



SAN DIEGO  
**Regional Task Force  
on the Homeless**

# **Coordinated Entry System (CES) Policies and Procedures**

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Revised from CAHP policies and procedures  
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2018

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# I. Overview

The purpose of the Coordinated Entry System (CES) is to ensure that all people experiencing homelessness in San Diego County have fair and equal access. They must be quickly identified, assessed, and prioritized for housing resources, no matter where or when they present for services.

The system works with households in order to understand their strengths and needs, and to connect them with appropriate resources. Through the use of standardized tools and practices, CES incorporates a system-wide housing first approach, increases coordination across community providers, ensures the most efficient targeting of resources, and prioritizes those with the highest level of need.

Furthermore, Coordinated Entry is designed to:

- Allow anyone in need of housing assistance to easily access the system and be assessed in a standard and consistent way;
- Ensure that households who are experiencing homelessness gain access to community interventions as efficiently and effectively as possible;
- Prioritize households for limited housing resources based on need and vulnerability;
- Provide clarity, transparency, consistency, and accountability throughout the assessment and referral process for households experiencing homelessness, community partners, and homeless and housing service providers; and
- Facilitate exits from homelessness to stable housing in the most rapid manner possible.

To achieve these objectives, Coordinated Entry includes:

- A standard progressive engagement and assessment process to be used for all households who are seeking assistance, and procedures for determining the appropriate next level of assistance;
- Uniform guidelines among emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing programs regarding eligibility for services, screening criteria, prioritized populations, and expected outcomes; and
- Policies and procedures detailing the operations of Coordinated Entry.

## Background

The San Diego 25 Cities Initiative was launched in June 2014 and established the use of a common tool for assessing housing needs. It also developed a single database identified as the Coordinated Assessment Housing Placement System for data sharing, which was used to match homeless individuals and families to available and appropriate local housing resources. In February 2016 this effort was realigned under the San Diego Regional Continuum of Care Council (RCCC) and in October 2016 the Regional Task Force on the Homeless became the coordinating entity for CES.

Many lessons have been learned by those who have participated in coordinated entry in the San Diego region, and input and guidance from community stakeholders in designing and implementing CES has been crucial. The transition to CES is an opportunity to learn from earlier systems while implementing a more accessible and equitable system for all households who are experiencing homelessness.

## Requirements of a Coordinated Entry Process

Since the CoC Program interim rule was published in 2012, The Department of Housing and Urban Development (HUD) has determined that additional requirements are necessary for the coordinated entry process to be most effective. Those requirements are outlined in the January 23, 2017, Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System.

In alignment with these requirements, as well as ongoing HUD guidance, the RTFH has implemented a coordinated entry system (CES) for all households who are experiencing homelessness. CES, as described in these policies and procedures, is designed to meet the Federal and State requirements of a Centralized or Coordinated Assessment System which, at a minimum, must fulfill the following requirements.

1. Cover the entire geographic area claimed by the CoC;
2. Be easily accessed by individuals and families seeking housing or services;
3. Be well-advertised;
4. Include a comprehensive and standardized assessment tool;
5. Provide an initial, comprehensive assessment of individuals and families for housing and services; and,
6. Include a specific policy to guide the operation of the centralized or coordinated assessment system to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers.

The RTFH has developed CES with the following expectations:

- Participating projects must supply written standards for client eligibility and screening;
- Participating projects must communicate project vacancies, including bed/unit-specific information to the Regional Task Force on the Homeless;
- Households experiencing a housing crisis must access services and housing using CES access points;
- Participating projects must enroll only those clients referred according to the RTFH designated referral process; and
- Participating projects must commit to participate in coordinated entry planning and evaluation activities as established by the Regional Task Force on the Homeless (such as those described in Section IV, Continuous Improvement Process).

