

**Coordinated Entry Policies and Procedures**  
Butte Countywide Homeless Continuum of Care

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Adopted December 19, 2016

Latest revised adopted October 24, 2018

Amentment One (Temporary ) Adopted August 17, 2020

For use by the CoC Council, CoC Coordinator, HMIS Committee, HMIS Lead Agency, HMIS Software System Provider, Contributing HMIS Organizations, Partner Agencies, and all End Users

## INTRODUCTION

The Butte Countywide Homeless Continuum of Care has adopted the policies and procedures that are contained in this document; including but not limited to, homeless prevention referrals. They were recommended by the CoC's Coordinated Entry Committee based upon their understanding of HUD guidance on the issue of coordinated entry. The Coordinated Entry system is intended to apply to all providers in the CoC jurisdiction of Butte County. Initial involvement will focus on HUD and State ESG grantees due to the mandated involvement and use of coordinated entry by those programs and it is compliant with section 8409 CA Core Practices of the state regulations for the ESG grant. We recognize that the system of connecting homeless persons with needed services as soon as possible is a goal to which all providers in our area can contribute to and benefit from. All ESG and CoC recipients in the continuum must participate in Coordinated Entry.

Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are served in the order of priority in this policy. The CoC recognizes that some persons, particularly those living on the streets or in places not meant for human habitation, might require significant engagement and contacts prior to their entering housing and recipients ***are not required*** to keep units vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts to engage those persons and the CoC and CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable and for those projects that indicated in the CoC Project Application that they will follow a Housing First approach will be required to do so for both the entire operating year, as the CoC score for the CoC Program Competition is affected by the extent in which project applications indicate that they will follow this approach and this requirement will be incorporated into the recipient's grant agreement. For eligibility in dedicated or prioritized PSH serving chronically homeless households, the individual or head of household must meet all of the applicable criteria to be considered chronically homeless per [24 CFR 578.3](#).

The CoC expects that these policies and procedures will be refined and amended over time as the understanding of what works develops. We agree that CE should be the primary method of prioritizing persons experiencing chronic homelessness for permanent supportive housing purposes. This aligns with HUD Notice CPD 16-11. We also acknowledge that HUD has indicated that those who experience chronic homelessness and who need permanent supportive housing as well as households who are seeking a therapeutic residential environment, including those recovering

Coordinated Entry Procedures v2.0  
October 2018

from addiction are exceptions to the designs and intentions of certain program including rapid re-housing etc. Therefore we acknowledge that program qualification is a critical factor that providers must take into consideration in addition to vulnerability.

**MARKETING PLAN**

The CoC's Coordinated Entry marketing strategy includes direct outreach to people on the street and other service sites, informational flyers left at service sites and public locations, utilizing 211's "Be Home" mobile application, announcements during CoC and/or other coalition meeting such as the GCHTF, and providing educating presentations to mainstream service providers.

Coordinated Entry Procedures v2.0  
October 2018

**Phase 1: PRE-SCREEN**

The Pre-Screen process is conducted either in person or telephone by a first responder, 211, outreach, shelter, etc. and will not be entered into HMIS. A few easy questions will be asked to help identify the most pertinent needs of a client including housing.

These questions are:

1. Are you currently experiencing, or at risk of, violence in your relationship?
2. Are you over 18?
3. Do you have an urgent medical or mental health-need?
4. Are you in imminent danger?
5. Do you have a place to stay tonight?
6. Are you interested in long-term housing?

If the client is an unaccompanied youth, fleeing from Domestic Violence, etc., they will be referred immediately to the appropriate provider.

If the client is in need of non-housing services such as mainstream resources, they will be referred to the appropriate non-housing provider.

If the client is in crisis and in need of housing they will move to Diversion.

**Phase 2: DIVERSION/ EMERGENCY SERVICES**

This is a continuation of the Pre-screen. It tries to divert a client from entering the homeless system and explores resources and support systems the client may be able to utilize. Includes referrals to community mainstream resources if possible and shelters if necessary.

Questions to be asked:

1. Do you have friends or relatives that you can stay with tonight?
2. Can we help contact friends or relatives for possible housing?

“Unqualified” Emergency Services are available 24 hours a day 7 days a week though Butte 2-1-1. Emergency access point service providers could include all types of emergency services such as homelessness preventions assistance, domestic violence and emergency services hotlines, drop-in service programs, emergency shelters, and other short-term crisis residential programs. Persons must be able to access emergency services independent of the operating hours of the CoC’s coordinated entry process for intake and assessment.

