

COORDINATED ENTRY SYSTEM POLICIES AND PROCEDURES

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OVERVIEW & SCOPE

Napa County Continuum of Care (CoC) has formed a Coordinated Entry System (CES) to coordinate the intake, assessment, and referral process within the Continuum of Care (CoC) and efficiently expand the system’s ability to deliver the appropriate resources to individuals and families who are experiencing homelessness. These policies and procedures will be used to guide the evaluation of individuals’ and families’ eligibility for assistance, and to guide the determination and prioritization of how eligible individuals and families will be referred to prevention and other services, shelter and housing.

This CES complies with HUD Coordinated Entry Notice CPD-17-01, CPD-16-11, 2012 CoC Program Interim Rule (24 CFR Part 578) and the Emergency Solutions Grant (ESG) regulations (25 CCR 8409). All CoC- and ESG-funded programs are committed to implementing this program. These policies will be updated at least annually to comply with evolving regulations and any changes in the Napa system of care.

Napa CoC’s CES is CoC-funded and operated through the Napa County Health and Human Services Agency (HHSA), and uses Homeless Management Information System (HMIS) data to create and implement the CES. Napa County HHSA has contracted with Abode Services to conduct assessments and street outreach, as well as to provide shelter-based prevention and diversion programs and housing navigation/placement for a number of its permanent housing programs, including Rapid Rehousing (RRH) and Permanent Supportive Housing (PSH). All CoC- and ESG-funded programs participate in the

CES. The CoC uses uniform assessment tools: the VI-SPDAT 3.0 for individuals and the family F-VI-SPDAT 3.0 (F-VI-SPDAT) for families. Programs shall refer clients to street outreach or staff at designated Access Points.

Except as otherwise specified, Napa’s coordinated entry policies and procedures apply to all geographic areas, subpopulations, and housing and homelessness services within the Napa County Continuum of Care.

A chart of participation in the system is as follows:

Participation in CES

Agency – Program	Participation
Abode Services – South Napa Shelter	Access Point
Abode Services – Street Outreach	Access Point
Napa Police Department – Street Outreach	Access Point
Abode Services – Winter Shelter	Emergency Shelter
Bucklew – Permanent Supportive Housing	CoC-funded PSH
CalWORKs – Napa County Self Sufficiency Services	Housing Support Program (HSP) - Rapid Rehousing for CalWORKs recipients
Catholic Charities – Nightingale	Respite care
Napa County HHSA – Home to Stay (HTS)	CoC-funded RRH
Napa County HHSA – PSH I and II	CoC-funded PSH
Napa County HHSA - Rapid Rehousing	ESG-funded RRH
Napa Housing Authority – Permanent Supportive Housing, HUD VASH and Housing Choice Voucher	CoC-funded PSH, VASH and HCV
NEWS	CoC-funded RRH for domestic violence survivors through Home to Stay; Access and Assessment point for domestic violence housing and services
Veterans Resource Center	SSVF provider, community partner
Satellite Affordable Housing Association (SAHA)	PSH provider with HUD-VASH units

VOICES	TBD
Progress Hartle Court Permanent Supportive Housing and TH	TBD
Mentis PSH	TBD
Catholic Charities - Rainbow House	Community partner
Whistlestop TH	TBD
Napa County Adult Protective Services & Probation	Community partner
Napa County Correction Department	Community partner
Napa County Veteran's Office	Community partner
Child Welfare Services	Community partner
Napa County School District	Community partner
Napa County Drug & Alcohol	Community partner
Napa County Mental Health Department; Community Links	Community partner; referral from all county services to Access Points
Queen of the Valley Medical Center	Community partner

EQUAL & FAIR ACCESS

Napa CoC is committed to ensuring equitable access to its resources and does not tolerate discrimination on the basis of race, color, citizenship, national origin, ancestry, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or expression, marital status, source of income, genetic information, status as a survivor of domestic violence, or other reasons prohibited by law. The CoC and all agencies participating in the coordinated entry process must comply with applicable equal access and nondiscrimination provisions of federal and state civil rights laws during every phase of the coordinated entry process.