CES provides access to housing resources within our system for all people experiencing homelessness in the San Diego region. As determined by the RTFH, eligibility for a referral to housing is based on the following criteria:

- Literally homeless (Sleeping outside, in a place not meant for human habitation, or in a shelter)
- Fleeing/attempting to flee domestic violence (the individual or family must be fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member; have no other residence; and lack the resources or support networks to obtain other permanent housing)
- Staying in or exiting an institution where they resided for up to 90 days and were in shelter or a place not meant for human habitation immediately prior to entering that institution

**Assuring the contractual eligibility for housing is the responsibility of the service agency and/or housing provider, in accordance with the program's funding sources. HUD outlines [Homeless Definition and Eligibility by Component](#) .**

## II. Regional System to End Homelessness

As the Continuum of Care in the San Diego region, The RTFH has developed a [Strategic Framework to Reduce and End Homelessness in San Diego County](#) to guide the effort of developing and implementing a regional Community Plan. This Framework identifies a strategic pathway to creating a regional homeless crisis response system to effectively end homelessness.

The Coordinated Entry System Policies and Procedures align with the main components of the Strategic Framework and work to support the regional homeless crisis response system, creating a path to ending homelessness.

### Housing First Approach

In alignment with HUD guidance and the [RTFH Community Standards](#), CES participating agencies must adhere to Housing First principles. Housing First is an approach to connecting individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety (for non-AOD programs), treatment, or service participation requirements. Supportive services are client-driven and offered to maximize housing stability to prevent a return to homelessness, as opposed to addressing predetermined treatment goals prior to permanent housing entry. Housing First is an overarching philosophy and approach that can be applied to all homelessness. Housing First yields high housing retention and reductions in crisis or institutional care. For more information, CES participating agencies can utilize tools from the [HUD Exchange](#).

### Low Barrier Policy

CES participating programs will make enrollment decisions based on standardized eligibility criteria determined by program funding. No client may be turned away from crisis response services or homeless designated housing due to lack of income, lack of employment, disability status, or substance use.

Exceptions include instances when the project's primary funder requires such an exclusion, or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to clients with a specific set of attributes or characteristics. Funders restricting access to projects based on specific client attributes or characteristics will need to provide documentation to the RTFH providing a justification for their eligibility policy.

## Permanent Housing Interventions

The only intervention that ends homelessness is housing. While creating new housing inventory is a critical strategy, it is not feasible to build a new housing unit for every homeless person. San Diego's homeless crisis response system is oriented to make the greatest possible use of the existing housing inventory and help people access housing first, before addressing other issues. While ideally each homeless person or family would access a permanently subsidized housing unit, the reality is this inventory is insufficient to meet the need. Many people who do not live in ideal housing situations maintain housing by doubling up with friends or family, living in rent burdened situations, or in neighborhoods that lack amenities and services. Our system recognizes that having housing is better than living outside or in a car. Helping people return to a safe and secure housing situation is a CES success, even if it is just the first step on the path to a more ideal housing situation.

A Housing First philosophy is used in all phases of the San Diego homeless housing and services system. It also encompasses two specific intervention types; 1) Permanent Supportive Housing (PSH) and 2) Rapid Re-Housing (RRH).

## Housing First Standards for Agencies

In alignment with the RTFH Community Standards, CES participating agencies will ensure the following:

- The agency verbally explains program eligibility criteria, which align with the Housing First philosophy, to participants.
- Their project(s) has admission/tenant screening and selection practices that promote the acceptance of applicants, regardless of their sobriety, use of substances, criminal history, completion of treatment, or participation in service.
- The project accepts participants who are diagnosed with or show symptoms of a mental illness.
- The project has and follows a written policy that does the following:
  - States that taking psychiatric medication and/or treatment compliance for mental illness is not a requirement for entry into or continued participation in the project.
  - States that sobriety and/or treatment compliance for substance use disorders is not a requirement for entry into or continued participation in the project, unless the project is specifically a substance abuse treatment facility.
  - Provides harm-reduction services that are readily available and engaging.
  - Accepts participants without regard to any previous criminal history that is not relevant to participation in the program, and accepts participants



regardless of criminal convictions, unless there is serious concern for the safety of other residents in a site-based project.

- Does not reject participants based on prior rental history or past evictions.
- Accepts participants into the project regardless of lack of financial means.
- Accepts participants into the project regardless of past non-violent rule infractions within the agency's own program and/or in other previous housing.