### **Phase 3: INITIAL ASSESSMENT and REFERRAL**

Coordinated Entry operates 24 hours a day, 7 days a week and is conducted by a 211 or provider staff\* with access to Clarity (See list of agencies on page 16). Basic information is gathered about the client's current situation and entered into the Coordinated Entry System in Clarity. The Initial Assessment will be conducted by individual users with specific access to the Coordinated Agency. This entry will have two parts, profile and Coordinated Entry Program Enrollment, which will be used as the Community Queue or Prioritization List. The client will need to acknowledge that information collected during the Coordinated Entry process will be collected in the Clarity system. Acknowledgement will be attained by signing the HMIS Client Acknowledgement form, with the exception of clients calling 211 or other service providers, who may accept a verbal acknowledgement. Contact information will also be collected to aid agencies in the follow-up of a client when housing becomes available. In the event of a verbal acknowledgement, clients will be advised by 211 that they will have an Acknowledgement Form presented to them at the agency to which they will be referred. Each agency may maintain their own Acknowledgement Form to complete client files. If the client is in immediate need of all services they will be referred to the appropriate provider for program enrollment. †

The CoC's are prohibited from screening people out of the coordinated entry process due to perceived 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.

The assessment process cannot 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.

CoC's coordinated assessment participants are freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. Written policies and procedures specify the conditions for participants to maintain their place in coordinated entry prioritization lists when the participant rejects options. (See page 12)

\*If an individual wishes to file a grievance or complaint related to the Coordinated Entry process, they may contact the CoC Lead Agency CAABCI in writing at: Community Action Agency of Butte County, Inc. 181 E. Shasta Ave., P.O. Box 6369, Chico, CA 95927 or by calling 530-712-2600.

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\* An appropriate title, such as Navigator, CE Specialist, etc., will be determined

† The referral process will be developed and refined during Program Design

Coordinated Entry Procedures v2.0  
October 2018

*\*Note- Programs may require participants to provide certain pieces of information to determine program eligibility only when the applicable program regulation requires the information to establish or document eligibility*

The CoC's coordinated entry process training curricula includes the following topics for staff conducting assessments:

- Review of CoC's written CE policies and procedures, including any adopted variations for specific subpopulations;
- Requirements for that use of assessment information to determine prioritization; and
- Criteria for uniform decision-making and referrals.

**Questions to be asked to complete client profile:**

1. Name
2. Birthdate
3. Gender
4. Race
5. Ethnicity

**Questions to be asked to complete Coordinated Entry Enrollment:**

1. Housing makeup
2. Housing Status
3. Current Residence – Residence Prior to Program Entry
4. Length of Stay at Previous Place
5. Are you a Veteran?
  - If yes, an automatic referral is made to Veterans' resource services:
    - VA
    - Veterans' Resource Center
    - Other
6. VISPDAT Score from: This will be updated at a later time by VISPDAT Specialist.‡
  - VI-F-SPDAT Prescreen for Families
  - VI-SPDAT Prescreen for Single Adults
  - VI-Y-SPDAT Prescreen for Transition Age Youth

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‡ An appropriate title will be agreed upon for this individual during Program Design

## **General Admission Criteria RRHP Intake & Assessment**

The following section outlines the general intake and assessment process: The Emergency Solutions Grant (ESG) Rapid Re-Housing Program (RRHP) is referral-based and participants must be referred by the Continuums of Care (COC) to a Coordinated Entry System (CES), with intake being completed using the Vulnerability Index (VI) (Survey) Service Prioritization Decision Assistance Tool (SPDAT), which is made free by Community Solutions. The VI-SPDAT information is entered into a Coordinated Entry System (CES), which is the Continuum of Care's (CoC's) Homeless Management Information System (HMIS), a local information technology system used to collect participant-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. The ESG RRHP Case Manager (CM) selects the individual/family from the HMIS, based on the score determined by the Vi-SPDAT, (the individual/family) most in need of ESG Rapid Re-Housing services, assisting them in obtaining housing services using a Housing First approach. According to Housing and Urban Development (HUD), Housing First "is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry."  
<https://www.hudexchange.info/resource/3892/housing-first-in-permanent-supportive-housing-brief/>

"Rapid Re-Housing programs are designed to help those who are homeless transition into permanent housing. The primary goal is to stabilize a program participant in permanent housing as quickly as possible and to provide wrap-around services after the family or individual obtains housing. Households receiving this funding must have an income level at or below 50% AMI. Enrollment in a rapid re-housing program should rely heavily on a case management plan to ensure long term stability for program participants. Providers are expected to implement a case management plan that will increase household incomes and/or increase access to mainstream benefits for program participants. Linkages should also be made to applicable mainstream programs such as SOAR, food stamps, TANF, etc."