Napa CoC is committed to making its coordinated entry process available to eligible individuals and families, who will not be steered toward any particular housing facility or neighborhood because of the above-listed characteristics, or for any other reason prohibited by law. Some programs may limit enrollment based on requirements imposed by funding sources and/or state or federal law. All such programs will avoid discrimination to the extent allowed by their funding sources and authorizing legislation.

All locations where persons are likely to access or attempt to access the CES will include signs or brochures displayed in prominent locations informing participants of their right to file a nondiscrimination complaint with the needed contact information.

A. HOUSING FIRST

Napa CoC is committed to eliminating barriers to entry and coordinating housing support so that those with the most severe service needs are prioritized, and policies and approaches are developed according to Housing First principles. All CoC- and ESG-funded programs, including the coordinated entry process, are committed to adopting a Housing First approach and reducing barriers for accessing their services. Through every service provided in Napa CoC, staff are trained to introduce the importance of housing and to shape service plans around the goal of housing placement. Housing is fundamental to addressing the barriers that lead to homelessness, and even the “hardest to house” can succeed with proper support. Below are some of Napa CoC’s Housing First strategies:

- The CoC uses street-level outreach to homeless people living on the streets, providing nonjudgmental services that range from blankets and supplies to primary care and substance use treatment. These interventions focus on an emphasis on housing, in an effort to build rapport and trust with those who may not initially express interest in coming indoors.
- All access points and other front-door programs maintain connections to permanent housing or rapid re-housing subsidies through the CES, so that people who seek emergency services have concrete opportunities for permanent housing.
- Individuals are not screened out of the assessment process or programs due to perceived or actual barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.
- Individuals are not required to participate in services or treatment programs to participate in programs, although clients are strongly encouraged to participate in services. A harm reduction approach is used to advocate for the reduction of harm associated with alcohol or drug use.
- Service coordinators are trained to continually encourage participants to think about housing options, and to shape individual service plans around housing-specific, client-centered goals. This housing-targeted approach informs every service interaction, including provision of supplies, healthcare, as well as housing-search services, with participants.
- Napa CoC is committed to continuing to serve individuals or families even if they do not initially succeed in housing. While the goal is for all participants to exit the program into permanent housing and remain stably housed, many of the “hardest to house” participants may require multiple attempts before they fully stabilize.

B. SAFEGUARDS FOR SPECIAL POPULATIONS

Napa is committed to ensuring all people in different populations and subpopulations in the CoC’s geographic area, including people experiencing chronic homelessness, veterans, families with children,

Transition-Age Youth (TAY), older adults, individuals with disabilities, and survivors of domestic violence, have fair and equal access to the coordinated entry process.

1. DOMESTIC VIOLENCE SURVIVORS

All street outreach staff and those at access points shall be trained on the complex dynamics of domestic violence, privacy and confidentiality, and safety planning, including how to handle emergency situations. If a household is determined to be at risk of harm when an assessment is being conducted, then staff should contact emergency and/or NEWS, and provide a warm hand-off. Clients fleeing or experiencing domestic violence should be referred to NEWS, but absent safety concerns clients may elect to be served through the other access points.

Families and individuals will not be denied access to the coordinated entry process on the basis that they are or have been a victim of domestic violence, dating violence, sexual assault or stalking, or due to adverse factors caused by being a survivor. Such individuals will have safe and confidential access to the coordinated entry process and victim service providers, and immediate access to emergency services such as domestic violence hotlines and shelter, as well as full access to other housing and services through the coordinated entry process.

2. INDIVIDUALS WITH DISABILITIES

Access points are accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs.

Access points are sited in proximity to public transportation and other services to facilitate participant access, but a person with a mobility or other impairment may request a reasonable accommodation to complete the coordinated entry process at a different location through street outreach workers.

The CoC provides appropriate auxiliary aids and services necessary to ensure effective communication as needed (e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters).

C. CULTURAL & LINGUISTIC COMPETENCE

The CoC access points take reasonable steps to offer coordinated entry process materials and participant instructions in multiple languages to meet the needs of individuals with Limited English Proficiency (LEP). These steps include providing access to telephonic and on-call interpretation services at access points and other facilities.

All staff administering assessments use culturally and linguistically competent practices in order to reduce barriers for underserved populations, including but not limited to immigrants and refugees; youth, individuals with disabilities; LGBTQ individuals. The CoC shall further these practices by:

- Incorporating cultural and linguistic competency training and person-centered approaches into the required annual training protocols for participating projects and staff members.