The project agrees to allow participants to remain in the project if they require an absence of less than 90 days due to the reasons outlined below, unless otherwise prohibited by law or funder policy:

- Substance use treatment intervention
- Mental health treatment intervention
- Hospitalization and short-term rehabilitation
- Incarceration
- Other service-related reason approved by an agency supervisor

### III. Nondiscrimination

The San Diego CES, and all participating projects, must fully comply with all federal, state, and local laws related to nondiscrimination, including but not limited to [the Fair Housing Act](#); [the Rehabilitation Act \(Sec. 504\)](#); [the Civil Rights Act \(Title VI\)](#); [the Americans With Disabilities Act \(Titles II & III\)](#); and [HUD's Equal Access to Housing Final Rule](#)

CES will also comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws, including the following:

- The Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.
- Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance.
- Title II of the Americans with Disabilities Act prohibits public entities, which includes State and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing related services such as housing search and referral assistance.
- Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters,

social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

The RTFH does not tolerate discrimination on the basis of any protected class (including actual or perceived race, color, religion, national origin, sex, age, familial status, disability, sexual orientation, gender identity, or marital status) during any phase of the Coordinated Entry process. Some programs may be forced to limit enrollment based on requirements imposed by their funding sources and/or state or federal law. For example, a Housing for Persons with AIDs (HOPWA)-funded project might be required to serve only participants who have HIV/AIDS. All such programs will avoid discrimination to the maximum extent allowed by their funding sources and their authorizing legislation.

## Non-discrimination at Access Points

The RTFH identifies physical access points, markets, advertises, and coordinates outreach in a manner that ensures the Coordinated Entry process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

The RTFH does not limit access points to any specific subpopulation ensuring that people in all different populations and subpopulations, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the Coordinated Entry process. All aspects of the San Diego Coordinated Entry system are required to comply with all Federal, State, and local Fair Housing laws and regulations. Participants will not be “steered” toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children.

## Americans with Disability Act (ADA)

In order to qualify to be a CES access point all physical locations must be accessible to individuals with disabilities including individuals who use wheelchairs or other mobility devices. Coordinated outreach efforts are strategically targeted and include strategies to reach people who are least likely to access homeless assistance (See the Regional Task Force on the Homeless’ annual Coordinated Outreach Plan).

## Language Services

All access points must ensure the capability to effectively communicate with individuals with disabilities. Recipients of Federal funds and the Regional Task Force on the Homeless are required to provide appropriate auxiliary aids and services necessary to ensure effective communication (e.g. Braille, audio, large type, assistive listening devices, and sign language interpreters). In addition, all access points must take reasonable steps to offer Coordinated Entry process materials and participant instructions in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency (LEP). Access points that need assistance in meeting these requirements should contact the RTFH.

## Assessment and Prioritization

The RTFH System prohibits screening people out at any step in the Coordinated Entry process due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or previous substance abuse, domestic violence history, resistance to receiving services, the type or extent of 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 San Diego Coordinated Entry System assessment process does not require disclosure of specific disabilities or diagnosis. When necessary, specific diagnosis or disability information is only be obtained for purposes of determining program eligibility to make appropriate referrals.

The RTFH 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 identity, or marital status. Determining eligibility is a different process than prioritization, and the Coordinated Entry process for both is outlined within these Policies and Procedures.

## Discrimination Complaints

San Diego Coordinated Entry System participants have the right to file discrimination complaints. All locations where persons are likely to access or attempt to access CES (Access Points) will include signs or brochures displayed in prominent locations informing participants of their right to file a discrimination complaint and containing the contact information needed to file a discrimination complaint. The requirements

associated with filing a discrimination complaint, if any, will be included on the signs or brochures.

When a discrimination complaint is received, the Coordinated Entry System Director, or his or her designee, will complete an investigation of the complaint within 60 days by attempting to contact and interview a reasonable number of persons who are likely to have relevant knowledge, and by attempting to collect any documents that are likely to be relevant to the investigation.

Within 30 days after completing the investigation, the Coordinated Entry System Director, or his or her designee, will write an adequate report of the investigation's findings, including the investigator's opinion about whether inappropriate discrimination occurred and the action(s) recommended by the investigator to prevent discrimination from occurring in the future.