### **Program Access**

The ESG RRHP Case Manager (CM) identifies who(m) is eligible for ESG RRH Program services by entering the CES, which in Butte County is by way of the HMIS (Clarity Database), which revises the regulations for the Emergency Shelter Grants program by establishing regulations for the ESG program, which replaced the Emergency Shelter Grant program. In Butte County, the database used by the CoC for HMIS is Clarity. Previously, there was a focus on addressing the needs of homeless people living in emergency or transitional shelters. Now, there is a focus

on assisting people in regaining stable permanent housing quickly after experiencing a housing crisis and/or homelessness (Federal Register, Vol 73, No. 233, pg. 1).

### **Determining ESG RRH Program Participant Eligibility**

According to HUD in its report, Rapid Re-Housing: ESG vs. CoC and Determining Homeless and At-Risk Status, Income, and Disability, in order for participants to be eligible for ESG RRH program funds, they need to meet the following “homelessness” criteria.

### **Definition of “Homelessness”**

Meet the definition of being “literally homeless” per the webinar Determining and Documenting Homeless and At-Risk Status, Income and Disability and demonstrate “Need”, which is the amount and type of assistance. Re-Evaluation for ESG RRH Program services must be conducted at least annually to determine need and continued eligibility.

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

1. Sleeping in a place not designated for or ordinarily used as a regular sleeping accommodation, including: a car, a park, an abandoned building, a bus or train station, an airport, a camping ground;
2. Living in a shelter designated to provide temporary living arrangements, including: congregate shelters, hotels and motels paid for by charitable organizations or federal/state/local government programs;
3. Exiting an institution (e.g., jail, hospital) where they resided for 90 days or less AND were residing in emergency shelter or place not meant for human habitation immediately before entering the institution.
4. Individuals/families fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence, which have no identified subsequent residence AND lack the resources and support networks needed to obtain other permanent housing.

### **Pre-Eligibility Intake**

Eligibility for admission into the Emergency Solutions Grant Rapid Re-Housing (ESG RRH) Program is determined by the criteria listed below. These determinations are supported by the criteria outlined in the Fair Housing Act, the U.S. Department of Housing and Urban Development (HUD) and the specifications of the ESG RRH grant.

Head of household must be verified as homeless (see ESG RRH homeless criteria above, Determining ESG RRH Program Participant Eligibility).

- a) CAA ESG RRH Program participant will be identified by VI-SPDAT 2.0 assessment score ranking in the HMIS, Clarity database;
- b) Certification from people seeking assistance have complete access to the following services: Affirmative Outreach, which is consistent with our non-discrimination statement. Our business location is made available on our websites,



Google Maps, and Public Transportation stops are within a 5-block radius to north and south of our property. Every effort will be made to ensure that individuals can locate the agency.

Note: The determination and verification of homelessness must be received prior to entry by the Community Action Agency of Butte County or Torres Shelter and available at the first case management intake meeting.

Verification of eligibility is based on the based on the ESG RRH Program Definition of “homelessness”, as determined by HUD. (See Determining ESG RRH Program Participant Eligibility).

### **General Admission Criteria**

#### **No Place Like Home (NPLH) –At Risk of Chronic Homelessness**

##### **The Definition**

**Persons qualifying under this definition are persons who are at high-risk of long-term or intermittent homelessness.** At-Risk of Chronic Homelessness” for this Program means an adult or older adult with a Serious Mental Disorder who meet one or more of the following criteria :**(1) persons exiting institutionalized settings, such as jail or prison, hospitals, institutes of mental disease, nursing facilities, or long-term residential substance use disorder treatment, who were *Homeless prior to admission to the institutional setting*;****(2)Transition-Age Youth experiencing homelessness or with significant barriers to housing stability, including, but not limited to, one or more evictions or episodes of homelessness, and a history of foster care or involvement with the juvenile justice system; and others as set forth below ;****(3) Persons, including Transition-Age Youth, who prior to entering into one of the facilities or types of institutional care listed below had a *history of being Homeless* as defined under this subsection: a state hospital, hospital behavioral health unit, hospital emergency room, institute for mental disease, psychiatric health facility ,mental health rehabilitation center, skilled nursing facility, developmental center, residential treatment program, residential care facility, community crisis center, board and care facility, prison, parole, jail or juvenile detention facility, or foster care.**

**Having a History of Being Homeless** means, at a minimum, one or more episodes of homelessness in the 12 months prior to entering one of the facilities listed above. As long as the requirements listed above are met, Homeless Persons who have resided in one or more of the settings described above in section 1 or section 3 for any length of time may qualify as Homeless upon exit from the facility, regardless of the amount of time spent in such facility; and Homeless Persons who prior to entry into any of the facilities or types of institutional care listed above have resided in any kind of publically or privately operated temporary housing, including congregate shelters, transitional, interim, or bridge housing, or hotels or motels, may qualify as At-Risk of Chronic Homelessness.

