

**SONOMA VALLEY COORDINATED ENTRY ACCESS POINT  
HOMELESS SERVICES FUNDING GRANT AGREEMENT  
FISCAL YEAR 2020-21**

The following is an agreement, dated for convenience as of July 1, 2020, by and between the Sonoma County Community Development Commission, hereinafter called "COMMISSION," and **INTERFAITH SHELTER NETWORK**, hereinafter called "SUBRECIPIENT."

WITNESSETH:

WHEREAS, COMMISSION administers certain housing and community development activities with funding from federal, state, and local discretionary funding, hereinafter called "Funding"; and

WHEREAS, COMMISSION under state and federal law, must administer all of its programs and activities in a manner that affirmatively furthers fair housing;

WHEREAS, the County of Sonoma FY 2020-21 Adopted Budget includes **\$48,675.68** for use by SUBRECIPIENT in fiscal year 2020-21 for **SONOMA VALLEY COORDINATED ENTRY ACCESS POINTS**.

NOW, THEREFORE, COMMISSION and SUBRECIPIENT for and in consideration of their mutual promises and agreements herein contained do agree as follows:

1. **Term of Agreement**: SUBRECIPIENT agrees to provide the services described in this Agreement for a period beginning July 1, 2020 and continuing until June 30, 2021, unless extended by mutual written agreement of the parties hereto pursuant to paragraph 19 or terminated pursuant to paragraph 2.
2. **Termination**: At any time and without cause, COMMISSION shall have the right in its sole discretion, to terminate this Agreement by giving fourteen (14) days written notice to SUBRECIPIENT. In such event, SUBRECIPIENT shall be entitled to receive full payment for all services satisfactorily rendered and expenses incurred hereunder, prior to receipt of said notice of termination.

If SUBRECIPIENT shall fail to perform any of its obligations duly perform, comply with, or observe any of the conditions, terms, or covenants of any of this Agreement, within the time and in the manner herein provided or otherwise violate any of the terms of this Agreement, COMMISSION shall send SUBRECIPIENT a written notice of default. SUBRECIPIENT shall have the right to cure such default within thirty (30) days of the date of the written notice of default (which notice shall provide reasonable detail of the default and required cure) or, if the breach cannot be cured within thirty (30) days, so long as SUBRECIPIENT is diligently undertaking to cure such breach, SUBRECIPIENT shall be allowed to complete said cure within ninety (90) days of the date of the written notice of default. If COMMISSION terminates this Agreement for cause, SUBRECIPIENT shall be entitled to receive as full payment for all

services satisfactorily rendered and expenses incurred prior to such termination, less the amount of damage, if any, sustained by COMMISSION by virtue of the breach of the Agreement by SUBRECIPIENT. Following the expiration of all applicable notice and cure periods will either at the option of the COMMISSION or automatically where so specified, relieve the COMMISSION of any obligation to make or continue to provide funding under this Agreement and shall give the COMMISSION the right to proceed with any and all remedies set forth in this Agreement, including but not limited to the following

In the event of a failure by the SUBRECIPIENT to comply with any terms or conditions of this Agreement or to provide in any manner activities or other performance as agreed herein, COMMISSION reserves the right to temporarily withhold all or any part of payment pending correction of the deficiency, suspend all or part of the Agreement, or prohibit the SUBRECIPIENT from incurring additional obligation of funds until COMMISSION is satisfied that corrective action has been taken or completed. The option to withhold funds is in addition to, and not in lieu of COMMISSION right to suspend or terminate this Agreement. COMMISSION may consider performance under this Agreement when considering future awards. In addition, the COMMISSION shall have the right mandamus or other suit, action or proceeding at law or in equity to require the SUBRECIPIENT to perform its obligations and covenants under this Agreement or to enjoin acts or things which may be unlawful or in violation of the provisions of this Agreement.

### 3. Scope of Services:

3.1 SUBRECIPIENT's Specified Services. SUBRECIPIENT shall, in a manner satisfactory to COMMISSION, perform the services set forth in Exhibits A, B, C, D, and E, attached hereto and incorporated herein by specific reference and pursuant to Article 14, Prosecution of Work. In the event of a conflict between the body of this Agreement and any Exhibit hereto, the provisions in the body of this Agreement shall control, unless Exhibit C is attached to this Agreement, in the event of any conflict between the body of this Agreement and Exhibit C, the terms of Exhibit C shall control.

| <u>TYPE OF FUNDING</u>   | <u>ATTACHED EXHIBITS</u>  |
|--|---|
| <input type="checkbox"/> ESG CFDA #14.231<br><input type="checkbox"/> ESG-State<br><input type="checkbox"/> CDBG CFDA #14.218<br><input type="checkbox"/> Continuum of Care #14.267<br><input checked="" type="checkbox"/> County General Fund<br><input type="checkbox"/> LMIHAF<br><input type="checkbox"/> County TOT<br><input type="checkbox"/> County R&R<br><input type="checkbox"/> CESH<br><input type="checkbox"/> Homeless Emergency Aid Program (HEAP)<br><input checked="" type="checkbox"/> Homeless Housing Assistance and Prevention (HHAP)<br><input type="checkbox"/> Other: | <input checked="" type="checkbox"/> EXHIBIT A-Scope of Services<br><input checked="" type="checkbox"/> EXHIBIT B-Budget<br><input type="checkbox"/> EXHIBIT C-Environmental<br><input checked="" type="checkbox"/> EXHIBIT D-HMIS<br><input checked="" type="checkbox"/> EXHIBIT E- State and Federal Funding Requirements<br><input checked="" type="checkbox"/> EXHIBIT F-Insurance Requirements for Homeless Service Programs<br><input checked="" type="checkbox"/> EXHIBIT G- Program Guides for Homeless Services Programs<br><input checked="" type="checkbox"/> EXHIBIT H-Reasonable Accommodations in Homeless Services Programs |

3.2 Cooperation With COMMISSION. SUBRECIPIENT shall cooperate with COMMISSION staff in the performance of all work hereunder, and shall be available to COMMISSION staff at all reasonable times, subject to the Scope Services to be agreed to by the parties.

3.3. Performance Standard. SUBRECIPIENT shall perform all work hereunder in a manner consistent with the level of competency and standard of care normally observed by a person practicing in SUBRECIPIENT's same discipline and profession in the State of California. COMMISSION has relied upon the professional ability and training of SUBRECIPIENT as a material inducement to enter into this Agreement. SUBRECIPIENT hereby agrees to provide all services under this Agreement in accordance with generally accepted professional practices and standards of care, as well as the requirements of applicable federal, state and local laws, it being understood that acceptance of SUBRECIPIENT's work by COMMISSION shall not operate as a waiver or release. If COMMISSION determines that any of SUBRECIPIENT's work is not in accordance with such level of competency and standard of care, COMMISSION, in its sole discretion, shall have the right to do any or all of the following: (a) require SUBRECIPIENT to meet with COMMISSION to review the quality of the work and resolve matters of concern; (b) require SUBRECIPIENT to repeat the work at no additional charge until it is satisfactory; (c) terminate this Agreement pursuant to the provisions of Article 4; or (d) pursue any and all other remedies at law or in equity.

3.4. Assigned Personnel.

3.4.1. SUBRECIPIENT shall assign only competent personnel to perform work hereunder. In the event that at any time COMMISSION, in its sole discretion, desires the removal of any person or persons assigned by SUBRECIPIENT to perform work hereunder, SUBRECIPIENT shall remove such person or persons immediately upon receiving written notice from COMMISSION. Notwithstanding anything to the contrary, the COMMISSION agrees and acknowledges that nothing herein shall restrict the SUBRECIPIENT from employing additional personnel to provide the Services under the contract as it deems reasonable, so long as the key personnel for the performance of this Agreement continue to perform work hereunder.

3.4.2. Any and all persons identified in this Agreement or any exhibit hereto as the project manager, project team, or other professional performing work hereunder are deemed by COMMISSION to be key personnel whose services were a material inducement to COMMISSION to enter into this Agreement, and without whose services COMMISSION would not have entered into this Agreement. SUBRECIPIENT shall not remove, replace, substitute, or otherwise change any key personnel without the prior written notification to COMMISSION.

3.4.3. In the event that any of SUBRECIPIENT's personnel assigned to perform services under this Agreement become unavailable due to resignation, sickness or other factors outside of SUBRECIPIENT's control, SUBRECIPIENT shall be responsible for timely provision of adequately qualified replacements.

4. Payment: COMMISSION agrees to pay to SUBRECIPIENT amounts not to exceed the costs incurred by SUBRECIPIENT consistent with the budget and other terms contained in Exhibit B attached hereto and incorporated herein by specific reference, and with other provisions of this

Agreement. Reimbursement payment will be made in installments in accordance with Exhibit B, Budget, after SUBRECIPIENT submits adequate written documentation of the expenses incurred in a form specified by COMMISSION. Reimbursement requests should be submitted to COMMISSION at least quarterly, but not more than once monthly. In no event shall the total amount payable under this Agreement exceed **\$48,675.68**. Notwithstanding anything to the contrary herein, COMMISSION shall not be obligated to make any disbursement after an uncured event of default by SUBRECIPIENT.

5. Method and Place of Giving Notice, Submitting Bills, and Making Payments: All notices, bills, and payments shall be made in writing and shall be given by email or personal delivery or by U.S. Mail or courier service. Notices, bills, and payments shall be addressed as follows:

COMMISSION:       Sonoma County Community Development Commission  
                          1440 Guerneville Road  
                          Santa Rosa, CA 95403

SUBRECIPIENT:     **Interfaith Shelter Network**  
                          **3850 Montgomery Dr.**  
                          **Santa Rosa, CA 95405**

When a notice, bill or payment is given by a generally recognized overnight courier service, the notice, bill or payment shall be deemed received on the next business day. When a copy of a notice, bill or payment is sent by facsimile or email, the notice, bill or payment shall be deemed received upon transmission as long as (1) the original copy of the notice, bill or payment is promptly deposited in the U.S. mail and postmarked on the date of the facsimile or email (for a payment, on or before the due date), (2) the sender has a written confirmation of the facsimile transmission or email, and (3) the facsimile or email is transmitted before 5 p.m. (recipient's time). In all other instances, notices, bills and payments shall be effective upon receipt by the recipient. Changes may be made in the names and addresses of the person to whom notices are to be given by giving notice pursuant to this paragraph.

6. Assignment and Delegation: Except as provided above, neither party hereto shall assign, sublet, or transfer any interest in or duty under, this Agreement without the prior written consent of the other and no assignment shall be of any force or effect whatsoever unless and until the other party shall have so consented.

7. Ownership and Disclosure Of Work Product. All reports, original drawings, graphics, plans, studies, and other data or documents ("documents"), in whatever form or format, assembled or prepared by SUBRECIPIENT or SUBRECIPIENT's agents, employees, and other agents in connection with this Agreement shall be the property of COMMISSION. COMMISSION shall be entitled to immediate possession of such documents upon completion of the work pursuant to this Agreement. Upon expiration or termination of this Agreement, SUBRECIPIENT shall promptly deliver to COMMISSION all such documents, which have not already been provided to COMMISSION in such form or format, as COMMISSION deems appropriate. Such documents shall be and will remain the property of COMMISSION without restriction or limitation. SUBRECIPIENT may retain copies of the above described documents but agrees not

to disclose or discuss any information gathered, discovered, or generated in any way through this Agreement without the express written permission of COMMISSION. SUBRECIPIENT acknowledges that the COMMISSION is subject to the California Public Records Act. The COMMISSION shall refrain from releasing information provided to the COMMISSION by SUBRECIPIENT that SUBRECIPIENT claims is exempt from disclosure under the California Public Records Act ("Contractor Information") unless the COMMISSION's legal counsel determines that the release of such information is required by the California Public Records Act or other applicable state or federal law, or order of a court of competent jurisdiction, in which case the COMMISSION shall notify SUBRECIPIENT of its intention to release the Contractor Information ("Release Notice").

8. Operational Changes: SUBRECIPIENT shall forward any material modifications to its program, policies, or procedures to COMMISSION.

9. Subcontracts: SUBRECIPIENT shall cause all of the provisions of this Agreement in its entirety to be included in and made a part of any subcontract executed in the performance of this Agreement. SUBRECIPIENT shall monitor all subcontracted services on a regular basis to ensure contract compliance. SUBRECIPIENT shall undertake to ensure that all subcontracts let in the performance of this Agreement are awarded on a fair and open competition basis. Executed copies of all subcontracts shall be forwarded to COMMISSION along with a summary description of the selection process.