The findings of the investigation will be shared with the CES Advisory Committee. If appropriate, the investigator may recommend that the complainant be re-assessed or re-prioritized for housing or services. The report will be kept on file for a minimum of two years.

## Client Boundaries

The RTFH strongly advises against any individuals providing any monetary or other types of financial assistance directly to clients during all phases of the CES system process. All assistance should be provided directly through a social service or housing program. It is also important to create safe and clear boundaries as a service provider.

## IV. Agency Participation in CES

The Regional Task Force on the Homeless believes that a coordinated service approach is the most effective way to end homelessness. This includes a process of outreach, assessment, housing navigation, matching to appropriate housing resources, and placement, which prioritizes the most acute chronically homeless individuals and households.

The intent of this participation language is to further define each agency's dedication to this collaborative effort, and increase the efficacy and scope of CES through additional housing resources, navigation, retention support and leadership. As well, it should contribute toward reaching the community's goal of ending homelessness by serving individuals experiencing homelessness in the San Diego region.

## Requirements for CES Participation

- Attendance at required trainings and CES alignment meetings
- Adherence to the progressive engagement process
- Usage of the Common Assessment Tool (CAT)
- Usage of CES function in HMIS
- Sufficient data entry and quality (< 5% error)
- Participation and data entry in the Homeless Management Information System (HMIS)
- 100% of CoC and ESG funded housing resources filled through CES
- Adherence to all CES policies and procedures

## Recommended Ways to Participate in CES

- Participate in coordinated street outreach under CES
- Provide an open Access point (open drop-in center to complete the CAT)
- Housing Navigation for prioritized clients on the By-Name-List
- Dedicate non-CoC or ESG funded housing resources to be filled through CES

# V. Core Elements of the San Diego CoC Coordinated Entry System

## Progressive Engagement

The San Diego Coordinated Entry System is designed to provide intentional pathways through the crisis response system while allowing for the quickest possible exit to permanent housing.

The system employs a phased approach of progressive engagement that allows the assessment process to occur over time and only as necessary. Progressive engagement prioritizes client choice and provides continual opportunity during the process for a household experiencing homelessness to engage in diversion resources. For example, if an eligible household can be referred to diversion resources for crisis resolution, then they will be referred to such a resource, rather than a housing intervention. Also, if a household denies a housing referral, they will again be offered the opportunity to receive diversion resources, rather than wait for another housing referral. There are eight steps in this process including Access, Initial Triage, Diversion Assistance, Housing Assessment, Population of By-Name List, Crisis Intervention, Housing Navigation, and Housing Referral.

## Access

To ensure accessibility for eligible households, CES provides services from Access Points located throughout the San Diego Region. Eligible households can connect to CES in person through any of the designated Access Points, which includes phone screenings for eligible veterans through the Courage to Call system. Households can also complete an assessment through street-based outreach.

### Street-based Outreach

Street-based outreach and engagement teams play an essential role in the CES; a member of one of these teams will likely have the first contact with a client that is unsheltered and help keep them engaged throughout the process.

Street-based outreach acts as mobile access points and have the capability of conducting assessments in the geographical location where individuals and families experiencing homelessness reside, including streets, parks, campsites, abandoned buildings, cars, and other places not meant for human habitation.

A region-wide street-based outreach plan has been developed based on information provided by agencies conducting street outreach, community members, and stakeholders. This plan provides a framework to enhance and expand coordination and collaboration between outreach and engagement teams to connect the target population to permanent housing and other appropriate services.

As the street-based outreach plan continues to be implemented, there will be policies and procedures to outline the roles and responsibilities of the street-based outreach teams in coordination with CES. The CES policies and procedures document will be amended to reflect these changes.

### Assessment Sites

If a client is unable to complete an assessment in the field with an outreach worker, the client is encouraged and supported to visit an assessment site. For a full list of active, current assessment sites throughout the region please see the [VI-SPDAT Pamphlet](#).