### **Definition of Serious Mental Disorder**

Per Welfare and Institutions Code Section 5600.3) adults and older adults who have a serious mental disorder means a mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. Serious mental disorders include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders. This section shall not be construed to exclude persons with a serious mental disorder and a diagnosis of substance abuse, developmental disability, or other physical or mental disorder.

Members of this target population shall meet all of the following criteria:

- (A) The person has a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a substance use disorder or developmental disorder or acquired traumatic brain injury pursuant to subdivision (a) of Section 4354 unless that person also has a serious mental disorder as defined in paragraph (2).
- (B) (i) As a result of the mental disorder, the person has substantial functional impairments or symptoms, or a psychiatric history demonstrating that without treatment there is an imminent risk of decompensation to having substantial impairments or symptoms.  
(ii) For the purposes of this part, “functional impairment” means being substantially impaired as the result of a mental disorder in independent living, social relationships, vocational skills, or physical condition.
- (C) As a result of a mental functional impairment and circumstances, the person is likely to become so disabled as to require public assistance, services, or entitlements.
- (4) For the purpose of organizing outreach and treatment options, to the extent resources are available, this target population includes, but is not limited to, persons who are any of the following:
  - (A) Homeless persons who are mentally ill.
  - (B) Persons evaluated by appropriately licensed persons as requiring care in acute treatment facilities including state hospitals, acute inpatient facilities, institutes for mental disease, and crisis residential programs.
  - (C) Persons arrested or convicted of crimes.
  - (D) Persons who require acute treatment as a result of a first episode of mental illness with psychotic features.
  - (5) California veterans in need of mental health services and who meet the existing eligibility requirements of this section, shall be provided services to the extent services

Coordinated Entry Procedures v2.0  
October 2018

are available to other adults pursuant to this section. Veterans who may be eligible for mental health services through the United States Department of Veterans Affairs should be advised of these services by the county and assisted in linking to those services.

(A) No eligible veteran shall be denied county mental health services based solely on his or her status as a veteran.

(B) Counties shall refer a veteran to the county veterans service officer, if any, to determine the veteran's eligibility for, and the availability of, mental health services provided by the United States Department of Veterans Affairs or other federal health care provider.

(C) Counties should consider contracting with community-based veterans' services agencies, where possible, to provide high-quality, veteran specific mental health services.

(c) Adults or older adults who require or are at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental disorder with symptoms of psychosis, suicidality, or violence.

(d) Persons who need brief treatment as a result of a natural disaster or severe local emergency.

### **The Assessment**

All persons qualifying under this definition must be prioritized for available housing by using a standardized assessment tool that ensures that those with the greatest need for Permanent Supportive Housing and the most barriers to housing retention are prioritized for the Assisted Units available to persons At-Risk of Chronic Homelessness. Qualification under this definition will be done through established protocols of the Coordinated Entry System used to prioritize those with the greatest needs among those At-Risk of Chronic Homelessness for referral to available Assisted Units.

### **Referral and Intake Process**

Referrals for the NPLH units will come from the network of homeless services providers participating in CES.

When a NPLH Unit becomes available: The Property Manager of NPLH units will send out a request to Butte County Department of Behavioral Health staff asking them to refer eligible applicants for tenant screening. Butte County Department of Behavioral Health staff will access the CES Queue to refer the three to five highest ranking NPLH eligible individuals on the list to property management.

### **Non-Discrimination**

Federal regulations prohibit discrimination against certain protected classes and other groups of people. State and local requirements, as well as COC'S policies, can prohibit discrimination based on other factors.

Coordinated Entry Procedures v2.0  
October 2018

The COC'S shall not discriminate because of race, color, sex, religion, familial status, age, disability or national origin (called "protected classes"). Universal Access and effective communication for participants is ensured by Butte 211 with a three-way language barrier system in place for those with disabilities and/or ESL participants.

The COC'S will not discriminate on the basis of marital status, gender identity or sexual orientation [FR Notice 02/03/12]. The COC'S will not discriminate on the basis of citizenship, primary language or immigration status per California state law.

Participants may file a nondiscrimination complaint with Legal Services of Northern California by telephone at 530-345-9491 or by writing to: LSNC, 541 Normal Avenue, Chico, CA 95928.

All COC's grantees are required to provide written material in multiple languages; especially Spanish and Muong in Butte County areas.