10. Status of Subrecipient: The parties intend that SUBRECIPIENT, in performing the services herein specified, shall act as an independent subrecipient and shall have control of the work and the manner in which it is performed. SUBRECIPIENT is not to be considered an agent or employee of COMMISSION and is not entitled to participate in any pension plan, insurance, bonus, or similar benefits COMMISSION provides its employees.

11. Insurance: SUBRECIPIENT is required to maintain the insurance specified in Exhibit D, which is attached hereto and incorporated herein by this reference.

12. Indemnification: SUBRECIPIENT agrees to accept all responsibility for loss or damage to any person or entity, including but not limited to COMMISSION, and to defend, indemnify, hold harmless, reimburse and release COMMISSION, its officers, agents and employees from and against any and all actions, claims, damages, disabilities, liabilities and expense, including but not limited to attorneys' fees and the cost of litigation incurred in the defense of claims as to which this indemnity applies or incurred in an action by COMMISSION to enforce the indemnity provisions herein, whether arising from personal injury, property damage or economic loss of any type, that may be asserted by any person or entity, including SUBRECIPIENT, arising out of or in connection with the performance of SUBRECIPIENT hereunder, whether or not there is concurrent negligence on the part of COMMISSION, but, to the extent required by law, excluding liability due to the sole or active negligence or due to the willful misconduct of COMMISSION. If there is a possible obligation to indemnify, SUBRECIPIENT's duty to defend exists regardless of whether it is ultimately determined that there is not a duty to indemnify. COMMISSION shall have the right to select its own legal counsel at the expense of SUBRECIPIENT, subject to SUBRECIPIENT's approval, which approval shall not be

unreasonably withheld. This indemnification obligation is not limited in any way by any limitation on the amount or type of damages or compensation payable to or for SUBRECIPIENT or its agents under workers' compensation acts, disability benefits acts, or other employee benefit acts.

13. COMMISSION's Liaison Officer. The COMMISSION shall appoint a designated liaison officer. That officer shall have the authority to monitor the program and fiscal operations of the SUBRECIPIENT on behalf of the COMMISSION. The SUBRECIPIENT shall appoint a representative to be available to the COMMISSION for consultation and assistance during the performance of this Agreement.

14. Prosecution of Work. The execution of this Agreement shall constitute SUBRECIPIENT's authority to proceed immediately with the performance of this Agreement. Performance of the services hereunder shall be completed within the time required herein, provided, however, that if the performance is delayed by earthquake, flood, high water, or other Act of God or by strike, lockout, or similar labor disturbances, the time for SUBRECIPIENT's performance of this Agreement shall be extended by a number of days equal to the number of days SUBRECIPIENT has been delayed.

15. Extra or Changed Work. Extra or changed work or other changes to the items identified in the Scope of Services or this Agreement may be authorized only by written amendment to this Agreement, signed by both parties. Minor changes, which do not increase the amount paid under the Agreement, and which do not significantly change the scope of work identified in the Scope of Services or significantly lengthen time schedules may be executed by the Executive Director in a form approved by County Counsel. The Board of Commissioners and/or the Sonoma County Board of Supervisors must authorize all other extra or changed work. Failure of SUBRECIPIENT to secure such written authorization for extra or changed work shall constitute a waiver of any and all right to adjustment in the Agreement price or Agreement time due to such unauthorized work and thereafter SUBRECIPIENT shall be entitled to no compensation whatsoever for the performance of such work. SUBRECIPIENT further expressly waives any and all right or remedy by way of restitution and quantum meruit for any and all extra work performed without such express and prior written authorization of the COMMISSION.

16. Demand for Assurance. Each party to this Agreement undertakes the obligation that the other's expectation of receiving due performance will not be impaired. When reasonable grounds for insecurity arise with respect to the performance of either party, the other may in writing demand adequate assurance of due performance and until such assurance is received may, if commercially reasonable, suspend any performance for which the agreed return has not been received. "Commercially reasonable" includes not only the conduct of a party with respect to performance under this Agreement, but also conduct with respect to other agreements with parties to this Agreement or others. After receipt of a justified demand, failure to provide within a reasonable time, but not exceeding thirty (30) days, such assurance of due performance as is adequate under the circumstances of the particular case is a repudiation of this Agreement. Acceptance of any improper delivery, service, or payment does not prejudice the aggrieved party's right to demand adequate assurance of future performance. Nothing in this Article limits COMMISSION's right to terminate this Agreement pursuant to Article 4.

17. Merger: This writing, including all attachments and exhibits, is intended both as the final expression of the Agreement between the parties hereto with respect to the included terms and as a complete and exclusive statement of the terms of the Agreement, pursuant to California Code of Civil Procedure § 1856.

No modification of this Agreement shall be effective unless and until such modification is evidenced by a writing signed by both parties.

18. Reporting: SUBRECIPIENT agrees to provide a written quarterly report ten (10) days after the end of each quarter, that is, by the following dates:

Quarter 1 (Q1): October 10, 2020

Quarter 2 (Q2): January 10, 2021

Quarter 3 (Q3): April 10, 2021

Quarter 4 (Q4): July 10, 2021

Each quarterly report shall describe the progress of the project.

Within ten (10) days after the termination date of this Agreement, SUBRECIPIENT agrees to submit to COMMISSION a final report that will address the accomplishments made during the funding period. All quarterly and final reports shall be submitted in a form specified by COMMISSION.

SUBRECIPIENT, if a non-profit California Corporation, agrees to submit minutes of their Board of Directors meetings to the COMMISSION, electronically or in hard copy, in a timely fashion.

COMMISSION will use reports submitted by SUBRECIPIENT to provide periodic required reports in a timely way to the state, federal, local governmental or private funding entities.

19. Amendments: The COMMISSION or SUBRECIPIENT may amend this Agreement at any time providing that such amendments make specific reference to this Agreement, and are executed in writing, signed by duly authorized representatives of both organizations, and approved by the COMMISSION's governing body. Such amendments shall not invalidate this Agreement, nor relieve or release the COMMISSION or SUBRECIPIENT from its obligations under this Agreement.

The COMMISSION may, in its discretion, amend this Agreement to conform to federal, state or local governmental guidelines, policies, and changes in available funding amounts, or for other reasons. If such amendments result in a change in the funding, the Scope of Services, or schedule of the activities to be undertaken as part of this Agreement, such modifications will be incorporated only by written amendment signed by both COMMISSION and SUBRECIPIENT.

20. Publicity: Any publicity generated by SUBRECIPIENT for the work performed pursuant to this Agreement, during the term of this Agreement or for one year thereafter, will make reference to the contribution of COMMISSION in making the project possible. The words "Sonoma

County Community Development Commission" will be explicitly stated in any and all pieces of publicity, including but not limited to flyers, press releases, posters, brochures, public service announcements, interviews, and newspaper articles. The SUBRECIPIENT shall not comment publicly to the press or any other media regarding data, countywide initiatives, or related actions without the knowledge and consent of the COMMISSION. The SUBRECIPIENT shall not issue any news release or make claims regarding data related to work performed or services performed under this contract or through the COMMISSION without prior review of the contents thereof.

## 21. Representations of Subrecipient.

21.1 Status of Subrecipient. As noted in paragraph 10, SUBRECIPIENT is not to be considered an agent or employee of COMMISSION and is not entitled to participate in any pension plan, worker's compensation plan, insurance, bonus, or similar benefits COMMISSION provides its employees. In the event COMMISSION exercises its right to terminate this Agreement pursuant to Article 2, above, SUBRECIPIENT expressly agrees that it shall have no recourse or right of appeal under rules, regulations, ordinances, or laws applicable to employees.

21.2 Taxes. SUBRECIPIENT agrees to file federal and state tax returns and pay all applicable taxes on amounts paid pursuant to this Agreement and shall be solely liable and responsible to pay such taxes and other obligations, including, but not limited to, state and federal income and FICA taxes. SUBRECIPIENT agrees to indemnify and hold COMMISSION harmless from any liability which it may incur to the United States or to the State of California as a consequence of SUBRECIPIENT's failure to pay, when due, all such taxes and obligations. In case COMMISSION is audited for compliance regarding any withholding or other applicable taxes, SUBRECIPIENT agrees to furnish COMMISSION with proof of payment of taxes on these earnings.

21.3 Records Maintenance. SUBRECIPIENT shall keep and maintain full and complete documentation and accounting records concerning all services performed that are compensable under this Agreement and shall make such documents and records available to COMMISSION, its auditors or other authorized representatives for inspection and audit at any reasonable time. SUBRECIPIENT shall maintain such records for a period of five (5) years following completion of work hereunder.

21.4 Conflict of Interest. SUBRECIPIENT covenants that it presently has no interest and that it will not acquire any interest, direct or indirect, that represents a financial conflict of interest under state and/or federal law or that would otherwise conflict in any manner or degree with the performance of its services hereunder. SUBRECIPIENT further covenants that in the performance of this Agreement no person having any such interests shall be employed. In addition, if requested to do so by COMMISSION, SUBRECIPIENT shall complete and file and shall require any other person doing work under this Agreement to complete and file a "Statement of Economic Interest" with COMMISSION disclosing SUBRECIPIENT's or such other person's financial interests.



21.5 Statutory Compliance. SUBRECIPIENT agrees to comply with all applicable federal, state and local laws, regulations, statutes and policies applicable to the services provided under this Agreement as they exist now and as they are changed, amended or modified during the term of this Agreement. If SUBRECIPIENT performs any work knowing it to be contrary to such laws, rules and regulations, SUBRECIPIENT shall be solely responsible for all costs arising therefrom. SUBRECIPIENT shall defend, indemnify and hold COMMISSION, its officials, directors, officers, employees, agents, and volunteers free and harmless, pursuant to the indemnification provisions of this Agreement, from any claim or liability arising out of any failure or alleged failure to comply with such laws, rules or regulations.

21.6 Nondiscrimination. Without limiting any other provision hereunder, SUBRECIPIENT, by and for itself and its successors and assigns, agrees that it shall comply with all applicable federal, state, and local laws, rules, and regulations in regard to nondiscrimination in employment because of race, color, ancestry, national origin, religion, sex, marital status, age, medical condition, pregnancy, disability, sexual orientation, military and veteran status, or other prohibited basis, including without limitation, the County's Non-Discrimination Policy. All nondiscrimination rules or regulations required by law to be included in this Agreement are incorporated herein by this reference.

21.7 AIDS Discrimination. SUBRECIPIENT, by and for itself and its successors and assigns, agrees to comply with the provisions of Chapter 19, Article II, of the Sonoma County Code prohibiting discrimination in housing, employment, and services because of AIDS or HIV infection during the term of this Agreement and any extensions of the term.

21.8 Living Wage Requirements. SUBRECIPIENT, by and for itself and its successors and assigns, shall comply with any and all federal, state, and local laws – including, but not limited to the County of Sonoma Living Wage Ordinance – affecting the services provided by this contract. Without limiting the generality of the foregoing, SUBRECIPIENT expressly acknowledges and agrees that this contract is subject to the provisions of Article XXVI of Chapter 2 of the Sonoma County Code, requiring payment of a living wage to covered employees. Noncompliance during the term of the Funding Agreement will be considered a material breach and may result in termination of the Funding Agreement or pursuit of other legal or administrative remedies. Nonprofit entities shall pay employees providing services pursuant to a service contract or in connection with a county economic development assistance agreement a living wage as established by Sonoma County Code Section 2-377. The Nonprofit living wage rate schedule is located at <https://sonomacounty.ca.gov/CAO/Living-Wage-Ordinance/>.

21.9 Assignment of Rights. SUBRECIPIENT assigns to COMMISSION all rights throughout the world in perpetuity in the nature of copyright, trademark, patent, right to ideas, in and to all versions of the plans and specifications, if any, now or later prepared by SUBRECIPIENT in connection with this Agreement. SUBRECIPIENT agrees to take such actions as are necessary to protect the rights assigned to COMMISSION in this Agreement, and to refrain from taking any action which would impair those rights. SUBRECIPIENT's responsibilities under this provision include, but are not limited to, placing proper notice of

copyright on all versions of the plans and specifications as COMMISSION may direct, and refraining from disclosing any versions of the plans and specifications to any third party without first obtaining written permission of COMMISSION. SUBRECIPIENT shall not use or permit another to use the plans and specifications in connection with this or any other project without first obtaining written permission of COMMISSION.