- Using culturally and linguistically competent questions for all persons that reduce cultural or linguistic barriers to housing and services.
- Providing staff access to and training in the procedures for obtaining interpretation and accessibility services.

D. MARKETING & OUTREACH

The CoC will affirmatively market housing and supportive services to eligible persons who are least likely to apply in the absence of special outreach. The marketing will be conducted by educating and distributing outreach materials to community partners who may interact with people experiencing homelessness or who are at risk of experiencing homelessness. The CoC may also create and use brochures, flyers, community announcements, and/or use other media outlets.

Marketing and outreach will be designed to ensure the coordinated entry process is available to all eligible persons regardless of membership in any protected classes under federal and state law.

Similarly, marketing and outreach efforts will be designed to ensure people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, immigrants, families with children, TAY, older adults, individuals with disabilities, and survivors of domestic violence, have fair and equal access to the coordinated entry process.

SYSTEM OVERVIEW

Napa's CES is a collaboration of multiple stakeholders that collectively provide a range of services, from prevention to permanent housing placements. Napa CoC's coordinated entry process is uniform and coordinated for all beds, units, and services available at participating projects within the geographic area, with a targeted access point (NEWS) for survivors of domestic violence. All vacancies in CoC- and ESG-funded housing shall be filled through the coordinated entry referral process.

A. ELIGIBILITY

Napa's CES is designed to serve individuals and families who meet the federal and state definitions of homelessness detailed in Napa's CoC Written Standards, as well as anyone in Napa County experiencing a housing crisis. Intake and eligibility screening will be conducted in accordance with Napa CoC's Written Standards, and information about eligibility for the system and its resources will be made available to the public via the CoC's website.

B. ACCESS & ASSESSMENT

Napa’s coordinated entry process offers the same assessment approach at all access points to ensure fair, equitable, and equal access to services within the community. The CoC uses the VI-SPDAT 3.0 as its assessment tool to determine individuals’ vulnerability and needs, and the F-VI-SPDAT 3.0 is used for families.¹

Staff at designated access points conduct an intake assessment using the VI-SPDAT/F-VI-SPDAT tool. The answers provided result in a numerical score that determines what system resources are most appropriate for the client. The assessment and score is then entered into HMIS in an accurate and timely fashion, according to the HMIS Policies & Procedures and HMIS Governance Charter.

1. ACCESS

All participating programs and other community partners refer clients for intake and initial assessment at access points or street outreach. These locations are accessible by public transit and were chosen in order to provide reasonably convenient access to as many residents of the CoC as possible, including those least likely to use CoC services. In addition, street outreach workers may conduct assessments in the field or at other locations.

The following agencies serve as designated access points for client intakes:

Program	Agency	Status	Subpopulation Focus
South Napa Shelter	Abode Services	Participating	Adults
NEWS	NEWS	Participating	Domestic Violence Survivors
Street Outreach	Abode Services	Participating	None
Street Outreach	Napa Police Department, 59 1 st Street	Participating	None

All access points offer standardized assessments for all individuals and families experiencing or at risk of homelessness and if appropriate, immediate linkage to an alternative access point. For example, individuals with disabilities may be accommodated through referral, and domestic violence survivors may be linked to focused access points and care including victim service providers and shelter. A household including more than one of the populations for which an access point is dedicated (for example, a family fleeing domestic violence) may be served at all of the access points for which they qualify.

2. STREET OUTREACH

Abode Services and the Napa Police Department provide street outreach services. All participating street outreach staff use the VI-SPDAT/F-VI-SPDAT to identify acuity of housing and service needs as part of the CES. They will then offer necessary and appropriate engagement, prevention and diversion services,

¹ Any reference to the VI-SPDAT/F-VI-SPDAT in this document refers to version 3.0.

case management, emergency health and mental health, and transportation services as needed to ensure individuals are connected to the CES.

Street outreach services providers will prioritize services to unsheltered homeless individuals and families according to Napa CoC's Written Standards.