**THE VIOLENCE AGAINST WOMEN REAUTHORIZATION ACT (VAWA):  
NOTIFICATION, DOCUMENTATION, CONFIDENTIALITY**

**Overview**

The Violence Against Women Reauthorization Act of 2013 (VAWA) provides special protections for victims of domestic violence, dating violence, sexual assault and stalking who are applying for or receiving assistance under subsidized housing program. CoC's are required to inform program applicants and participants of their rights under VAWA, including their right to confidentiality and the limits thereof, when they are denied assistance, when they are admitted to the program, and when they are notified of an eviction or termination of housing benefits. The CoC will provide all applicants with information about VAWA at the time they request an application for housing assistance. The CoC will also include information about VAWA in all notices of denial of assistance.

The CoC will also include information about VAWA in notices of termination of assistance, The VAWA information provided to applicants and participants will consist of the notice in Exhibit 1 and 2.

**Protection for Applicants**

If you otherwise qualify for assistance under the Program, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

**Protection for Tenants**

If you are receiving the CoC Rental Assistance Program you may not be denied assistance, terminated from participations, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Also, if you or an affiliated individual of yours is or has been the

Coordinated Entry Procedures v2.0  
October 2018

victim of domestic violence, dating violence or sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under the CoC solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parents, brother, sister, or child, or a person to whom you stand in the place of a parents or guardian (for example the affiliated individual is in you care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

**Discrimination Complaints**

The CoC is required to provide the applicant or participant with information about how to file a discrimination complaint by providing the FHEO hotline #: 1 (800) 347-3739 and or website: [www.hud.gov/fairhousing](http://www.hud.gov/fairhousing) [24 CFR 982.304].

**Phase 4: Agency Program Enrollment**

Conducted on site by shelter/homeless provider with HMIS access at the time of program entry. The provider will complete their standard client intake and enter into Clarity.

1. Universal Data Elements.
2. Program level Data Elements
3. Agency Specific Data Elements

**Phase 5: VI-SPDAT**

Once the client is settled and able to provide the required information, the appropriate VI-SPDAT Assessment will be conducted with the client. This entire assessment will be entered into Clarity and will calculate their VI-SPDAT score. The provider staff with access to the Coordinated Entry Program will open the clients Initial Assessment and enter this score into the appropriate field, which should be done within 7 days of Coordinated Entry enrollment.

Priority points will be utilized to prioritize persons experiencing Chronic Homelessness and other vulnerable homeless persons in CoC funded permanent supportive housing, Homeless Households with Children; and prioritization of Unaccompanied Homeless Youth for Housing Services.

Priority points will be utilized. Priority points will be assigned to individuals/families within the above noted classifications as follows:

<i>Prioritization of Chronically Homeless</i>	25 Points
<i>Prioritization of At-Risk of Chronic Homelessness</i>	23 Points
<i>Prioritization of Homeless Households with Children</i>	20 Points
<i>Prioritization of Unaccompanied Homeless Youth</i>	20 Points

Coordinated Entry Procedures v2.0  
October 2018

Clients that are categorized as multiple subpopulations would stack points for each classification up to a maximum range of 63- 65 preference points for prioritization. For clients who are not being considered for permanent supportive housing options the prioritization will not be based solely on the vulnerability score. In those cases the vulnerability score will be a lesser factor than the extent to which the client qualifies for the program. In cases of rapid re-housing programs the primary prioritization factors will include: an assessment with households that will develop into a housing plan. The assessment will include the identification of housing needs, preferences, strengths and barriers to housing. The assessment will also seek to identify possible alternatives and resources. The assessment should be primarily focused on housing needs rather than service needs and can be used to determine if rapid re-housing alone is the most appropriate intervention or if longer-term assistance is needed and desired. The initial assessment also provides the basis for the initial level of financial assistance and/or supportive services to be provided by the intervention. The housing plan should include re-assessments to determine adjustments or discontinuation of financial assistance once households enter permanent housing.

**Phase 6: Agency HOUSING BARRIER ASSESSMENT**

Conducted by program/shelter staff after a client has been in the shelter for a specific period of time. Three basic questions used to identify needs of independent living and barriers to obtaining or maintaining housing.

Barriers to identify include: Availability of housing, income, rental history, criminal history, homeless history, mental health or alcohol/ substance abuse that may hinder their ability to maintain a lease. Categorizes clients into High, Medium and Low barrier levels and matches with a set of suggested services.

### **Phase 7: PRIORITIZATION and Community Queue**

Program, Shelter and Coordinated Entry staff conduct this process. Prioritization and management of the Community Queue will take place at monthly CE Committee meetings.

Upon initial offer of housing placement, the candidate will receive up to 3 documented contact attempts separated by no less than 1 business day. If, after 14 days from the 3<sup>rd</sup> documented attempt to reach the candidate or candidate's point of contact, there is no response, housing placement will be offered to the next qualified candidate in the queue.