21.10 Authority. The undersigned hereby represents and warrants that he or she has authority to execute and deliver this Agreement on behalf of SUBRECIPIENT, and all actions required under the SUBRECIPIENT 's organizational documents and applicable governing law for the authorization, execution, delivery and performance of this Agreement and all other documents or instruments executed and delivered, or to be executed and delivered, pursuant to this Agreement, have been duly taken.

21.11 Good Standing. SUBRECIPIENT is a duly organized California nonprofit public benefit corporation validly existing and in good standing under the laws of the State of California and has the power and authority to own its property and carry on its business as now being conducted.

## 22. Miscellaneous Provisions.

22.1 No Waiver of Breach. The waiver by COMMISSION of any breach of any term or promise contained in this Agreement shall not be deemed to be a waiver of such term or provision or any subsequent breach of the same or any other term or promise contained in this Agreement. Any waiver by the COMMISSION of any obligation or condition in this Agreement must be in writing.

22.2 Construction. To the fullest extent allowed by law, the provisions of this Agreement shall be construed and given effect in a manner that avoids any violation of statute, ordinance, regulation, or law. The parties covenant and agree that in the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions hereof shall remain in full force and effect and shall in no way be affected, impaired, or invalidated thereby. SUBRECIPIENT and COMMISSION acknowledge that they have each contributed to the making of this Agreement and that, in the event of a dispute over the interpretation of this Agreement, the language of the Agreement will not be construed against one party in favor of the other. SUBRECIPIENT and COMMISSION acknowledge that they have each had an adequate opportunity to consult with counsel in the negotiation and preparation of this Agreement.

22.3 Consent. Wherever in this Agreement the consent or approval of one party is required to an act of the other party, such consent or approval shall not be unreasonably withheld or delayed.

22.4 No Third Party Beneficiaries. Nothing contained in this Agreement shall be construed to create and the parties do not intend to create any rights in third parties.

22.5 Applicable Law and Forum. This Agreement shall be construed and interpreted according to the substantive law of California, regardless of the law of conflicts to the contrary in any jurisdiction. Any action to enforce the terms of this Agreement or for the breach thereof shall be brought and tried in Santa Rosa or the forum nearest to the city of Santa Rosa, in the County of Sonoma.

22.6 Captions. The captions in this Agreement are solely for convenience of reference. They are not a part of this Agreement and shall have no effect on its construction or interpretation.

22.7 Merger. This writing is intended both as the final expression of the Agreement between the parties hereto with respect to the included terms and as a complete and exclusive statement of the terms of the Agreement, pursuant to Code of Civil Procedure Section 1856. No modification of this Agreement shall be effective unless and until such modification is evidenced by a writing signed by both parties.

22.8. Survival of Terms. All express representations, waivers, indemnifications, and limitations of liability included in this Agreement will survive its completion or termination for any reason.

22.9 Time of Essence. Time is and shall be of the essence of this Agreement and every provision hereof.

22.10 Parties Bound. Except as otherwise limited herein, the provisions of this Agreement shall be binding upon and inure to the benefit of the parties and their heirs, executors, administrators, legal representatives, successors and assigns.

22.11 Severability. If any term of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remainder of the provisions shall continue in full force and effect unless the rights and obligations of the parties have been materially altered or abridged by such invalidation, voiding or unenforceability.

IN WITNESS WHEREOF, the parties hereto have executed this instrument or caused this Agreement to be executed by their duly authorized agents this 9 day of July, 2020.

**SONOMA COUNTY COMMUNITY  
DEVELOPMENT COMMISSION**

**By:**



**Barbie Robinson, Interim Executive Director**

**INTERFAITH SHELTER NETWORK  
SONOMA VALLEY COORDINATED ENTRY ACCESS  
POINTS**

**By:**



**Pamela Wallace, Executive Director**

## **EXHIBIT A SCOPE OF WORK**

### **1. Services to be Provided**

#### **1.1 SUBRECIPIENT Duties**

1.1.1. SUBRECIPIENT shall provide services defined and set forth in Exhibit A-1 attached hereto and incorporated by this reference.

1.1.2. SUBRECIPIENT shall provide all necessary qualified personnel for performance of services under this Agreement.

1.1.3. SUBRECIPIENT shall record services and submit reports as required by COMMISSION, enumerating all services delivered to clients. SUBRECIPIENT shall make available to COMMISSION all records necessary to conduct thorough and comprehensive contract monitoring and auditing, and to conduct research and evaluation concerning SUBRECIPIENT and project as appropriate under terms of this Agreement.

1.1.4. SUBRECIPIENT agrees to provide a written quarterly report ten (10) days after the end of each quarter. Each quarterly report shall describe the progress of the project. Within ten (10) days after the termination date of this Agreement, SUBRECIPIENT agrees to submit to COMMISSION a final report that will address the accomplishments made during the funding period. All quarterly and final reports shall be submitted in a form specified by COMMISSION. SUBRECIPIENT, if a non-profit California Corporation, agrees to submit minutes of their Board of Directors meetings to the COMMISSION, electronically or in hard copy, in a timely fashion.

2. Homeless Housing, Assistance and Prevention Program: The Scope of Work for this Agreement shall include one-time uses that are consistent with Chapter 6 (commencing with Section 50216) is added to Part 1 of Division 31 of the Health and Safety Code, and all other relevant provisions established under AB 101. The general purpose of the Program is to provide one-time block grant funding to support regional coordination, and to expand or develop local capacity to address immediate homelessness challenges. Activities will be informed by a best-practices framework focused on moving homeless individuals and families into permanent housing and supporting the efforts of those individuals and families to maintain their permanent housing.

## **EXHIBIT A-1 SCOPE OF WORK**

**Organizational Name:**           **Interfaith Shelter Network**  
**Project Name:**                   **Sonoma Valley Coordinated Entry Access Point**

The Sonoma County Community Development Commission (COMMISSION) has awarded **Interfaith Shelter Network \$48,675.68** to operate a **Sonoma Valley Coordinated Entry Access Point**, a Comprehensive Coordinated Entry Access project serving the Sonoma Valley, based at Sonoma Overnight Support, at 151 West 1<sup>st</sup> Street, Sonoma, California. The **Sonoma Valley Coordinated Entry Access Point** will serve homeless families and children and will serve all homeless populations identified in the Sonoma Valley. The project will measure three outcomes as project deliverables: 1) the number and percent of all participants entering either temporary or permanent housing, 2) the number of days in the program before entering permanent housing, and 3) HMIS data quality as defined by the prevailing HMIS Data Standards as stated in Exhibit D of this agreement.

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 (CoC) 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 the severity of needs and ensuring that people can receive assistance in a timely fashion. Utilization of the VI-SPDAT as the standardized assessment tool enables providers to ensure those experiencing homelessness have equal access to housing and resources.

**Sonoma Valley Coordinated Entry Access Point** staff will input client data into the Homeless Management Information System (HMIS), following all relevant data quality standards, and will refer all participants to appropriate City, County, State, and other local services. **Interfaith Shelter Network** will participate in technical assistance to develop and increase their capacity to deliver services using “Housing First” principles adopted as California State Law SB1380: [https://leginfo.ca.gov/faces/billNavClient.xhtml?bill\\_id=201520160SB1380](https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB1380). **Interfaith Shelter Network** will use the Sonoma County Coordinated Entry Policies and Procedures as the minimum operating standard for programming at **Sonoma Valley Coordinated Entry Access Point**.

Quarterly Reports must be submitted in a timely and accurate manner by the 10<sup>th</sup> of the month following each quarter using the prescribed reporting format. **Interfaith Shelter Network** will report on the number of individuals and households, income, demographics, race, ethnicity, outcome performance, and changes in staffing. A narrative description will describe changes or adjustments to services offered, challenges experienced achieving project goals or managing the contract. As described in Exhibit B, reimbursement requests must be submitted at least quarterly, not more often than monthly, and must include a copy of a General Ledger for the period covered and a Year to Date General Ledger.

Per Exhibit H of this Funding Agreement, **Interfaith Shelter Network** is expected to comply with Title III of the Americans with Disabilities Act of 1990, as amended by the ADA Amendments Act of 2008, and is required to submit a Reasonable Accommodation policy and a Client Grievance Policy and Procedure, approved by the organization's Board of Directors. The final Board approved policies must be submitted to COMMISSION by October 31, 2020. **Interfaith Shelter Network** agrees to document and report on the number of reasonable accommodation requests, the numbers and descriptions of the accommodations made, as well as any denials, in each Quarterly Reporting.

This agreement will begin on July 1, 2020, and will expire on June 30, 2021.

**Estimated Unduplicated Numbers served by the project:**

**125** Households

**150** Adults

**30** Children

**HMIS Participation**

☒ Required ☐ Project will be HMIS Service Only setup ☐ Not Applicable

- Participant Demographics, Program Entry/Exit, Housing Entry, Services Entry & Referrals

Project Title in HMIS: Coordinated Entry for Sonoma Valley

**Verification of Homeless and Documentation Requirements per HUD Homeless Status Definition Final Rule, December 5, 2011, CFR Parts 91, 582, and 583:**

☒ Required ☐ Not Applicable

**Verification of Chronic Homelessness Status per HUD Chronically Homeless Definition Final Rule, December 4, 2016, 24 CFR Parts 91 and 578:**

☒ Required ☐ Not Applicable

**Verification of At-Risk of Homelessness and Documentation Requirements per ESG Interim Rule, December 5, 2012, CFR Parts 91, 582 and 583:**

☐ Required ☒ Not Applicable

**Coordinated Intake Participation**

- ☒ Required ☐ Not Applicable (Participants will not meet Homelessness definitions #1 or #2)
- ☐ *This project is required to accept referrals only from Coordinated Entry System.*

## Participation in Continuum of Care Program Standards Development and Review

☒ Required    ☐ Not Applicable    **Coordinated Entry Policies and Procedures**  
*See Exhibit G, Program Standards for Homeless Services Programs.*

### Reporting Requirements:

SUBRECIPIENT shall report quarterly on approved COMMISSION formatted template the following data:

1. Unduplicated Individuals and or Households served during the reporting period
2. Race, Ethnicity and Income Levels
3. ESG CAPER data entered and meeting data standards
4. Status on the following CDC approved Outcomes

| <b>Outcome Number</b> | <b>Outcome Indicator</b><br>Select an Outcome Indicator that you will measure your success against.             | <b>Project Goal</b><br>Briefly describe how your project will work towards achievement the specified Outcome Indicator  | <b>Quantitative Measure</b><br>Identify a numerical increase or decrease for the specified Outcome Indicator |
|-----------------------|---|---|--|
| <b>1</b>              | <b>Ending Homelessness Housing Indicators</b><br>Shelter or Transitional Housing:<br>Exits to Permanent Housing | Assist homeless families to quickly resolve housing crises <ul style="list-style-type: none"> <li>40% of households with children placed in safe housing</li> <li>21% of households with children exited to permanent housing</li> </ul>          | 40% or<br>14 of 30   |
| <b>2</b>              | <b>Other Ending Homelessness Indicators</b><br>Days to permanent housing placement                              | Assist homeless individuals to quickly resolve housing crises <ul style="list-style-type: none"> <li>78% of households without children placed in safe housing</li> <li>21% of households without children exited to permanent housing</li> </ul> | 78% or<br>74 of 95   |
| <b>3</b>              | <b>HMIS Data Quality Expectation</b>  | HUD Data Quality Report: fewer than 5% errors on questions 2, 3 and 4; on question 6, fewer than 5% of project entry or project exit records in more than 6 days.   | Question 2: <5%<br>Question 3: <5%<br>Question 4: <5%<br>Question 6: <5% in more than 6 days                 |

Additional Reports/Requirements: SUBRECIPIENT may be requested to provide additional data to the COMMISSION in the response to a county, state or federal report and/or inquiry request. If this situation should arise, SUBRECIPIENT shall provide the COMMISSION with the requested data.



## **EXHIBIT B**

### **FISCAL PROVISIONS AND BUDGET**

1. Fiscal Responsibilities. In consideration of the obligations to be performed by SUBRECIPIENT herein, SUBRECIPIENT shall be reimbursed for its actual costs, within the spending plan/paid according to the schedule depicted in Exhibit B-1. Notwithstanding the foregoing, the total amount to be paid to SUBRECIPIENT under the terms of this Agreement shall in no case exceed the sum noted in Section 4 of the Agreement.