3. CONNECTION TO THE EMERGENCY SYSTEM

Emergency response services, including emergency shelter, drop-in programs, and other crisis response services, will not be prioritized through coordinated entry at the present time. Napa CoC will work with the Napa Police Department, Napa County Probation, Napa County Corrections, Drug and Alcohol, Mental Health Departments, Queen of the Valley Medical Center, and other community partners to connect discharged individuals to the CES.

Access to emergency services and to the CES is 24/7. Participants may contact South Napa Shelter in person during operating hours, and after operating hours via telephone. Street outreach workers and the emergency care system will ensure that individuals and families experiencing homelessness have access to coordinated entry at all hours using the following techniques:

- In case of a housing crisis in the community, providers and community members should contact South Napa Shelter. If during regular business hours, outreach and shelter staff will be available. If the emergency occurs outside of regular business hours, South Napa Shelter staff will notify outreach staff either immediately or the next business day in accordance with the urgency of the situation.
- In an emergency in the community in which 911 is contacted, the Napa Police Department (NPD) arrives on scene. If the person involved in the emergency is experiencing homelessness, the NPD Street Outreach Team is also contacted. The Street Outreach Team interviews the client and the client's information is entered into HMIS. Where applicable, the client will be connected to the CES and receive a VI-SPDAT. Where the NPD Outreach Team is not available and has not responded to the scene, the team reviews dispatch reports the following business day and responds accordingly. In each case, the NPD Outreach Team promptly shares any dispatch report results and information with the shelter and CES team.

In addition, the CES team has close partnerships with other homeless service providers and emergency medical or behavioral health care providers.

To facilitate open paths of communication and knowledge between homelessness service and housing providers and community partners working within the emergency crisis response system, Napa CoC will provide a semi-annual training on connecting the CES to the emergency system.

4. CLIENT-CENTERED ASSESSMENTS

All assessments are conducted using trauma-informed, client-centered methods. Assessment areas are safe and private to allow individuals to identify sensitive information or safety issues in a private and secure setting.

Napa CoC uses a person-centered approach, and incorporates the following principles:

- Assessments are based in part on participant’s strengths, goals, risks, and protective factors.
- Tools and assessment processes are easily understood by participants and are responsive to participants’ needs for privacy and confidentiality.
- Assessments are sensitive to participants’ lived experience.
- Participants are offered choice in decisions about location and type of housing.
- Participants are able to easily understand to which program they are being referred, what the program expects of them, what they can expect of the program, and evidence of the program’s rate of success.

5. ASSESSMENT TRAINING

Training opportunities are available at least once annually to organizations and staff that serve as access points or administer VI-SPDATs or F-VI-SPDATs. Training curricula and protocols are updated and distributed annually, and include the following topics:

- Review of CoC’s Coordinated Entry Policies and Procedures, including any adopted variations for specific subpopulations;
- Requirements for use of assessment information to determine prioritization;
- Criteria for uniform decision-making and referrals;
- How to conduct trauma-informed assessments, including for special populations; and
- Safety planning and how to identify safety issues during the assessment process.
- Personal and data privacy considerations, and procedures to protect confidential information.

6. REQUIRED INFORMATION DURING THE ASSESSMENT PROCESS

All CoC coordinated assessment participants are free to decide what information they provide during the assessment process, to refuse to answer assessment questions, and to refuse housing and service options without retribution or limiting their access to other forms of assistance.

The assessment process does not require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

7. RE-ASSESSMENT

Providers shall reassess clients using the community-approved assessment tool when the client's prior assessment is:

- Out of date (older than one year), or
- Whenever participants experience major changes in health or life circumstances.

Examples of major life changes include:

- Change in family composition
- Significant change in income
- New or newly disclosed disability
- Incarceration or hospitalization
- Incident or experience of trauma
- Increased risk of harm
- Participation in treatment or community programs

A. PRIORITIZATION

Individuals and families are prioritized for a full continuum of housing and service interventions according to Napa CoC's Written Standards, which prioritize those who are most vulnerable and with the most acute needs for referral and placement into appropriate housing interventions. Those with the highest VI-SPDAT or F-SPDAT scores are prioritized for longer-term housing solutions.

