"/> Iraq (2003-Present) <input type="checkbox"/> Other (Specify) I-105. _____ <input type="checkbox"/> Refused
<p>I-106. If yes you served, what was the character of your discharge?</p>	<input type="checkbox"/> Honorable <input type="checkbox"/> Other than honorable <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> General <input type="checkbox"/> Refused
<p>I-107. Where did you live prior to becoming homeless?</p>	<input type="checkbox"/> Sonoma County <input type="checkbox"/> Northern California <input type="checkbox"/> Other part of CA <input type="checkbox"/> Elsewhere (Specify): I-107. _____
<p>I-110. Have you ever been in foster care?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<p>I-111. Have you ever been in jail?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<p>I-112. Have you ever been in prison?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<p>I-113. Do you or any member of the family have a physical disability that limits your mobility? (i.e. wheelchair, amputation, unable to climb stairs)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<p>I-114. If yes, please note any restrictions (i.e. bottom bunk only, wheel chair accessible, etc.):</p>	
<p>A-115. If you are referred to emergency shelter, would you need a top or bottom bunk?</p>	<input type="checkbox"/> Top Bunk <input type="checkbox"/> Bottom Bunk
<p>A-116. If given the choice, which housing option do you think would be best for you?</p>	<input type="checkbox"/> Strictly Clean and Sober <input type="checkbox"/> Sobriety Expectation <input type="checkbox"/> No Sobriety Requirements
<p>I-117. Do you have a service animal?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<p>I-118. If yes, did your animal play a role in your becoming homeless?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<p>I-119. Is there an area in Sonoma County you would prefer to stay?</p>	<input type="checkbox"/> No preference <input type="checkbox"/> Guerneville/North Coast <input type="checkbox"/> Santa Rosa <input type="checkbox"/> Cloverdale/Healdsburg <input type="checkbox"/> Petaluma <input type="checkbox"/> Sonoma Valley

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Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) Prescreen for Families (English)

I-120. What kind of health insurance do you have, if any? <i>(check all that apply)</i>	<input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> VA <input type="checkbox"/> Private <input type="checkbox"/> Other (specify): <hr style="border: 0; border-top: 1px solid black;"/>
I-121. On a regular day, where is it easiest to find you, and what time of day is easiest to do so? <i>(Note: while working in EtO – the participant’s phone number and email will display directly above this field – add any additional info to this area that will assist in locating the participant such as a current shelter location, mailing address etc.)</i>	<hr style="border: 0; border-top: 1px solid black;"/>
I-124. Other than the information you already provided - is there any other phone number and/or email where someone can get in touch with you or leave you a message?	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr style="border: 0; border-top: 1px solid black;"/>
I-125. Census Tract <i>(Optional – do not use for phone intake)</i>	<hr style="border: 0; border-top: 1px solid black;"/>

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Appendix 9 – Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) Prescreen for Transitional Age Youth (TAY)

Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) Prescreen for TAY (VI-SPDAT for Transition Age Youth TouchPoint)

Survey Number/ID _____

Page #1. General Information

Interviewer's Name		A-5. Interviewer Role <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Consumer Guide
A-7. Date of Survey	A-. Date (HMIS Entry)	A-8. (optional) Start Time: _____ End Time: _____
A-9. Survey Location (of Participant Interview) <input type="checkbox"/> Cotati/Rohnert Park <input type="checkbox"/> Healdsburg/Windsor <input type="checkbox"/> Petaluma/South County <input type="checkbox"/> Santa Rosa <input type="checkbox"/> Sonoma Valley <input type="checkbox"/> West County		A-11. Agency Taking Survey <input type="checkbox"/> Buckelew <input type="checkbox"/> Catholic Charities <input type="checkbox"/> Cloverdale Wallace House <input type="checkbox"/> Community Development Commission <input type="checkbox"/> COTS Petaluma <input type="checkbox"/> Social Advocates for Youth <input type="checkbox"/> Sonoma County DA Homeless Victims <input type="checkbox"/> The Living Room <input type="checkbox"/> West County Community Services <input type="checkbox"/> West County Health <input type="checkbox"/> Sober Sonoma <input type="checkbox"/> Interfaith Shelter Network <input type="checkbox"/> Reach for Home
A-10. Specific location where Participant received screening:		
A-13. In what language (other than English or Spanish) do you feel most comfortable speaking?		