1.1. Claiming and Documentation. Subrecipient shall receive reimbursement for its actual expenses by submitting a Subrecipient Reimbursement Request at least quarterly. All costs reported by Subrecipient in its Subrecipient Reimbursement Request, shall be supported by appropriate accounting documentation. The documentation shall establish that COMMISSION is charged a fair and equitable portion of any indirect or shared costs attributable to services performed under this Agreement.

1.3.1 COMMISSION reserves the right to withhold payments pending timely delivery of program reports or documents as may be required under this Agreement.

1.2. No Supplantation. SUBRECIPIENT must not claim reimbursement under this Agreement for expenditures reimbursed or financed by any other private or federal, state, or local government source. No supplantation of program financing by SUBRECIPIENT is contemplated or allowed.

1.3. Indirect Cost Rate. SUBRECIPIENT is responsible for providing an approved Indirect Cost Rate in accordance with 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, for the Agreement year, when claiming indirect and/or administrative costs under this Agreement.

1.3.1. SUBRECIPIENT must submit an Indirect Cost Rate Proposal to COMMISSION for approval within thirty (30) days following execution of this Agreement unless SUBRECIPIENT has a current negotiated rate letter with another Agency. In such case, SUBRECIPIENT must provide a copy of the negotiated rate letter within the above timeframe.

1.3.2. Indirect and/or administrative costs intended to be claimed under this Agreement will not be reimbursed without an approved Indirect Cost Rate or the provision of SUBRECIPIENT's cost allocation plan for the Agreement year.

1.4 Financial Records. SUBRECIPIENT understands and accepts its obligation to establish and maintain records of all program expenditures, for a minimum of five (5) years after the end date of this funding agreement.

1.4.1. SUBRECIPIENT shall make available for inspection and audit to representatives of COMMISSION, county, federal, and/or state governments all books, financial records, program information, and other records pertaining to the overall operation of SUBRECIPIENT and this Agreement, and shall allow said representatives to review and inspect its facilities and program operation of this Agreement to assure compliance with all applicable local, state, and/or federal regulations. SUBRECIPIENT shall maintain the accounting records in conformity with generally accepted accounting principles and as directed by COMMISSION.

1.4.2. If it should be determined during the term of this Agreement by the COMMISSION and/or Board of Commissioners that funds are not being utilized by SUBRECIPIENT in accordance with this Agreement, an audit may be ordered of SUBRECIPIENT's books, financial records, and program records. The cost of this audit shall be deducted from the total paid to SUBRECIPIENT through this Agreement.

1.4.3. In the event that SUBRECIPIENT terminates its business activities, all records related to this Agreement shall be promptly delivered to COMMISSION by SUBRECIPIENT. SUBRECIPIENT shall be liable for any and all attorneys' fees incurred by COMMISSION in recovering records pursuant to this section.

1.5 Procurement. No procurement is authorized which is not specifically identified and approved herein. No equipment or capital projects are to be financed with this grant.

1.6. Funding Contingency. Notwithstanding anything contained in the Agreement to the contrary, SUBRECIPIENT acknowledges that any payments to be made to it as provided herein shall be expressly contingent upon the receipt of sufficient funds by COMMISSION.

2. Transfer of Program Funds/Budget Adjustments. The Community Development Commission Executive Director or designee is authorized to approve and execute the transfer of funds between cost categories set forth in Exhibit B-1, and to approve and execute other changes to the Agreement, so long as such changes do not result in a significant change to the program design or an increase in COMMISSION'S maximum financial obligation as set forth in Section 4 of this Agreement. COMMISSION'S written approval is required prior to the transfer of any program funds between cost categories set forth in the Exhibit B-1.

3. Closeout. Final reimbursement request is due within ten (10) days of fiscal year end.

4. Repayment. SUBRECIPIENT is responsible for the repayment of all audit exceptions and disallowances taken by COMMISSION, county, state, or federal agencies related to activities conducted by SUBRECIPIENT under this Agreement.

**EXHIBIT B-1**  
**Budget**

**Interfaith Shelter Network**  
**Sonoma Valley Coordinated Entry Access Points**

| <b>IFSN - Sonoma Valley Coordinated Entry Access Points</b> | <b>Homeless Housing Assistance and Prevention (HHAP)</b> | <b>County General Funds</b> | <b>TOTAL</b>       |
|---|--|-----------------------------|--------------------|
| <b>Personnel</b>  | \$24,833.51  | \$4,371.49                  | \$29,205.00        |
| <b>Operating Expense</b>                                    | \$19,470.68  | 0.00                        | \$19,470.68        |
| <b>TOTAL</b>  | <b>\$44,304.19</b>                                       | <b>\$4,371.49</b>           | <b>\$48,675.68</b> |

**Notes:**

1. Final reimbursement request is due by July 10, 2021.

**EXHIBIT D**  
**Homeless Management Information System (HMIS)**

As stated more specifically in the HOME Sonoma County Homeless Management Information System Participant Agreement, SUBRECIPIENT must be in “good standing” in collecting and entering current, accurate, and comprehensive data that reflects the homeless program services delivered by SUBRECIPIENT into the COMMISSION’s Efforts to Outcomes (EtO) Homeless Management Information System (HMIS) licensed by Social Solutions Group as a condition of funding under this Agreement.

A. HMIS “Good Standing”: Good Standing is defined as timely data entry, complete and accurate data reflective of the Participant status at Intake, Update and Exit and as defined by the prevailing HMIS Data Standards.

1. Timely data entry:

- a. Unless otherwise approved in writing and attached to this agreement, entry of data into EtO HMIS within five (5) business days of the event that generated by the data collection (i.e., Participant Intake, Entry and Exit from Program, and required annual updates if Participant is participating for longer than one year in the program).

2. Accurate and Complete Data:

- a. All homeless Participant data for Covered Homeless Organizations (CHO’s) will be entered into the EtO HMIS unless approved in writing and attached to this agreement.
- b. 95% of all HUD or Sonoma County defined mandated data points are supplied (fields do NOT reflect a “Null”, “Don’t Know or Refused” OR “Data Not Collected” value).
- c. The HUD Data Quality reports (required Quarterly Reporting for each homeless program) will reflect a 95% or higher data completeness and quality result at all times.

3. Data Collection Methodology:

- a. SUBRECIPIENT shall adhere to the most current HMIS Data Standards and Sonoma County HMIS Lead designed program workflow(s) for each homeless program type.

B. User Training: All Users of the HMIS will receive general HMIS User Training and Security and Ethics prior to receiving login credentials to the HMIS. Additionally, all HMIS Users shall receive updated Security and Ethics training annually.  
**SUBRECIPIENT shall report Users departing their HMIS role for any reason within 24 hours of their departure for removal of user from the EtO HMIS.**

- C. Required Quarterly Reporting: SUBRECIPIENT shall utilize data from the following reports as the basis for quarterly report submissions and include with their report submission:
- a. HUD Data Quality report for the program being reported with a data range from the start of the fiscal year to the end of the required report period (cumulative)
  - b. The 1-Sono – 0607-CDBG/CAPER (CDC Quarterly & Other Grant Reporting)
- D. HMIS Financial Match and Other Financial Requirement: SUBRECIPIENT agrees to pay the calculated fair share portion of the McKinney-Vento required funding match within 60 days of billing by the Commission. SUBRECIPIENT also agrees to provide the Commission with leveraging information within 30 days of request.
- E. Homeless Count Participation: SUBRECIPIENT will take part in annual sheltered Homeless Count by maintaining accurate and up-to-date data in good standing and being responsive to the Continuum of Care and HMIS Coordinators' requests for current and accurate information prior to and after the Homeless Count. SUBRECIPIENT will take part in the annual unsheltered Homeless Count by assigning staff to assist in the Count process and by making facilities and other SUBRECIPIENT resources available to support the Count commensurate to the size of the SUBRECIPIENT's homelessness program relative to the overall HOME Sonoma County program.
- F. Sonoma County Homeless Coordinated Entry Participation: SUBRECIPIENT shall agree to participate in the CE system by referring homeless participants directly to CE for screening and assessment, communicating with the CE subcontractor about program referral placement and/or reasons for declining participants. Determination of participant referrals will be completed within a timely manner of three business days or less.

## **EXHIBIT E**

### **State and Federal Funding Requirements**

#### **1. General Compliance:**

The SUBRECIPIENT agrees to comply with the requirements of Title 24 of the Code of Federal Regulations, Part 570 (the Housing and Urban Development regulations concerning federal Community Development Block Grant program (CDBG)) and/or Part 576 (the Housing and Urban Development regulations concerning federal Emergency Solutions Grant Program (ESG)), and/or Part 578 (the Housing and Urban Development regulations concerning the federal Continuum of Care (CoC) program), as relevant. The SUBRECIPIENT also agrees to comply with all other applicable federal, state and local laws, regulations, and policies governing the funds provided under this contract. The SUBRECIPIENT further agrees to utilize federal funds available under this Agreement to supplement rather than supplant funds otherwise available.

Both parties have entered into this Agreement in reliance on the representation of the federal government that the program funding will continue. Notwithstanding any other provision of this Agreement, COMMISSION retains the right in its sole discretion and without notice to terminate or reduce the amount payable to SUBRECIPIENT under this Agreement in the event that the Federal government does not fund in the amount projected at the time this Agreement is executed. SUBRECIPIENT agrees that maximum amount payable under this Agreement by COMMISSION shall not exceed the amount actually funded by the federal government.

#### **2. Program Income**

"Program income" means amounts received by SUBRECIPIENT generated from the use of federal funds as defined at 24 CFR 570.500. Program income includes, but is not limited to, the following: 1) proceeds from the disposition by sale or long-term lease of real property purchased or improved with federal funds; 2) proceeds from the disposition of equipment purchased with federal funds; 3) gross income from the use or rental of real or personal property acquired by SUBRECIPIENT with federal funds, less costs incidental to generation of the income; 4) gross income from the use or rental of real property, owned by SUBRECIPIENT, that was constructed or improved with federal funds, less costs incidental to generation of the income; 5) payments of principal and interest on loans made using federal funds; 6) proceeds from the sale of loans made with federal funds; 7) proceeds from the sale of obligations secured by loans made with federal funds; 8) interest earned on program income pending its disposition; and 9) funds collected through special assessments made against properties owned and occupied by households not of low and moderate income, where the assessments are used to recover all or part of the federally funded portion of a public improvement.

Under the Community Development Block Grant Program (CDBG, 24 CFR 570.503), any program income received by SUBRECIPIENT shall be immediately returned to

COMMISSION. This provision shall survive the termination or expiration of this Agreement.

Under the Emergency Solutions Grant Program, (ESG, 24 CFR 576.3 and 576.201), program income includes any amount of a security or utility deposit returned to SUBRECIPIENT; eligible ESG costs paid by program income shall count toward meeting the COMMISSION'S matching requirements. Financial records of receipt and use of program income must be retained per the records retention policies in paragraph 10(b), Records.

Under the Continuum of Care Program (CoC, 24 CFR 578.97), program income is the income received by the SUBRECIPIENT directly generated by a grant-supported activity. Program income earned during the grant term shall be retained by the SUBRECIPIENT, and used for eligible activities in accordance with 24 CFR 578 Subpart D. Costs incident to the generation of program income may be deducted from gross income to calculate program income, provided that the costs have not been charged to grant funds.

Under the Homeless Housing, Assistance and Prevention (HHAP), program income may be generated by activities carried out with HHAP funds made available under this Agreement. The SUBRECIPIENT may use such income only during the term of this Agreement and only for activities permitted under this Agreement and shall reduce requests for additional funds by the amount of any such program income balances on hand. All unexpended program income shall be returned to COMMISSION at the completion of the Agreement.

3. Compliance with Emergency Solutions Grant Program, 24 CFR 576 Subpart E

Per § 576.400 (d), once the Continuum of Care has developed a centralized assessment system or a coordinated assessment system in accordance with requirements to be established by HUD, each ESG funded program or project within the Continuum of Care's area must use that assessment system.