No less than 30 days after the 3<sup>rd</sup> documented contact attempt is made, a final contact attempt will be made to offer housing placement. If a response is received and the candidate still needs housing, the candidate will be offered placement. If no response is received within another 30 days, the candidate will be removed from the queue at the following CE Committee queue management meeting.

### **Queue Waitlist Management**

The Coordinated Entry Queue Review Committee will review the Coordinated Entry Queue annually in October. This committee is comprised of representatives from the homeless service network.

The waiting list will be updated periodically to ensure that all applicant contact information is current and timely. To update the waiting list, the Queue Review Committee will review queue notes on each applicant to assess contact history and if no contact history is documented, have the referring agency send an update request via mail, email, and/or phone to each applicant on the waiting list to determine whether the applicant continues to be interested in the program. This update request will be directed to the last mode of contact on record for the applicant. To those with Housing CoC Grants, agencies must use all avenues of contact provided when updating the CE Queue. The update request will provide a fourteen (14) calendar day deadline by which the applicant must respond and will advise that failure to respond will result in the applicant's name being removed from the waiting list. If the applicant fails to respond within fourteen (14) calendar days, the applicant will be removed from the waiting list without further notice. If an applicant is removed from the waiting list for failure to respond, they will not be entitled to reinstatement unless the Queue Review Committee determines there were circumstances beyond the person's control. The following exceptions, if determined to exist, will be acceptable to warrant reinstatement:

1. Death in Family
2. Medical Emergency
3. Natural Disaster
4. Reasonable Accommodation

5. Verified error by US Post Office

**Issue OF HUD Notice CPD-16-11**

HMIS may assist in determining Permanent Supportive Housing program eligibility. On July 25, 2016 HUD's Office of Community Planning and Development issue notice CPD-16-11 (the "Notice"), to supersede prior notice CPD-14-012 regarding prioritization of chronically homeless persons in CoC-funded permanent supportive housing (PSH) beds.

The Notice:

1. Establishes an updated order or priority for PSH that is dedicated or prioritized for people experiencing chronic homelessness; and
2. Establishes a recommended order of priority for PSH that is not dedicated or prioritized for chronic homelessness to prioritize those persons with the longest histories of homelessness and most severe service needs, and therefore who are most at risk of becoming chronically homeless.

**General**

- "CoCs are strongly encouraged to adopt and incorporate them into the CoC's written standards and coordinated entry process." (Section 1.B.)
- HUD clarified in the email releasing the new notice that adoption of either CPD-14-012 or CPD-16-11 satisfies the eligibility for points in the relevant 2016 NOFA applications questions. The email states, " CoCs are encouraged to adopt these orders of priority and incorporate them into their written standards, however, CoCs will be eligible to receive points outlined in Section VII.A.6(a) of the FY 2016 CoC Program NOFA for demonstrating adoption and incorporation of the orders of priority included in either Notice CPD-16-11 or Notice CPD-14-012
- The purpose of the notice is to updated the prioritization for CoC-funded PSH beds in order to "ensure that those individuals and families who have spent the longest time in places not meant for human habitation, in emergency shelters, or in safe havens and who have the most severe service needs within a community are prioritized for PSH" (Section I.B.)
- "Severity of Service Needs" is defined slightly differently than in the prior notice, adding youth, victims of domestic violence, and others to the definition. (Section I.D.3.)

Agencies are currently utilizing the CoC Prioritization Policies, as adopted by the CoC on November 3, 2015 and stipulated in CPD-14-012, to prioritize the chronically homeless. The CE Pilot Program is incorporating the recently adopted