### **Open Assessment Sites**

An Open Assessment Site is managed by a CES participating agency and must have dedicated days and times that homeless individuals and/or families are able to complete the CAT with a trained staff member. Staff at the assessment site are responsible for completing and entering CATs into the HMIS.

## **Closed Assessment**

A Closed Assessment Site is similar to an open assessment site in that a CES participating agency must have the ability for a trained staff member to complete the CAT with those experiencing homelessness, however, the assessments only take place with in-house clients and/or by appointment not on a drop-in basis. Staff of the agency administering the assessment is responsible for completing and entering CAT into the CES Program in HMIS.

## **Initial Triage**

Access Points will provide initial triage to define the nature of the current crisis and ensure a client's immediate safety. Triage identifies whether a household needs domestic violence services, is under the age of 18, is in need of prevention services, or has been homeless for fewer than 14 days and in need of emergency shelter to facilitate self-resolution.

All CES access points must prioritize safety and equitable access to housing/services for persons fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking (DV), while ensuring that client choice is upheld.

The Regional Task Force on the Homeless is currently in the process of developing an Initial Triage procedure. Once this procedure is finalized and approved, Initial Triage will be conducted prior to completion of the CAT.

## **Diversion Assistance**

Access Points will have information on an array of services and mainstream resources to assist in resolving the immediate needs of a household and potentially end an episode of homelessness. This may include information on diversion opportunities, employment, education, transportation, public benefits, and legal services, among other resources.

Diversion is focused on assisting the client to examine his or her resources and options other than entering the homeless system.

Many of the people attempting to enter shelter or complete a housing assessment are experiencing an immediate housing crisis that can be resolved without shelter entry or common assessment if the system is oriented towards diversion and shelter/common assessment is viewed only as an option of last resort. This also requires staff trained in diversion who are strong problem solvers and understand that their goal is to figure out safe and feasible housing alternatives for people seeking shelter/assessment.

To maximize the use of homeless system resources, robust diversion is being integrated into the work of CES, and diversion should be attempted for all households seeking shelter and/or assessment (regardless of circumstances). Please see the Regional Task Force on the Homeless Diversion Training Manual (forthcoming) for more information about the required diversion process.

If a client cannot be diverted to a safe and appropriate location, they should continue to the Housing Assessment.

## Housing Assessment

Trained staff are available at Access Points to administer the Common Assessment Tool (CAT) with eligible households. The tool is completed and tracked within HMIS. Prior to completing a CAT, eligible households should complete a [Multi-Party Authorization \(MPA\)](#). A [Spanish MPA](#) is also available on the RTFH website.

## Multi-Party Authorization

Any household who agrees to participate in the CES Common Assessment and referral process is asked to sign a consent form before proceeding with the assessment. The consent form informs individuals that assessment information will be shared with housing and service providers through a HIPAA compliant secure database (HMIS) so that the client does not need to complete the assessment multiple times.

The RTFH is actively working towards developing a procedure where clients that refuse to sign the consent can still be served by the Coordinated Entry System. The RTFH anticipates the completion of this workflow by the fall of 2018.

## Assessing a Client

Housing a client through CES begins with the administration of the CAT in the field or at assessment sites by trained staff and volunteers of organizations participating in CES. The use of a CAT where all clients are asked the same set of questions ensures that each client is evaluated based on the same information and criteria making it possible to prioritize people for placement into housing according to priorities established by the community. Client assessment is part of the intake process, during which a client is interviewed and entered into CES. The details of intake, and the process of conducting the assessment, are critical to an appropriate and expedient housing placement for



each client. Housing a client through San Diego's CES system begins with the administration of the Common Assessment Tool (CAT) in the field or at assessment sites by trained staff and volunteers of organizations participating in CES. Within the CAT is the VI-SPDAT, Vulnerability Index - Service Prioritization Decision Assistance Tool.

## Common Assessment Tool

Using a common assessment tool is vital for CES because it establishes the same baseline for prioritization of all clients in the system. The approved common assessment tool currently in use for the CES system includes Version 2 of the Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) for individuals, families, and transition age youth. This tool examines and scores an individual's or family's vulnerability level, and provides a basis for prioritizing clients for housing opportunities (see also Section V, Step 8, Prioritization). The CAT also includes approved supplemental questions that address specific local needs for matching clients with available housing programs and resources.