Per § 576.400 (e), as the administrative agency for the Urban County and Administrative Entity for the State ESG Program, COMMISSION has developed written standards for providing Emergency Solutions Grant (ESG) assistance, attached as Exhibit G, and will consistently apply those standards for all program participants. SUBRECIPIENT shall comply with all written standards developed by HOME Sonoma County and adopted by the HOME Sonoma County Leadership Council, acting as the Continuum of Care Board.

Per § 576.400 (f), data on all persons served and all activities assisted under ESG and State ESG are entered into the applicable community-wide HMIS in the area in which those persons and activities are located, or a comparable database, in accordance with HUD's standards on participation, data collection, and reporting under a local HMIS. Specific HMIS requirements are included in Exhibit D.

Per § 576.405 (c), SUBRECIPIENT must involve homeless individuals and families in constructing, renovating, maintaining and operating facilities assisted under ESG, in providing services assisted under ESG, and in providing services for occupants of facilities assisted under ESG. This involvement may include employment or volunteer services.

#### 4. Compliance with Continuum of Care Program, 24 CFR 578

Per § 578.23 (c)(9), SUBRECIPIENT must use the coordinated assessment system established by the Continuum of Care. A victim service provider may choose not to use the Continuum of Care's coordinated assessment system, provided that victim service providers use a centralized or coordinated assessment system that meets HUD's minimum requirements and the victim service provider uses that system instead.

Per § 578.75 (e), SUBRECIPIENT must conduct an ongoing assessment of the supportive services needed by the participants in the project, the availability of such services, and the coordination of services needed to ensure long-term housing stability.

Per § 578.75 (g), SUBRECIPIENT must provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors or other equivalent policymaking entity of the SUBRECIPIENT, to the extent that such entity considers and makes policies and decisions regarding any project, supportive services, or assistance provided under this part. This requirement is waived if the SUBRECIPIENT is unable to meet such requirement and obtains HUD approval for a plan to otherwise consult with homeless or formerly homeless persons when considering and making policies and decisions. Each SUBRECIPIENT must, to the maximum extent practicable, involve homeless individuals and families through employment; volunteer services; or otherwise in constructing, rehabilitating, maintaining, and operating the project, and in providing supportive services for the project.

#### 5. Executive Order 11246 -- Employment and Contracting Opportunities

Executive Order 11246, as amended by Executive Orders 11375, 11478, 12086 and 12107, and all regulations pursuant thereto (41 CFR Chapter 60) states that no person shall be discriminated against on the basis of race, color, religion, sex, or national origin in all phases of employment during the performance of Federal or federally-assisted contracts and affirmative action shall be taken to ensure equal employment opportunity. SUBRECIPIENT will incorporate, or cause to be incorporated, into any contract for construction work or modification thereof, as defined in the regulations of the Secretary of Labor at 41 CFR Chapter 60, which is paid for in whole or in part with funds obtained from the federal government or borrowed on the credit of the federal government pursuant to a grant, contract, loan, insurance, or guarantee, the following equal opportunity clause:

#### 6 Use of Debarred, Suspended or Ineligible SUBRECIPIENTS or Subcontractors



The SUBRECIPIENT agrees that assistance provided under this Agreement shall not be used directly or indirectly to employ, award contracts to, or otherwise engage the services of, or fund any SUBRECIPIENT or subcontractor during any period of debarment, suspension, or placement in ineligible status (24 CFR Part 24).

7. Compliance with 2 CFR Part 200

SUBRECIPIENT shall comply with the requirements and standards of 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

8. Lobbying Restrictions

SUBRECIPIENT agrees, to the best of its knowledge and belief:

No federal appropriated funds have been paid or will be paid, by or on behalf of SUBRECIPIENT, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with this federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and the language of this paragraph shall be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all SUBRECIPIENTS shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

9. Environmental Standards

The SUBRECIPIENT agrees to comply with the requirements of the National Environmental Policy Act of 1969 as specified in regulations issued pursuant to Section 104(g) of the Housing and Community Development Act and contained in 24 CFR part

58 and the Environmental and Historic Preservation Standard under 24 C.F.R. Part 58, which prescribes procedures for compliance with the National Environmental Policy Act of 1969 (42 U.S.C. 4321-4361), and the additional laws and authorities listed at 24 C.F.R. 58.5.

10. Fair Housing and Equal Opportunity Certifications

SUBRECIPIENT hereby assures and certifies that it will comply with the following Acts and/or Executive Orders:

a) Civil Rights Act of 1964 (Title VI)

Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.; P.L. 88-352) and regulations pursuant thereto (Title 24 CFR Part I) states that no person in the United States shall, on the basis of race, color, national origin, or sex, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity receiving Federal financial assistance extended to SUBRECIPIENT. This assurance shall obligate SUBRECIPIENT, or in the case of any transfer, the transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

b) Fair Housing Act of 1968 and implementing regulations at 24 C.F.R. Part 100

The Fair Housing Act (42 U.S.C. 3601-3620; P.L. 90-284) states that it is the policy of the United States to provide, within constitutional limitations, for fair housing throughout the United States and prohibits any person from discriminating in the sale or rental of housing, the financing of housing, or the provision of brokerage services, including in any way making unavailable or denying a dwelling to any person, because of race, color, religion, sex, national origin, handicap or familial status. SUBRECIPIENT shall administer all programs and activities assisted under this Agreement in a manner to affirmatively further the policies of the Fair Housing Act.

c) Executive Order 11063 -- Equal Opportunity in Housing

Executive Order 11063, as amended by Executive Order 12259, and regulations pursuant thereto (24 CFR Part 107), prohibits discrimination because of race, color, creed, sex, or national origin in the sale, leasing, rental or other disposition of residential property and related facilities (including land to be developed for residential use), or in the use or occupancy thereof, if such property and related facilities are provided with Federal financial assistance.

d) Section 109 of the Housing and Community Development Act of 1974

Section 109 of the Housing and Community Development Act of 1974 states that no person in the United States shall on the basis of race, color, national origin, or sex be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity funded in whole or in part with funds made available under this title.

Section 109 further provides that any prohibition against discrimination on the basis of age under the Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.) or with respect to an otherwise qualified handicapped person as provided in section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) shall also apply to any program or activity funded in whole or in part with funds made available pursuant to Section 109.

e) Executive Order 13166 – Limited English Proficiency

The Limited English Proficiency (LEP) Guidelines, based upon Title VI of the Civil Rights Act of 1964 (24 CFR 1.4 Executive Order 13166) requires recipients of federal funding to provide language translation or interpreter services to its clients and potential clients who are limited in English proficiency.

A person with Limited English Proficiency (LEP) is a person who does not speak English as their primary language and who has a limited ability to read, write, speak or understand English. Affirmative steps must be taken to communicate with people who need services or information in a language other than English. A policy must be developed to serve applicants, participants, and/or persons eligible for housing assistance and support services.

The SUBRECIPIENT must analyze the various kinds of contacts it has with the public, to assess language needs and decide what reasonable steps should be taken. In order to determine the level of access needed by LEP persons, the following four factors must be balanced:

1. the number or proportion of LEP persons eligible to be served or likely to be applying for program services;
2. the frequency with which LEP persons utilize these programs and services;
3. the nature and importance of the program, activity, or service provided; and
4. the benefits from providing LEP services, and the resources available and costs to the CDC for those services.

Balancing these four factors will ensure meaningful access by LEP persons to critical services while not imposing undue burdens on the SUBRECIPIENT. SUBRECIPIENT shall develop and implement a LEP policy consistent with the above guidelines and provide the COMMISSION with copies of its LEP Policy.

f) Section 504 of the Rehabilitation Act of 1973 and Title III of the Americans with Disabilities Act

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits discrimination based on handicap in federally assisted and conducted programs and activities.

Title III of the Americans with Disabilities Act (28 CFR 36, Subpart B) prohibits discrimination on the basis of disability in the full and equal enjoyment of the goods, services, facilities, or accommodations of any place of public accommodation by any private entity. Per Exhibit H of this Funding Agreement, SUBRECIPIENT is required to submit a Reasonable Accommodation policy approved by the organization's Board of Directors. The final Board approved policies must be submitted to COMMISSION by October 31, 2019. SUBRECIPIENT agrees to document and report on reasonable accommodation requests in each Quarterly Reporting.

g) Age Discrimination Act of 1975

The Age Discrimination Act of 1975, as amended, prohibits discrimination because of age in programs and activities receiving Federal financial assistance.

h) Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs

The Equal Access/Gender Identity Final Rule (24 CFR Part 5) ensures equal access for individuals in accordance with their gender identity in programs and shelter funded under programs administered by HUD's Office of Community Planning and Development (CPD). This rule amended HUD's definition of "gender identity" to more clearly reflect the difference between actual and perceived gender identity and eliminates the prohibition on inquiries related to sexual orientation or gender identity, so that service providers can ensure compliance with the rule. For more information, see <https://files.hudexchange.info/resources/documents/Equal-Access-Final-Rule-2016.pdf>.

i) Executive Orders 11625, 12432, 12138 as amended by Executive Order 12608 - Minority and Women Owned Business Opportunities

These Executive Orders state that program participants shall take affirmative action to encourage participation by businesses owned and operated by minority groups and women.

10. Other Federal Requirements

a) Audit Requirements

SUBRECIPIENT shall comply with audit requirements of 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Specifically, SUBRECIPIENT shall obtain an annual program specific or single audit, as required. SUBRECIPIENT shall provide a copy of such audit together with any management letters and supplementary or related audit letters or reports to COMMISSION within 9 months after the end of the SUBRECIPIENT's fiscal year. The

audit shall include a supplementary schedule showing all revenues and expenditures of CDBG funds and other federal funds for the fiscal year.

b) Records

SUBRECIPIENT agrees to make available for inspection and audit to representatives of COMMISSION, federal, state, and/or local county governments, their employees or agents, all books, financial records, program information, and other records pertaining to the overall operation of SUBRECIPIENT, and this Agreement and to maintain said records for a minimum of five (5) years from the date of COMMISSION's submission of the annual performance and evaluation report in which the funded activity is reported on for the final time. SUBRECIPIENT further agrees to allow said representatives to review and inspect its facilities and program operations. Said representatives may monitor the operation of this Agreement to assure compliance with all applicable local, state, and federal regulations.

If COMMISSION should determine that SUBRECIPIENT is not using funds in accordance with this Agreement, or that the COMMISSION does not have sufficient information to determine whether or not the SUBRECIPIENT is using funds in accordance with this Agreement, COMMISSION may order an audit of SUBRECIPIENT's books and financial program records. The cost of this audit shall be deducted from the total paid to SUBRECIPIENT under this Agreement.

SUBRECIPIENT agrees that in the event that the program established herewith is subjected to audit exceptions by COMMISSION agencies, it shall be responsible for complying with all exceptions and will pay to COMMISSION the full amount of COMMISSION's liability to the state and/or federal government resulting from such exceptions.

All provisions of this Agreement that require availability of records or reporting shall survive termination of this Agreement.

c) Conflict of Interest

1. Interest of Members of a City or County: No members of the governing body of a city or county and no other officer, employee, or agent of the city or county who exercises any functions or responsibilities in connection with the planning and carrying out of the program, shall have any personal financial interest, direct or indirect, in this Agreement; and the SUBRECIPIENT shall take appropriate steps to assure compliance.

2. Interest of Other Local Public Officials: No members of the governing body of the locality and no other public official of such locality, who exercises any function or responsibilities in connection with the planning and carrying out of the program, shall have any personal financial interest, direct or indirect, in this Agreement; and the SUBRECIPIENT shall take appropriate steps to assure compliance.