Coordinated Entry Procedures v2.0  
October 2018

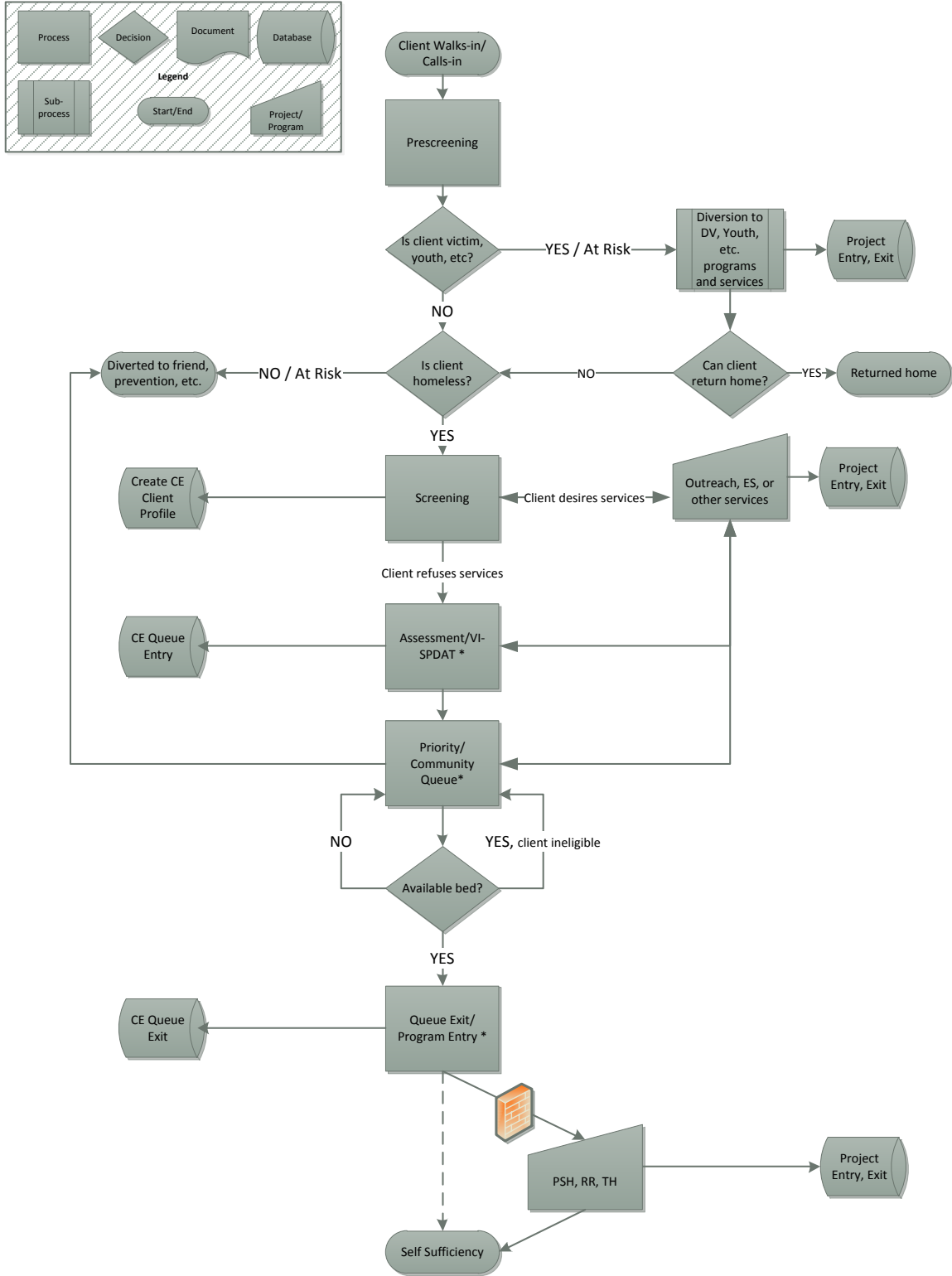
CoC Prioritization Policy, as set forth in Notice CPD-16-11 and adopted on August 22, 2016, into its processes and procedures.

*\*Note- Refer to HUD Prioritization Notice: CPD-16-11 for detailed guidance on prioritizing persons experience chronic homelessness and other vulnerable homeless populations in permanent supportive housing.*

**Phase 8: Entry into Permanent Housing**

Once the appropriate housing is secured, the client will be referred to the available agency and move into the available Supportive Permanent Housing, Rapid Rehousing or Transitional Housing program. This will require the provider staff from the referring agency with access to the Coordinated Entry Program to open the record and exit them from the Coordinated Entry Program. Then staff from the Permanent Housing program can complete their standard intake procedure and enter them into their own program. Clients will be housed in accordance with HUD's Equal Access in Accordance With an Individual's Gender Identity Final Rule (published Sept 2016).

# Coordinated Entry Procedures v2.0 October 2018




Coordinated Entry Procedures v2.0  
October 2018

*PLEASE FIND A LIST OF PARTICIPATING AGENCIES BELOW*

HMIS Participating Agencies




*Revised 7/21/17*

- **Butte 2-1-1\***
- **Butte County Department of Behavioral Health\***   
3217 Cohasset Rd, Chico, CA  
(530) 891-2850
- **Butte County Department of Employment & Social Services**   
(877) 410-8803
- **Butte County Housing Authority\***   
(530) 895-4474
- **Caminar\***   
(530) 343-4421
- **Community Action Agency of Butte County, Inc./Esplanade House**   
(530) 712-2600
- **Crisis Care and Triage (CCAT)\***  
468 Manzanita Ave. Suite 9, Chico CA  
(510) 396-5109
- **Jesus Center\***   
1297 Park Ave, Chico, CA 95928  
(530) 345-2640
- **Oroville Rescue Mission**   
(530)533-9120
- **SHOR**   
(530) 872-1162
- **Torres Shelter\***   
101 Silver Dollar Way, Chico, CA 95928  
(530) 891-9048  
Open Daily, 4:30pm- 6:40am
- **Youth For Change\***   
6<sup>th</sup> Street Center for Youth  
130 W. 6<sup>th</sup> St., Chico, CA  
(530) 894-8008