Housing is awarded based on the prioritization order, except for housing with specific subpopulation requirements. For example, individuals who are veterans may be housed more quickly than someone else who is higher on the priority list if the next bed that opens is targeted to that subpopulation. Similarly, if there is a vacancy in a unit targeted toward survivors of domestic violence, the highest-scoring survivor of domestic violence will be referred for that vacancy.

1. PERMANENT SUPPORTIVE HOUSING (PSH)

The highest-scoring, most vulnerable individuals and families will be prioritized for PSH according to HUD Notice CPD 16-11 and the CoC's Written Standards.

2. RAPID REHOUSING (RRH) OPTIONS

Individuals and families will be prioritized for RRH according to the CoC's Written Standards.

3. PREVENTION AND OTHER SERVICES

Individuals and families who are homeless or at risk of homelessness may access ESG- and CoC-funded prevention and diversion services through the coordinated entry process. Street outreach, access and assessment points will prioritize referrals to those and other prevention services based on need and availability of appropriate interventions. The CoC is committed to further integrating prevention, diversion, and mainstream services into the CES.

B. MATCHING & REFERRAL

After assessment, scores are entered into the HMIS System. The coordinated entry team, comprised of the HHSA's Coordinated Entry coordinator and HMIS Administrator, will use the HMIS system to prepare priority lists of individuals and families. Using that list, the coordinated entry team will match and refer highest priority clients to the most appropriate resources for their needs based on their VI-SPDAT or F-VI-SPDAT score.

All CoC- and ESG-funded housing and/or services, as well as other participating programs, will use the coordinated entry process as the only referral source from which to fill vacancies.

Phase 1: Notification of a vacancy or available housing resource. When a participating program anticipates or identifies a vacancy or available housing resource (such as available RRH or PSH funding), the program will notify the coordinated entry team. The program will also communicate any eligibility or other requirements for the housing unit or program.

Phase 2: Identifying/locating units and matching individuals/families. The CES team uses a case conferencing approach to dynamically prioritize individuals and families for the resource most suitable to their needs and desires. That process includes the below components:

Determine the highest-priority individuals or families. The coordinated entry team will review the HMIS-generated priority list, including any anonymized lists generated through the domestic violence provider, and identify clients with the highest priority, based on VI-SPDAT or F-VI-SPDAT score, identified for that program type. For clients with the same score, the team will use severe service needs, including medical vulnerability, and length of time homeless as tiebreakers.

Determine whether the client is eligible for the project. The coordinated entry team will review the HMIS information for each client to determine whether they meet all eligibility requirements for the project with an available bed or unit, including factors like household size or subpopulation focus. For example, if a project that serves only chronically homeless clients has a vacancy, then only clients who are chronically homeless are eligible.

Identify and/or locate appropriate housing units for the highest-priority clients. In conjunction with Abode housing navigators and case managers, the CES team will locate and/or identify appropriate housing units for the highest-priority clients through case conferencing and discussion with case managers.

Locate and contact client to begin referral and placement process. Abode will work with each client to ensure they are still homeless and eligible for the program. If the client is unreachable or otherwise unavailable, they retain their status and place in the queue and their names are referred to street outreach for location efforts.

Gather and verify eligibility: Abode will gather/ensure existence of the following documentation and provide to the CES team:

- Verification of homelessness;

- Verification of chronic homelessness;
- Disability verification;
- Other identification, HMIS, and intake forms.

Determine client preference. Client's preference for and relationship with projects will be polled and accounted for. If a client turns down a project or available unit, they are returned to the queue and the reason for their rejection will be entered into case notes.

Phase 3: Refer the client to the project. The coordinated entry team will provide to the program the client's HMIS information, eligibility documentation and other information necessary to ensure successful placement. A project may reject an otherwise eligible client only with documented good cause, and such rejections shall be reported to and monitored by the coordinated entry team. Clients will be informed of the rejection and of an appeal process. Programs will coordinate income calculations, Housing Quality Inspections, and program intake forms, and shall provide notices, disclosures, and other required information. Programs retain eligibility documentation as required by funding sources.

Phase 4: Ongoing reporting on placement. Providers will promptly enter clients into the HMIS system and be responsible for ongoing reporting on their progress as required by HUD and other funding requirements.