Page #2. A. Homelessness/Housing History

QUESTION	RESPONSE	REFUSED
A-14. Where do you sleep most frequently? (check one only) <input type="checkbox"/> Shelters <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Safe Haven <input type="checkbox"/> Couch surfing <input type="checkbox"/> Outdoors <input type="checkbox"/> Refused <input type="checkbox"/> Other (A-15)		
A-15. Specify other in A-14:	_____	<input type="checkbox"/>
A-16. How long (in months) has it been since you lived in permanent stable housing?	_____ months	<input type="checkbox"/>
A-17. In the last three years, how many times have you been homeless?	_____ times	<input type="checkbox"/>

Page #3. B. Risks

<i>SCRIPT:</i> I am going to ask you some questions about your interactions with health and emergency services. If you need any help figuring out when six month in the past was, let me know.		
QUESTION	RESPONSE	REFUSED
A-18. In the past six months, how many times have you received health care at an emergency department/room?	_____ times	<input type="checkbox"/>

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SCRIPT: I am going to ask you some questions about your interactions with health and emergency services. If you need any help figuring out when six month in the past was, let me know.

QUESTION	RESPONSE		REFUSED
A-19. In the past six months, how many times have you and/or members of your family been transported to the hospital in an ambulance?	_____ times		<input type="checkbox"/>
A-20. In the past six months, how many times have you been hospitalized as an inpatient, including in a mental health hospital??	_____ times		<input type="checkbox"/>
A-21. In the past six months, how many times have you used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?	_____ times		<input type="checkbox"/>
A-22. In the past six months, how many times have you talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?	_____ times		<input type="checkbox"/>
A-23. In the past six months, how many times have you stayed one or more nights in a holding cell, jail, prison, or juvenile detention, whether it as a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?	_____ times		<input type="checkbox"/>
A-24. Have you been attacked or beaten up since you've become homeless?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-25. Have you threatened to or tried to harm yourself or anyone else in the past year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-26. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-27. Were you ever incarcerated when younger than 18?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-28. Does anybody force or trick you to do things that you do not want to do?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-29. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, anything like that?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

Page #4. C. Socialization/Daily Functions

QUESTION	RESPONSE		REFUSED
A-30. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

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QUESTION	RESPONSE		REFUSED
A-31. Do you get any money from government an inheritance, an allowance, working under the table, a regular job, or anything like that?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-32. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-34. Are you currently able to take care of basic need like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-35. Is your lack of stable housing because you ran away from your family, or group home, or a foster home?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-36. Is your lack of stable housing because of a difference in religious or cultural beliefs from your parents, guardians, or caregivers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-37. Is your lack of stable housing because your family or friends caused you to become homeless?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-38. Is your lack of stable housing because of conflicts around gender identity or sexual orientation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-39. Is your lack of stable housing because of violence at home between family members?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-40. Is your lack of stable housing because of an unhealthy or abusive relationship, either at home or elsewhere?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

Page #5. D. Wellness

QUESTION	RESPONSE		REFUSED
A-41. Have you ever had to leave an apartment, shelter program, or other place to stay because of your physical health?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-42. Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-43. 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?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-44. Do you 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 <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-45. When you are sick or not feeling well, do you avoid getting medical help?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-46. Are you currently pregnant, have you ever been pregnant, or have you gotten someone pregnant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-47. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-48. Will your drinking or drug use make it difficult for you to stay house or afford your housing?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>