*\*Indicates Coordinated Entry*

Coordinated Entry Procedures v2.0  
October 2018

Access Points

- **Butte 2-1-1\***
- **Crisis Care and Triage (CCAT)\***  
468 Manzanita Ave. Suite 9, Chico CA  
(510) 396-5109
- **Jesus Center\***   
1297 Park Ave, Chico, CA 95928  
(530) 345-2640
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Coordinated Entry Procedures v2.0  
October 2018

**Acronym Definitions:**

- **AMI**- Area (Annual) Median Income
- **CAA**- Community Action Agency
- **CAABCI**- Community Action Agency of Butte County, Inc.
- **CE**- Coordinated Entry
- **CES**- Coordinated Entry Systems
- **CM**- Case Manager
- **CoC**- Continuum of Care
- **ESG**- Emergency Solutions Grants
- **FHEO**- Fair Housing and Equal Opportunity
- **HMIS**- Homeless Management Information Systems
- **HUD**- (U.S. Department of ) Housing and Urban Development
- **GCHTF**- Greater Chico Homeless Task Force
- **NOFA**- Notice of Funding Availability
- **PSH**- Permanent Supportive Housing
- **RRH**- Rapid Re-housing
- **RRHP**- Rapid Rehousing and Homelessness Prevention
- **SOAR**- SSI/SSDI Outreach, Access, and Recovery Program
- **TANF**- Temporary Assistance to Needy Families
- **VA**-U.S. Department of Veterans Affairs
- **VAWA**- Violence Against Women Act
- **VI**- Vulnerability Index
- **VI-SPDAT**- Vulnerability Index Service Prioritization Decision Assistance Tool

Reference Guide: <https://www.ppunitedway.org/HMISAcronyms.pdf>

# **Amendment One to Coordinated Entry Policy and Procedures**

## **Butte Countywide Homeless Continuum of Care**

In order to quickly house homeless individuals who have been identified as high-risk for developing serious and life-threatening health complications from COVID-19, the Butte Countywide Homeless Continuum of Care Coordinated Entry System will temporarily adopt the following prioritization scheme beginning in August of 2020 and remaining in place until such time as public health officials determine that the public health emergency associated with COVID-19 has concluded.

Persons experiencing homelessness will be prioritized for Rapid Re Housing (RRH) in the following order:

1. All persons temporarily sheltered at the motel-based non-congregate shelter (NCS) for people experiencing or at high-risk of experiencing complications from COVID-19.
  - i. These persons have documented vulnerabilities that put them at increased risk for COVID-19.
  - ii. Persons currently sheltered at the NCS are those who:
    - Test positive for COVID-19 that do not require hospitalization, but need isolation or quarantine (including those exiting from hospitals); or
    - Have been exposed to COVID-19 (as documented by a state or local public health official, or medical health professional) that do not require hospitalization, but need isolation or quarantine; and/or
    - Are asymptomatic, but are at “high-risk,” such as people over 65 or who have certain underlying health conditions (respiratory, compromised immunities, chronic disease), and who require emergency non-congregate sheltering as a social distancing measure.
2. Persons who were eligible for the NCS because of high levels of vulnerability to COVID-19, but who were unable to secure placement in the hotel for one of the following reasons:
  - i. Client was formally referred for placement but no NCS units were available;
  - ii. Client was not referred to NCS in the initial round of placements due to reasons such as having no history in HMIS but was subsequently prioritized and referred after NCS was no longer accepting new residents; or
  - iii. Client has status as a 290 registrant (subject to agency and/or funding requirements, and parole/legal status).
3. If all persons in the first two categories have been housed and additional units or vouchers are available, the community will prioritize clients for RRH based on the existing prioritization scheme.

The goal of the temporary prioritization process is to ensure individuals participating in NCS do not return to homelessness when the temporary NCS hotel stays end.

To address this goal, the following procedures are adopted:

- A “Byname” list, hereafter referred to as the COVID Rehousing Team (CRT) Tracker, has been created and will be maintained jointly by the Housing Navigation and Assessment subcommittees of the CRT.
- The CRT Tracker lists the names of all individuals currently participating in NCS, and includes data relevant to identifying and procuring housing for each individual.

- The CRT Tracker will be used at weekly CRT case conferencing meetings to match individuals on the list with available housing opportunities.