C. SERVING SPECIFIC SUBPOPULATIONS

1. VETERANS BY-NAME LIST

Napa CoC has implemented a Veterans Working Group to end homelessness for veterans. The group uses HMIS data and the CES to prioritize the most vulnerable veterans for housing and other services. HMIS data, VI-SPDAT/F-VI-SPDAT Scores, and other data are used to create a by-name list of homeless veterans, and the Working Group implements the CES to refer veterans to appropriate housing and services, including HUD-VASH as well as other CoC resources.

2. SURVIVORS OF DOMESTIC VIOLENCE

NEWS serves as an Access Point for survivors of domestic violence, and also is a provider of emergency shelter and housing and services for survivors. When individuals or families contact NEWS, NEWS will conduct a screening that includes the VI-SPDAT/F-VI-SPDAT. When individuals or households present at other Access Points and they are fleeing or experiencing domestic violence, they shall be referred to NEWS. Absent safety concerns clients may elect to be served through the other access points, all of which shall have staff trained to maintain confidentiality and safety for these clients.

NEWS will enter information into a VAWA-compliant tracking system and provide to HMIS/Coordinated Entry a unique client identification number along with the minimum information necessary to determine eligibility and prioritization, including household size, VI-SPDAT/F-VI-SPDAT scores, and the appropriate agency staff contact information. No personally identifiable information, including name, date of birth,

social security number and last permanent address, or any other information protected by law shall be provided to HMIS or coordinated entry staff or entered into HMIS. The unique client identifier and priority/eligibility information shall be entered into the prioritization list.

When vacancies in permanent or rapid rehousing occur, the coordinated entry team shall ensure that those referred individuals and households have equal access to all housing and services for which they are eligible. The coordinated entry team shall contact NEWS when survivor households are identified to be prioritized for housing to ensure safety and suitability of housing options and that a warm handoff occurs that incorporates appropriate targeted services for the household.

When vacancies occur in housing designated for survivors of domestic violence, NEWS shall contact the coordinated entry team, and the coordinated entry team shall identify the highest-priority household for that vacancy, and work with NEWS to ensure the household receives access to safe and appropriate services for the prioritized household.

In accordance with the CoC's Written Standards and Emergency Transfer Plan, in the case of a need for an emergency transfer if there is no safe unit available for immediate transfer, the survivor has priority over other applicants for CoC-funded rental assistance, TH and PSH. The client can opt for an internal transfer within the same program or external transfer to another CoC program. When external transfers to other programs must occur to comply with the Emergency Transfer Plan, those clients are the top priority for available housing resources. When internal transfers must occur, those transfers have the same priority as other prioritized clients.

DATA & PRIVACY PROTECTION

Napa CoC ensures adequate privacy protections of all participant information and complies with HUD's HMIS Data and Technical Standards and other legal standards using the Napa County HMIS Policies and Procedures Manual. Napa CoC ensures all HMIS users are informed and understand the privacy rules associated with collection, management, and reporting of data, and obtain participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process.

Napa CoC prohibits denying services to participants if the participant declines to allow their data to be gathered or shared, unless federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of program participation.

Napa CoC does not use data collected from the assessment process to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex age, familial status, disability, actual or perceived sexual orientation, gender identify or marital status.

ONGOING ADMINISTRATION & EVALUATION

At least once per year, the Coordinated Entry Workgroup, in coordination with the Coordinated Entry team, will consult with each participating project and with project participants to evaluate the intake, assessment, and referral processes associated with Coordinated Entry, as well as to assess the quality and effectiveness of the coordinated entry experience.

The Coordinated Entry Workgroup will solicit feedback addressing the quality and effectiveness of the Coordinated Entry experience for both participating projects and households. Any participant information or identifying PII collected during feedback will be treated as confidential in order to protect the privacy of individuals.

The evaluation will employ the below feedback methodologies each year to ensure that participating projects and households have frequent and meaningful opportunities for feedback:

- Surveys designed to reach a representative sample of participating providers;
- Focus groups and/or individual interviews of participants that approximate the diversity of the participating households; and
- HMIS information on each housing referral and placement to analyze fidelity to Written Standards and Coordinated Entry Policies and Procedures, as well as to evaluate the efficiency and effectiveness of the assessment and placement systems.