3. Interest of SUBRECIPIENT and Employees: SUBRECIPIENT understands that COMMISSION is a recipient of federal funds and that by virtue of this Agreement, SUBRECIPIENT is a subrecipient of those funds. As such, SUBRECIPIENT further understands that certain Federal laws relating to conflict of interest apply to SUBRECIPIENT, its officers, agents, employees, and constituents; specifically, those laws are contained in 2 CFR Section 200.318.

d) Reversion of Assets

Upon expiration of this Agreement, SUBRECIPIENT shall transfer to COMMISSION any federal funds on hand at the time of expiration and any accounts receivable attributable to the use of federal funds.

e) Political Activity Prohibited

None of the funds, materials, property or services contributed by COMMISSION or SUBRECIPIENT under this Agreement shall be used for any partisan political activity, or to further the election or defeat of any candidate for public office.

f) Religious Activity Prohibited

There shall be no religious worship, instruction, or proselytization as part of, or in connection with, the performance of this Agreement.

g) Publication Rights and Copyrights

If this Agreement results in any copyrightable material or inventions, the COMMISSION reserves the right to royalty-free, non-exclusive and irrevocable license to reproduce, publish or otherwise use and to authorize others to use, the work or materials for government purposes.

h) Lead-Based Paint. The requirement of the Lead-Based Paint Poisoning Prevention Act, as amended (42 U.S.C. 4821 et seq.), the Residential Lead-Based Paint Hazard Reduction Act (42 U.S.C. 4851 et seq.), and implementing regulations at 24 C.F.R. Part 35.

i) Relocation. The requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (42 U.S.C. 4601, et seq.) and implementing regulations at 49 C.F.R. Part 24; 24 C.F.R. 570.606; Section 104(d) of the Housing and Community Development Act of 1974 and implementing regulations at 24 C.F.R. Part 42 et seq.; and California Government Code Section 7260 et seq. and implementing regulations at 25 California Code of Regulations Sections 6000 et seq.

j) Discrimination against the Disabled. The requirements of the Fair Housing Act (42 U.S.C. 3601 et seq.) and implementing regulations at 24 C.F.R. Part 100; Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), and federal regulations issued pursuant

thereto, which prohibit discrimination against the disabled in any federally assisted program, the requirements of the Architectural Barriers Act of 1968 (42 U.S.C. 4151-4157) and the applicable requirements of Title II and/or Title III of the Americans with Disabilities Act of 1990 (42 U.S.C. 12131 et seq.), and federal regulations issued pursuant thereto.

k) Clean Air and Water Acts. The Clean Air Act, as amended, 42 U.S.C. 7401 et seq., the Federal Water Pollution Control Act, as amended, 33 U.S.C. 1251 et seq., and the regulations of the Environmental Protection Agency with respect thereto, at 40 C.F.R. Part 1500, as amended from time to time.

l) Uniform Administrative Requirements. The provisions of 24 C.F.R. Part 570.502 regarding cost and auditing requirements.

m) Training Opportunities. The requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u ("Section 3"), requiring that to the greatest extent feasible opportunities for training and employment be given to lower income residents of the project area and agreements for work in connection with the project be awarded to business concerns which are located in, or owned in substantial part by persons residing in, the areas of the project.

n) Labor Standards. The applicable labor requirements set forth in 24 C.F.R. Section 570.603, the prevailing wage requirements of the Davis-Bacon Act and implementing rules and regulations (40 U.S.C. 3141-3148); the Copeland "Anti-Kickback" Act (40 U.S.C. 276(c)) which requires that workers be paid at least once a week without any deductions or rebates except permissible deductions; the Contract Work Hours and Safety Standards Act – CWHSSA (40 U.S.C. 3701-3708) which requires that workers receive "overtime" compensation at a rate of 1-1/2 times their regular hourly wage after they have worked forty (40) hours in one (1) week; and Title 29, Code of Federal Regulations, Subtitle A, Parts 1, 3 and 5 are the regulations and procedures issued by the Secretary of Labor for the administration and enforcement of the Davis-Bacon Act, as amended.

o) Drug Free Workplace. The requirements of the Drug Free Workplace Act of 1988 (P.L. 100-690) and implementing regulations at 24 C.F.R. Part 24.

p) Violence Against Women. The requirements of the Violence Against Women Reauthorization Act of 2013 (Pub. L. 113-4, 127 Stat. 54) applicable to HUD-funded programs.

q) HUD Regulations. Any other HUD regulations present or as may be amended, added, or waived in the future pertaining to the funds provided under the Agreement.

## **Exhibit F**

### **Insurance Requirements for Homeless Service Programs**

#### **Section I – Insurance to be maintained by SUBRECIPIENT**

SUBRECIPIENT shall maintain insurance as described below unless such insurance has been expressly waived by the attachment of a *Waiver of Insurance Requirements*. The insurance shall be maintained for Fiscal Year 2020 – 2021 after all funds have been disbursed.

COMMISSION reserves the right to review any and all of the required insurance policies and/or endorsements, but has no obligation to do so. COMMISSION's failure to demand evidence of full compliance with the insurance requirements set forth in this Agreement or COMMISSION's failure to identify any insurance deficiency shall not relieve SUBRECIPIENT from, nor be construed or deemed a waiver of, its obligation to maintain the required insurance at all times during the performance of this Agreement.

#### **1. Workers Compensation and Employers Liability Insurance**

- a. Required if SUBRECIPIENT has employees as defined by the Labor Code of the State of California.
- b. Workers Compensation insurance with statutory limits as required by the Labor Code of the State of California.
- c. Employers Liability with minimum limits of \$1,000,000 per Accident; \$1,000,000 Disease per employee; \$1,000,000 Disease per policy.
- d. **Required Evidence of Insurance:** Certificate of Insurance.

If SUBRECIPIENT currently has no employees as defined by the Labor Code of the State of California, SUBRECIPIENT agrees to obtain the above-specified Workers Compensation and Employers Liability insurance should employees be engaged during the term of this Agreement or any extensions of the term.

#### **2. General Liability Insurance**

- a. Commercial General Liability Insurance on a standard occurrence form, no less broad than Insurance Services Office (ISO) form CG 00 01.
- b. Minimum Limits: \$1,000,000 per Occurrence; \$2,000,000 General Aggregate; \$2,000,000 Products/Completed Operations Aggregate. The required limits may be provided by a combination of General Liability Insurance and either Commercial Excess or Commercial Umbrella Liability Insurance. If SUBRECIPIENT maintains higher limits than the specified minimum limits, County requires and shall be entitled to coverage for the higher limits maintained by SUBRECIPIENT.
- c. Any deductible or self-insured retention shall be shown on the Certificate of Insurance. If the deductible or self-insured retention exceeds \$25,000 it must be approved in advance by County. SUBRECIPIENT is responsible for any deductible or self-insured retention and shall fund it upon County's written request, regardless of whether SUBRECIPIENT has a claim against the insurance or is named as a party in any action involving the County.
- d. Sonoma County Community Development Commission and the County of Sonoma, their



officers, agents and employees, 1440 Guerneville Rd, Santa Rosa, CA 95403 shall be endorsed as additional insureds for liability arising out of SUBRECIPIENT's ongoing operations. (ISO endorsement CG 20 26 or equivalent).

- e. The insurance provided to the additional insureds shall be primary to, and non-contributory with, any insurance or self-insurance program maintained by them.
- f. The policy definition of "insured contract" shall include assumptions of liability arising out of both ongoing operations and the products-completed operations hazard (broad form contractual liability coverage including the "f" definition of insured contract in ISO form CG 00 01, or equivalent).
- g. The policy shall cover inter-insured suits between COMMISSION and SUBRECIPIENT and include a "separation of insureds" or "severability" clause which treats each insured separately.
- h. **Required Evidence of Insurance:**
  - i. Copy of the additional insured endorsement or policy language granting additional insured status; and
  - ii. Certificate of Insurance.

### **3. Automobile Liability Insurance**

- a. Minimum Limit: \$1,000,000 combined single limit per accident. The required limit may be satisfied by a combination of Automobile Liability Insurance and either Commercial Excess or Commercial Umbrella Liability Insurance.
- b. Insurance shall cover all owned vehicles if SUBRECIPIENT owns vehicles.
- c. Insurance shall cover hired and non-owned vehicles.
- d. **Required Evidence of Insurance:** Certificate of Insurance.

### **4. Professional Liability/Errors and Omissions Insurance** *(Only required of recipients whose normal operations include professional services.)*

- a. Minimum Limit: \$1,000,000 per claim or per occurrence.
- b. Any deductible or self-insured retention shall be shown on the Certificate of Insurance. If the deductible or self-insured retention exceeds \$25,000 it must be approved in advance by County.
- c. If the insurance is on a Claims-Made basis, the retroactive date shall be no later than the commencement of the work.
- d. **Required Evidence of Insurance:** Certificate of Insurance.

### **5. Standards for Insurance Companies**

Insurers, other than the California State Compensation Insurance Fund, shall have an A.M. Best's rating of at least A:VII.

### **6. Documentation**

- a. The Certificate of Insurance must include the following reference: Sonoma Valley Coordinated Entry Access Points.
- b. SUBRECIPIENT shall submit required Evidence of Insurance prior to the execution of this Agreement. SUBRECIPIENT agrees to maintain current Evidence of Insurance on file with County for the required period of insurance.
- c. The name and address for Additional Insured endorsements and Certificates of Insurance

is: Sonoma County Community Development Commission 1440 GUERNEVILLE RD,  
SANTA ROSA CA, 95403.

- d. Required Evidence of Insurance shall be submitted for any renewal or replacement of a policy that already exists, at least ten (10) days before expiration or other termination of the existing policy.
- e. SUBRECIPIENT shall provide immediate written notice if: (1) any of the required insurance policies are terminated; (2) the limits of any of the required policies are reduced; or (3) the deductible or self-insured retention is increased.
- f. Upon written request, certified copies of required insurance policies must be provided within thirty (30) days.

## **7. Policy Obligations**

SUBRECIPIENT's indemnity and other obligations shall not be limited by the foregoing insurance requirements.

## **Section II – Insurance to be Maintained by SUBRECIPIENT's contractors and/or consultants --**

### **1. General Liability Insurance**

- a. Proof of Commercial General Liability Insurance shall be provided on a standard occurrence form, no less broad than Insurance Services Office (ISO) form CG 00 01. Minimum Limits: \$1,000,000 per Occurrence; \$2,000,000 General Aggregate; \$2,000,000 Products/Completed Operations Aggregate. The required limits may be provided by a combination of General Liability Insurance and either Commercial Excess or Commercial Umbrella Liability Insurance.
- b. Subcontractor shall name contractor / subrecipient and the County of Sonoma as an additional insured to the policy coverage required above. Proof of additional insured coverage must be provided by a Certificate of Insurance before the commencement of work.

**EXHIBIT G**

# 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

# **Sonoma County Continuum of Care**

## **Coordinated Entry Policies and Procedures**

---

### **Contents**

|   |           |
|---|-----------|
| <b>Coordinated Entry System (CES) Overview.....</b>   | <b>3</b>  |
| <b>Sonoma County CES Vision.....</b>  | <b>3</b>  |
| <b>Governance 3</b>   |           |
| <b>Coordinated Entry Participation Requirements and Nondiscrimination Compliance .....</b>  | <b>4</b>  |
| <b>Coordinated Entry Cooperating Agencies.....</b>  | <b>4</b>  |
| <b>Coordinated Entry HMIS Vendor .....</b>  | <b>4</b>  |
| <b>Coordinated Entry Roles .....</b>  | <b>5</b>  |
| <b>Aspects of Coordinated Entry.....</b>  | <b>6</b>  |
| A. Planning .....   | 6         |
| B. Access .....   | 8         |
| C. Assessment .....   | 15        |
| D. Prioritization.....  | 18        |
| E. Referral .....   | 24        |
| F. Data Management.....   | 29        |
| G. Evaluation .....   | 31        |
| <b>Appendix 1 – HUD Terminology .....</b>   | <b>33</b> |
| <b>Appendix 2 – Coordinated Entry Work Flow .....</b>   | <b>34</b> |
| <b>Appendix 3 – Coordinated Entry Memorandum of Understanding for Access Points .....</b>   | <b>35</b> |
| <b>Appendix 4 – Sonoma County Coordinated Entry System Diversion Pre-Screening &amp; Service Referral Protocols .....</b>                                 | <b>40</b> |
| <b>Appendix 5 – Client Release of Information.....</b>  | <b>42</b> |
| <b>Appendix 6 – Client Feedback Form.....</b>   | <b>46</b> |
| <b>Appendix 7 – Vulnerability Index &amp; Service Prioritization Decision Assistance Tool (VI-SPDAT) Prescreen for Single Adults.....</b>                 | <b>48</b> |
| <b>Appendix 8 – Vulnerability Index &amp; Service Prioritization Decision Assistance Tool (VI-SPDAT) Prescreen for Families .....</b>                     | <b>55</b> |
| <b>Appendix 9 – Vulnerability Index &amp; Service Prioritization Decision Assistance Tool (VI-SPDAT) Prescreen for Transitional Age Youth (TAY) .....</b> | <b>63</b> |

# **Sonoma County Continuum of Care**

## **Coordinated Entry Policies and Procedures**

---

### **Coordinated Entry Policy and Procedures**

#### **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.

# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

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>

# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

### 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.

# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

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](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-



# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

### 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

# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

- 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.

# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

### 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 <b>crisis response</b> to address the prospective participant's immediate needs and <b>provides direct referrals</b> 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 <b>directly connect</b> (enroll and refer) a person into appropriate and available CES resources and/or are able to <b>perform a standardized assessment process</b>. 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"> <li>1) Enroll a client into a program appropriate to their immediate need.</li> <li>2) Perform Standardized Diversion and VI-SPDAT Assessment protocol.</li> </ol> <p>Collects participant information and initiates a client record in HMIS Coordinated Entry Program.<br/>(continued)</p>                    |

# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

| 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/<br>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 |

# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

### 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

# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

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

# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

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.



# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

### 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



# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

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

# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

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

# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

- 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

# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

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
- 2<sup>nd</sup> Priority: homeless individuals and families with a disability with severe service needs with no minimum length of time homeless required

# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

- 3<sup>rd</sup> 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
- 4<sup>th</sup> 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).

# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

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.

# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

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.



# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

### 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                               |                                     |                       |                     |                                   |



# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

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

# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

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:*

# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

- 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

# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

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.

# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

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

# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

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.

# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

### 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



# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

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.



# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

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.

# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

### 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 23<sup>rd</sup> 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

# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

---

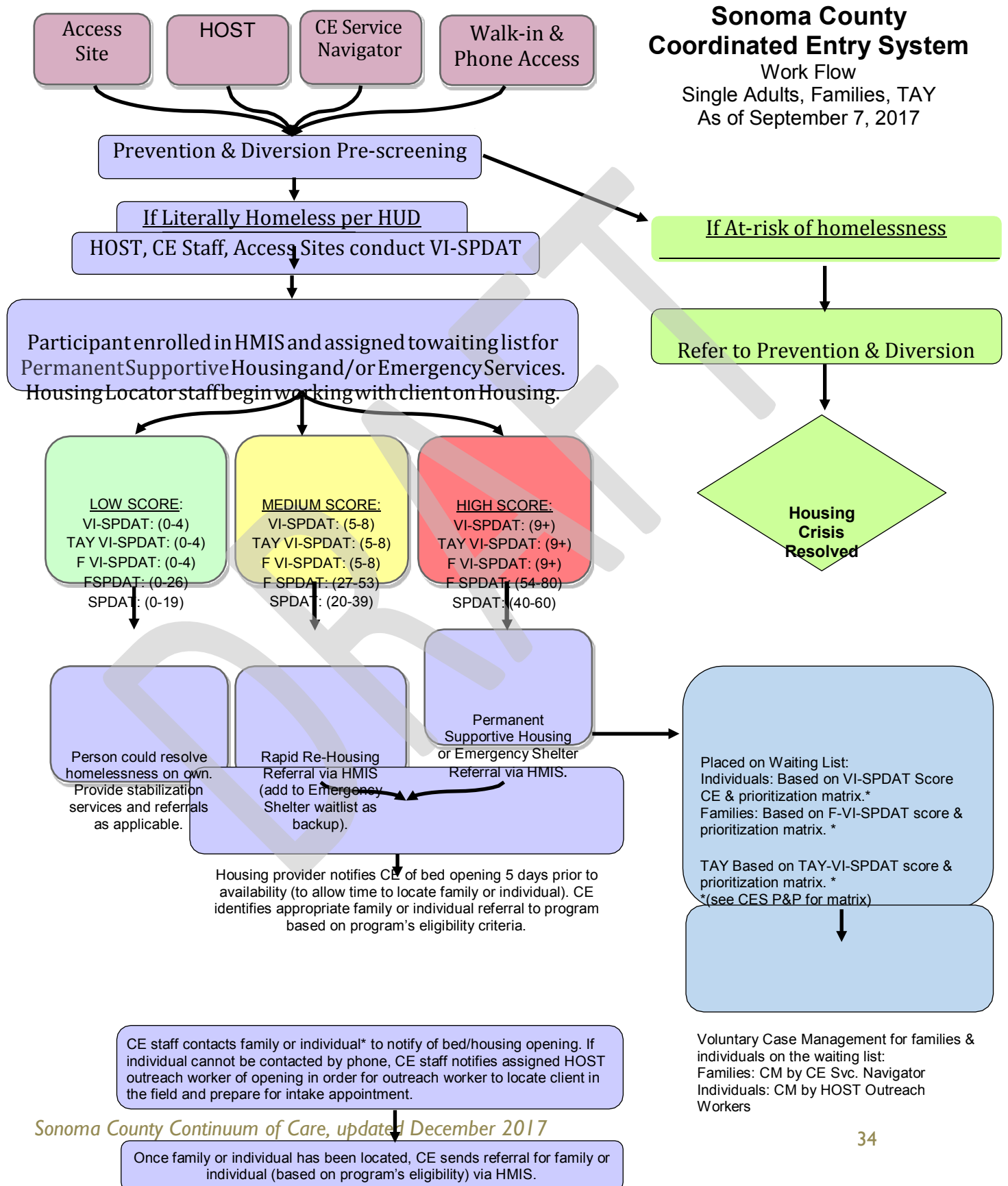
### Appendix 1 – HUD Terminology

| <b>Term</b> | <b>Definition</b>   |
|-------------|---|
| 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 |

# Sonoma County Continuum of Care

## Coordinated Entry Policies and Procedures

### Appendix 2 – Coordinated Entry Work Flow



**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.

- 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 <b>crisis response</b> to address the prospective participant's immediate needs and <b>provides direct referrals</b> 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> |

| 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 <b>directly connect</b> (enroll or refer) a person into appropriate and available CES resources and/or are able to <b>perform a standardized assessment process</b>. 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"> <li>1) Enroll a client into a program appropriate to their immediate need.</li> <li>2) Perform Standardized Assessment protocol (Diversion &amp; VI-SPDAT). Collects participant information and initiates a client record in HMIS.</li> </ol> |

#### **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.

**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.



***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 |
|-----------|------|

## 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**

- 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 arears 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?

## Sonoma County Continuum of Care

### 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](mailto: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.

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     |

| <b>Agency Name</b>                      | <b>Acronym</b> |
|---|----------------|
| 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          |

## **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: \_\_\_\_\_

## 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:

MM DD YYYY  
Date Survey Taken:    /    /   

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"/> |



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

|                              | Strongly Agree<br>Disagree | Agree                 | Neutral               | Disagree              | Strongly              |
|------------------------------|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Do you agree<br>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<br>Disagree | Agree                 | Neutral               | Disagree              | Strongly              |
|------------------------------|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Do you agree<br>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<br>Disagree | Agree                 | Neutral               | Disagree              | Strongly              |
|------------------------------|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Do you agree<br>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<br>Disagree | Agree                 | Neutral               | Disagree              | Strongly              |
|------------------------------|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Do you agree<br>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?

---

---

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.<br>Date of Survey   | A-18.<br>Date (HMIS Entry) | A-19. (optional)<br>Start Time: _____<br>End Time: _____   |
| A-20. Sonoma Location (of Participant Interview)<br><input type="checkbox"/> Cotati/Rohnert Park<br><input type="checkbox"/> Healdsburg/Windsor<br><input type="checkbox"/> Petaluma/South County<br><input type="checkbox"/> Santa Rosa<br><input type="checkbox"/> Sonoma Valley<br><input type="checkbox"/> West County<br><br>A-21 Specific location where Participant received screening |                            | A-22. Agency Taking Survey<br><input type="checkbox"/> Buckelew<br><input type="checkbox"/> Catholic Charities<br><input type="checkbox"/> Cloverdale Wallace House<br><input type="checkbox"/> Community Development Commission<br><input type="checkbox"/> COTS Petaluma<br><input type="checkbox"/> Social Advocates for Youth<br><input type="checkbox"/> Sonoma County DA Homeless Victims<br><input type="checkbox"/> The Living Room<br><input type="checkbox"/> West County Community Services<br><input type="checkbox"/> West County Health<br><input type="checkbox"/> Sober Sonoma<br><input type="checkbox"/> Interfaith Shelter Network<br><input type="checkbox"/> Reach for Home |
| 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"/> |

**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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |                          |
| A-35. Have you threatened to or tried to harm yourself or anyone else in the past year?   | YES<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |

**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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-46. Do you have enough money to cover all of your expenses each month?   | YES<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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?<br><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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-60. History of frostbite, Hypothermia, or Immersion Foot   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-61. History of Heat Stroke/Heat Exhaustion   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-62. Liver disease, Cirrhosis, or End-Stage Liver Disease   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |

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

|  |                                 |                                |                          |
|--|---------------------------------|--------------------------------|--------------------------|
| A-63. Heart disease, Arrhythmia, or Irregular Heartbeat  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-64. HIV+/AIDS  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-65. Emphysema  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-66. Diabetes   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-67. Asthma   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-68. Cancer   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-69. Hepatitis C  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-70. Tuberculosis   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| <b>OBSERVATION ONLY – DO NOT ASK:</b> A-71. Surveyor do you observe signs or symptoms of a serious health condition?                         | YES<br><input type="checkbox"/> | NO<br><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> | <b>RESPONSE</b>                 |                                | <b>REFUSED</b>           |
| A-73. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or been told you do?                                       | YES<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-75. Have you ever used injection drugs in the last six months?   | YES<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-78. Have you blacked out because of your alcohol or drug use in the past month?  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| <b>OBSERVATION ONLY – DO NOT ASK:</b> A-79. Surveyor, do you observe signs or symptoms or problematic alcohol or drug abuse?                 | YES<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |



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

|  |                                 |                                |                          |
|--|---------------------------------|--------------------------------|--------------------------|
| A-82. Have you gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves?   | YES<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-84. Have you had a serious brain injury or head trauma?  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-85. Have you ever been told you have a learning disability or developmental disability?  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-86. Section D.d (Wellness) – Subtotal  |                                 |                                |                          |
| <b>OBSERVATION ONLY – DO NOT ASK:</b> Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning?  | YES<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-88. Section D.e (Wellness) - Subtotal  |                                 |                                |                          |
| <b>Page #6 D. Wellness (con't.)</b>  | <b>RESPONSE</b>                 |                                | <b>REFUSED</b>           |
| 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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/>  | NO<br><input type="checkbox"/> | REFUSED<br><input type="checkbox"/> |
| A-92. Do you have a documented Mental Health diagnosis?   | YES<br><input type="checkbox"/>  | NO<br><input type="checkbox"/> | REFUSED<br><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<br><input type="checkbox"/> Petaluma <input type="checkbox"/> Guerneville/West Coast<br><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   |                                |                                     |

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

|  |   |
|--|---|
| A-95. (If yes this participant served in the military) which war/war era did you serve in?                         | <input type="checkbox"/> WWII<br><input type="checkbox"/> Korean War (June 1950-January 1955)<br><input type="checkbox"/> Vietnam Era (August 1964-April 1975)<br><input type="checkbox"/> Post Vietnam (May 1975-July 1991)<br><input type="checkbox"/> Persian Gulf Era (August 1991-Present)<br><input type="checkbox"/> Afghanistan (2001-Present)<br><input type="checkbox"/> Iraq (2003-Present)<br><input type="checkbox"/> Other (Specify) A-95<br><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<br><input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> General<br><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<br><input type="checkbox"/> Other part of CA <input type="checkbox"/> Other (A.100)<br><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<br><input type="checkbox"/> Sobriety Expectation<br><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<br><input type="checkbox"/> Other (A.109) <input type="checkbox"/> None  |
| A-112. If there is other type of health insurance please specify:  | _____   |

Sonoma County Coordinated Intake EtO adapted VI-SPDAT for Single Individuals  
 OrgCode Version 3x 2014-15

Updated: Sept. 15, 2017

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

|   |       |
|---|-------|
| 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