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Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) Prescreen for TAY (VI-SPDAT for Transition Age Youth TouchPoint)

QUESTION	RESPONSE		REFUSED
A-49. If you've ever used marijuana, did you try it at age 12 or younger?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-50. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program, or other place you were staying because of a mental health concern?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-51. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program, or other place you were staying because of a past head injury?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-52. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program, or other place you were staying because of a learning disability, developmental disability, other impairment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-53. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-54. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-55. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-56. Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-57. Have you been diagnosed with the following? Developmental Disability, HIV/AIDS, Physical or Chronic Health Condition, Mental Health, or Substance Abuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<input type="checkbox"/>
A-58. Do you have a documented Mental Health diagnosis?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	REFUSED <input type="checkbox"/>

Page #6. E. Other Questions

SCRIPT: Finally I would like to ask you some questions to help us better understand homelessness and be able to improve housing and support services.			
QUESTION	RESPONSE	QUESTION	RESPONSE
A-58. Is there an area in Sonoma County that you would prefer to stay?	<input type="checkbox"/> No preference <input type="checkbox"/> Santa Rosa <input type="checkbox"/> Petaluma <input type="checkbox"/> Guerneville/North Coast <input type="checkbox"/> Sonoma Valley <input type="checkbox"/> Cloverdale/Healdsburg	A-59. Where did you live prior to becoming homeless?	<input type="checkbox"/> Sonoma County <input type="checkbox"/> Northern California <input type="checkbox"/> Other part of CA <input type="checkbox"/> Guerneville/North Coast <input type="checkbox"/> Refused <input type="checkbox"/> Elsewhere (specify) A-60

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QUESTION	RESPONSE		REFUSED
A-61. As part of Participant having predictable income to meet his/her expenses, is any of that considered 'Earned' Income?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Don't know <input type="checkbox"/>
A-62. Approximately how much 'Earned' Income does the Participant bring in monthly?	\$ _____		
A-64. Have you ever been in foster care?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	REFUSED <input type="checkbox"/>
A-65. Have you ever been in prison?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	REFUSED <input type="checkbox"/>
A-66. Do you have a disability that limits your mobility? (i.e. wheelchair, amputation, unable to climb stairs)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	REFUSED <input type="checkbox"/>
A-67. If yes, then please note any restrictions (i.e. bottom bunk, wheelchair accessible):	_____		
A-68. If you are referred to emergency shelter, would you need a top or bottom bunk?	<input type="checkbox"/> Top Bunk <input type="checkbox"/> Bottom Bunk		
A-69. If given the choice, which housing option do you think would be best for you?	<input type="checkbox"/> Strictly Clean and Sober <input type="checkbox"/> Sobriety Expectation <input type="checkbox"/> No Sobriety Requirement		
A-70. Do you have a service animal?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	REFUSED <input type="checkbox"/>
A-71. What kind of health insurance do you have, if any? (check all that apply) <input type="checkbox"/> Medicaid <input type="checkbox"/> MediCal <input type="checkbox"/> Medicare <input type="checkbox"/> VA (Veteran's Administration) <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> None <input type="checkbox"/> Other (SPECIFY A-71)	_____		
A-72. If there is Other type of health insurance, please specify:	_____		
A-73. On a regular day, where is it easiest to find you and what time of day is easiest to do so?	Place: _____ Time: _____		
A-74. Other than the information you already provided -is there a phone number and/or email where someone can get in touch with you or leave you a message?	Phone: _____ Email: _____ Contact: _____ Relation: _____		
A-75. Assigned Case Manager:	_____		
A-76. Date to take next VI-SPDAT for Transition Age Youth:	_____		
A-77. Additional Notes:	_____		

Revision History - VI-SPDAT For Transition Age Youth

- o 8/31/2017- Created hard copy VI-SPDAT for TAY from Next Step Tool for Homeless Youth.
- o 8/31/2017- Added questions from ETO to hard copy VI-SPDAT for TAY.