The above information will be collected annually and analyzed by the Coordinated Entry Workgroup. After analysis, the Workgroup will present the assessment information to the CoC, identifying major themes to the feedback and potential opportunities for improvement.

Where an atypical placement or client rejection occurs, providers should fully note the situation and allow the Coordinated Entry Workgroup to review these cases during its annual assessment to ensure adherence to Written Standards and prioritization policies.

ADDENDUM: REVISING A CURRENT ASSESSMENT SCORE USING THE SCORE REVISION TOOL

Overview

On March 5, 2020, the Napa CoC approved a pilot project to launch a VI-SPDAT score revision tool. The CoC and participating providers will implement the use of this score revision tool over the next 6 months, until September 2020. Data will be collected to track outcomes of this pilot program and the impact on participants in the community queue, including but not limited to, how score revisions impacted placements into housing through CES. On conclusion of the pilot program, the CoC will evaluate the success of the program and will vote on its permanent adoption.

The score revision tool should be used when a client's VI-SPDAT score does not accurately represent their vulnerabilities.

Eligibility

If acuity is not accurately depicted on the first assessment and self-report appears to be:

- a. Drastically different than what documented history reflects *and*
- b. Is seriously impacting appropriate housing intervention level

Staff may begin the score revision process. See Score Revision Worksheet below for Single Adults. Subsequent alternative version for families/youth may be generated.

Process

If a client is eligible, as described above, the score revision tool can be utilized and submitted to a staff supervisor for approval.

If the staff supervisor approves the score revision, they must email the tool plus supporting documentation (see documentation requirements below) to Brandee Freitas at **brandee.freitas@countyofnapa.org** in an encrypted (password protected) file. HHP County staff will then designate discussion of the score revision as an agenda item at the next CES case conferencing meeting.

At the CES case conferencing meeting, the staff member or supervisor requesting the score revision will present relevant information and documentation. Those present at the case conferencing meeting will then review this information and decide whether a score change is appropriate by majority vote of those present.

Documentation

The score revision tool must include an attachment containing third-party documentation to support the revision or second-party documentation (observation by the intake worker) *only* when third party documentation is unavailable and staff have documented reasonable efforts to obtain it. Staff must comply with all applicable privacy regulations in obtaining third-party documentation.

Examples of third-party documentation:

- HMIS record

- Letter from another outreach or case worker, other than the staff member requesting the score change
 - Should include statement that verifies that based on their direct work with client, staff has information, observations, and/or facts that indicate acuity is not accurately depicted on the first assessment and that the current VI-SPDAT score is:
 - Drastically different than what documented history reflects *and*
 - Self-report appears to be seriously impacting appropriate housing intervention level
- Documentation from an institution (ex. rehab, hospital)

Single Adult VI-SPDAT Score Revision Worksheet

Directions: For each category where the score is not reflective of the client’s vulnerability, indicate the original score as self-reported and the revised score. Provide clear, specific rationale for the adjustment. Tally the total at the bottom of each column. Attach third party documentation (described below) to the form and submit to staff supervisor to review and sign. Once form is signed, please email to Brandee.Freitas@countyofnapa.org.

Section	Item	Original Score	Revised Score	Rationale
1. Presenting Needs	1. Common Needs			
2. Housing History & Chronic Homeless Determination	2-5. Chronic Homelessness			
	6-7. Housing History			
3. Vulnerabilities & Housing Support Needs	8. Service Utilization			
	9. Harm to Self/Others & Threats to Individual			
	10-11. Legal Needs			
	12-14. Safety & Risks			
	15-17. Money Management			
	18. Meaningful Activities			
	19. Collecting/Hoarding			
	20-21. Social Relationships			
	22-24. Medical Vulnerability			
	25. Substance Use			
	26. Medication Management			
27. Trauma & Abuse				
Total:				

Note: The score revision tool must include an attachment containing third-party documentation to support the revision or second-party documentation (observation by the intake worker) *only* when third party documentation is unavailable and staff have documented reasonable efforts to obtain it. Staff must comply with all applicable privacy regulations in obtaining third-party documentation. Examples of third-party documentation include: HMIS record, letter from another outreach or case worker, other than the staff member requesting the score change, documentation from an institution (ex. rehab, hospital).

Staff Supervisor Signature

Date