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<br><br><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><br>Start Time: _____<br>End Time: _____  |
| A-20. Sonoma Location of Participant Interview<br><input type="checkbox"/> Cotati/Rohnert Park <input type="checkbox"/> North County/Cloverdale<br><input type="checkbox"/> Healdsburg/Windsor<br><input type="checkbox"/> Petaluma/South County<br><input type="checkbox"/> Santa Rosa<br><input type="checkbox"/> Sonoma Valley<br><input type="checkbox"/> West County |                         | A-21. Agency Taking Survey<br><input type="checkbox"/> Buckelew<br><input type="checkbox"/> Catholic Charities<br><input type="checkbox"/> Cloverdale Wallace House<br><input type="checkbox"/> Community Development Commission<br><input type="checkbox"/> COTS Petaluma<br><input type="checkbox"/> Social Advocates for Youth<br><input type="checkbox"/> Sonoma County DA Homeless Victims<br><input type="checkbox"/> The Living Room<br><input type="checkbox"/> West County Community Services<br><input type="checkbox"/> West County Health<br><input type="checkbox"/> Sober Sonoma<br><input type="checkbox"/> Interfaith Shelter Network<br><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 (circle) |                         |
|                     |            |     | M   F   O       |                         |
|                     |            |     | M   F   O       |                         |
|                     |            |     | M   F   O       |                         |
|                     |            |     | M   F   O       |                         |
|                     |            |     | M   F   O       |                         |
|                     |            |     | M   F   O       |                         |
|                     |            |     | M   F   O       |                         |
|                     |            |     | M   F   O       |                         |

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

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

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

| QUESTION   | RESPONSE  |                                | REFUSED                  |
|--|---|--------------------------------|--------------------------|
| I-25. Have you or any family member been attacked or beaten up since becoming homeless?  | YES<br><input type="checkbox"/>   | NO<br><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<br><input type="checkbox"/>   | NO<br><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<br><input type="checkbox"/>   | NO<br><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<br><input type="checkbox"/>   | NO<br><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<br><input type="checkbox"/>   | NO<br><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<br><input type="checkbox"/> Transitional Housing<br><input type="checkbox"/> Car, Van, or RV<br><input type="checkbox"/> Bus or subway<br><input type="checkbox"/> Park, beach, camping<br><b>I-33. Other place slept (SPECIFY):</b> _____ |                                |                          |

**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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| I-37. Does your family have enough money to meet all expenses on a monthly basis?   | YES<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| I-44. Surveyor, do you detect signs of poor hygiene or daily living skills or any family member?<br><i>(note for 211 or phone interviews disregard this question)</i>                                       | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |                          |

Sonoma County Coordinated Intake EtO adapted VI-SPDAT for Families  
 Updated: 9/15/2017

Release Date: February 27, 2015

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

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



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

| 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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |                          |
| <b>OBSERVATION ONLY – DO NOT ASK:</b><br>I-75. Surveyor, do you observe signs or symptoms of problematic alcohol or drug abuse?<br><i>(note for 211 or phone interviews disregard this question)</i>  | YES<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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?<br><i>(211 or phone interviews disregard this question)</i>   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |                          |

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

|   |                                 |                                |                          |
|---|---------------------------------|--------------------------------|--------------------------|
| (surveyor, if the respondent answers Yes to any question I-76 through I-82 ask this question)   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> |                          |
| 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?  |                                 |                                |                          |
| 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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/>        | NO<br><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<br><input type="checkbox"/>        | NO<br><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<br><input type="checkbox"/>        | NO<br><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<br><input type="checkbox"/>        | NO<br><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<br><input type="checkbox"/>        | NO<br><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<br><input type="checkbox"/>        | NO<br><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<br><input type="checkbox"/>        | NO<br><input type="checkbox"/>        | <input type="checkbox"/> |
| <b>A-104. Do you have a documented Mental Health diagnosis?</b>  | <b>YES</b><br><input type="checkbox"/> | <b>NO</b><br><input type="checkbox"/> | <input type="checkbox"/> |

Sonoma County Coordinated Intake EtO adapted VI-SPDAT for Families  
Updated: 9/15/2017

Release Date: February 27, 2015

## Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)

### Prescreen for Families (English)

**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

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

**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?<br>(check all that apply)  | <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> VA <input type="checkbox"/> Private<br><input type="checkbox"/> Other (specify): _____ |
| 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> | _____   |
| 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<br>_____<br>_____  |
| I-125. Census Tract <i>(Optional – do not use for phone intake)</i>  | _____   |



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<br><br><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)<br>Start Time: _____<br>End Time: _____  |
| A-9. Survey Location (of Participant Interview)<br><input type="checkbox"/> Cotati/Rohnert Park<br><input type="checkbox"/> Healdsburg/Windsor<br><input type="checkbox"/> Petaluma/South County<br><input type="checkbox"/> Santa Rosa<br><input type="checkbox"/> Sonoma Valley<br><input type="checkbox"/> West County<br><br>A-10. Specific location where Participant received screening:<br>_____<br>_____ |                             | A-11. Agency Taking Survey<br><input type="checkbox"/> Buckelew<br><input type="checkbox"/> Catholic Charities<br><input type="checkbox"/> Cloverdale Wallace House<br><input type="checkbox"/> Community Development Commission<br><input type="checkbox"/> COTS Petaluma<br><input type="checkbox"/> Social Advocates for Youth<br><input type="checkbox"/> Sonoma County DA Homeless Victims<br><input type="checkbox"/> The Living Room<br><input type="checkbox"/> West County Community Services<br><input type="checkbox"/> West County Health<br><input type="checkbox"/> Sober Sonoma<br><input type="checkbox"/> Interfaith Shelter Network<br><input type="checkbox"/> Reach for Home |
| 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)<br><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**

| <b>SCRIPT:</b> 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"/> |

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

*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"/> |

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

| 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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-38. Is your lack of stable housing because of conflicts around gender identity or sexual orientation?  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-39. Is your lack of stable housing because of violence at home between family members?   | YES<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-42. Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?   | YES<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-45. When you are sick or not feeling well, do you avoid getting medical help?   | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |
| A-46. Are you currently pregnant, have you ever been pregnant, or have you gotten someone pregnant?   | YES<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/> |

**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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><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<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | <input type="checkbox"/>            |
| A-58. Do you have a documented Mental Health diagnosis?  | YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | REFUSED<br><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<br><input type="checkbox"/> Santa Rosa<br><input type="checkbox"/> Petaluma<br><input type="checkbox"/> Guerneville/North Coast<br><input type="checkbox"/> Sonoma Valley<br><input type="checkbox"/> Cloverdale/Healdsburg | A-59. Where did you live prior to becoming homeless? | <input type="checkbox"/> Sonoma County<br><input type="checkbox"/> Northern California<br><input type="checkbox"/> Other part of CA<br><input type="checkbox"/> Guerneville/North Coast<br><input type="checkbox"/> Refused<br><input type="checkbox"/> Elsewhere (specify) A-60 |



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

| 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<br><input type="checkbox"/>  | NO<br><input type="checkbox"/> | Don't know<br><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<br><input type="checkbox"/>  | NO<br><input type="checkbox"/> | REFUSED<br><input type="checkbox"/>    |
| A-65. Have you ever been in prison?   | YES<br><input type="checkbox"/>  | NO<br><input type="checkbox"/> | REFUSED<br><input type="checkbox"/>    |
| A-66. Do you have a disability that limits your mobility? (i.e. wheelchair, amputation, unable to climb stairs)?  | YES<br><input type="checkbox"/>  | NO<br><input type="checkbox"/> | REFUSED<br><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<br><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<br><input type="checkbox"/> Sobriety Expectation<br><input type="checkbox"/> No Sobriety Requirement |                                |  |
| A-70. Do you have a service animal?   | YES<br><input type="checkbox"/>  | NO<br><input type="checkbox"/> | REFUSED<br><input type="checkbox"/>    |
| A-71. What kind of health insurance do you have, if any? (check all that apply)<br><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<br><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: _____<br>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: _____<br>Email: _____<br>Contact: _____<br>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.
- 8/31/2017- Added questions from ETO to hard copy VI-SPDAT for TAY.

## **EXHIBIT H**

### **Reasonable Accommodations**

SUBRECIPIENT is required to comply with the American with Disabilities Act of 1990 (ADA), as amended by the ADA Amendments Act of 2008. The ADA prohibits public entities and private entities offering a place of public accommodation from discriminating against individuals on the basis of an actual or perceived disability.

The ADA requires SUBRECIPIENT to provide reasonable accommodations<sup>1</sup> to applicants and participants who claim a disability prevents them from accessing services, but who otherwise would be eligible for SUBRECIPIENT's services. Individuals with a disability, as defined by the ADA, are entitled to request and receive reasonable accommodations in order to enjoy full and equal access to the SUBRECIPIENT's services.

The COMMISSION requires SUBRECIPIENT to submit a policy approved by SUBRECIPIENT's Board that describes the procedure for processing requests for reasonable accommodations, as well as a Client Grievance Policy and Procedure that describes how a client may file a grievance if she or he believes SUBRECIPIENT has discriminated against her or him in violation of the ADA. At a minimum, SUBRECIPIENT's reasonable accommodation policy must guide staff in conducting the iterative process of responding to reasonable accommodation requests and describe internal processes for accepting or denying such requests. Final versions of these policies, or a draft if the policy is not yet finalized, must be filed with the COMMISSION as a condition of entering into this Agreement.

If a submitted draft policy receives Board approval during the contract year, SUBRECIPIENT must submit the approved document to the COMMISSION via email within thirty days to the COMMISSION's designated liaison officer as noted in Section 13 of this Agreement. SUBRECIPIENT's response to the processing of reasonable accommodation requests will be a point of program monitoring throughout the life of the contract.

THE COMMISSION'S RECEIPT AND RETENTION OF SUBRECIPIENT'S POLICIES IS NOT A DETERMINATION ON OR ACCEPTANCE OF THE LEGAL SUFFICIENCY OF SUCH POLICIES. SUBRECIPIENT SHOULD CONSULT WITH ITS LEGAL COUNSEL REGARDING THE SUFFICIENCY OF SUCH POLICIES.

If an applicant for services requests a reasonable accommodation for a disability while he or she is in Coordinated Entry (either during initial assessment or at any time following enrollment), Coordinated Entry staff will forward the accommodation request to the service or housing organization. Applicants already enrolled in Coordinated Entry may submit their requests directly to a SUBRECIPIENT staff member at any point of their experience with services. Per the Coordinated Entry Policies and Procedures (page 25), the SUBRECIPIENT has 72 hours to respond to CES' reasonable accommodation request, confirming receipt of the request.

---

<sup>1</sup> A reasonable accommodation is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with disabilities to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces, or to fulfill their program obligations.

Client charts shall contain documentation of the date of the reasonable accommodation request, the nexus between the requested accommodation and the individual's disability, SUBRECIPIENT's response to the request, including any specific reasons for denying or approving the request, and the course of action following denial or approval. Denials of reasonable accommodation requests must contain information supporting SUBRECIPIENT's determination that approval would cause undue financial and administrative burden or fundamentally alter the nature of the program. In the event of a denial of a reasonable accommodation request, the SUBRECIPIENT shall inform the COMMISSION *via* email to the COMMISSION's designated liaison officer of the circumstances, reasons for denial, and subsequent actions within five business days.






# Executed IFSN CE FY20-21

Final Audit Report

2020-07-09

|                 |   |
|-----------------|---|
| Created:        | 2020-07-09  |
| By:             | Stephanie Hershberger (Stephanie.Hershberger@sonoma-county.org) |
| Status:         | Signed  |
| Transaction ID: | CBJCHBCAABAAuwAYt12sO0jLUaNsYJaNrbT_YcxJC921                    |

## "Executed IFSN CE FY20-21" History

-  Document created by Stephanie Hershberger (Stephanie.Hershberger@sonoma-county.org)  
2020-07-09 - 8:29:24 PM GMT- IP address: 209.77.204.154
-  Document emailed to Barbie Robinson (Barbie.Robinson@sonoma-county.org) for signature  
2020-07-09 - 8:29:57 PM GMT
-  Email viewed by Barbie Robinson (Barbie.Robinson@sonoma-county.org)  
2020-07-09 - 8:30:19 PM GMT- IP address: 209.77.204.154
-  Document e-signed by Barbie Robinson (Barbie.Robinson@sonoma-county.org)  
Signature Date: 2020-07-09 - 8:30:29 PM GMT - Time Source: server- IP address: 209.77.204.154
-  Signed document emailed to Stephanie Hershberger (Stephanie.Hershberger@sonoma-county.org), Margaret Holly (Margaret.Holly@sonoma-county.org), Linda Low (Linda.Low@sonoma-county.org), Chuck Mottern (Chuck.Mottern@sonoma-county.org), and 2 more  
2020-07-09 - 8:30:29 PM GMT