The CAT is designed to provide a preliminary understanding of a participant's needs but is not designed to provide the same depth of information as a clinical assessment. The tool has the advantage of being simple to use in the field. Non-clinically trained staff or volunteers should be able to administer the CAT in about 10-15 minutes. The tool is integrated into HMIS so that it can be administered and scored electronically. It can also be completed in paper format and entered into HMIS after administration. The CAT can be found on the [RTFH website](#).

## CES Program Eligibility Requirements for Clients

- Meet HUD definition of homelessness (See Glossary)
- Homeless within the San Diego Region

Note: Completing the CAT is not a requirement for a client to engage with a CES outreach worker/team. However, for a client to benefit from the CES housing resources a CAT and a signed MPA must be completed and entered into the system.

## Sample Script for Client Assessment

It is important for anyone administering the CAT to communicate the purpose and intent of the assessment. In an effort to create a uniform message to the client at all access

points, the following are talking points that staff should discuss with the client during the Assessment (after Initial Triage):

“We are here today to talk to you about your housing and service needs. If you give us permission, we will ask you questions about your health and housing. It should take about 15-20 minutes. Participation in CES and completing this screening is completely voluntary, however if you choose not to participate it will limit your ability to access some housing resources. All of your information is kept confidential and only shared on a need to know basis to ensure that you get the services and supports you need. If you feel uncomfortable or upset during the interview, you may ask the interviewer to take a break, skip any of the questions, or stop the interview. At any time you can request that your information be removed from the database by contacting the person or agency who conducted your assessment. Lastly, please know that completing the common assessment tool and working with a Housing Navigator is not a guarantee of housing and is not an emergency solution.”

- The VI-SPDAT is **NOT** an application or guarantee for housing; this assessment helps determine the type of permanent housing project that may meet your housing needs.
- This assessment is only for potential housing resources within the CES system. Encourage clients to continue to attempt to explore all other housing resources.
- Current and updated contact information is of vital importance. Please go to an assessment site or contact your Housing Navigator to update any new client information.

The appropriate CAT containing the following VI-SPDAT surveys should be used:

- Single Adult VI-SPDAT Version 2
- Family VI-SPDAT
- Transition Age Youth VI-SPDAT

VI-SPDAT Type	When to Use
Single Adult	Adults 25 years of age or older, not pregnant, with no children under the age of 18
Family	Pregnant women; Men, Women, or Couples with Children under the age of 18

Transition Age Youth 18-24 (TAY)	Youth, not pregnant, no children, between the ages of 18-24
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## VI-SPDAT Version 2 Scoring Recommendations

The following scoring is the official scoring of the VI-SPDAT provided by the developers of the tool, OrgCode Consulting and Community Solutions.

Individual VI-SPDAT (Grand Total: 17):

- 0-3: no housing intervention
- 4-7: Rapid Re-Housing
- 8+: Permanent Supportive Housing

Family VI-SPDAT (Grand Total: 22):

- 0-3: no housing intervention
- 4-8: Rapid Re-Housing
- 9+: Permanent Supportive Housing

Transitional Age Youth VI-SPDAT (Grand Total:17):

- 0-3: no housing intervention
- 4-7: Rapid Re- housing
- 8+: Permanent Supportive Housing

## Releasing a Score to a Client

The specific score should **NOT** be shared with the client. The client should be notified of the recommended housing intervention or range.

## Reassessing a Client

A client should be reassessed with the CAT when a major life change occurs that may affect a client's score, but not more than every six months. Examples of a major life change include a medical emergency, a major health related diagnosis, increased interactions with law enforcement or institutions, a drug or alcohol relapse, etc.

If a client has not accessed the system within 12 months, a reassessment should occur. Other reassessments should only occur at the discretion of the CES staff. Reassessing the client from their original assessment may change the client's score and prioritization, and in some cases their eligibility for certain types of housing.

## Assessor Workflow

Please see the [CES User Guide](#) for the specific Assessor workflow. The CES User Guide can be found by accessing the RTFH website, in the HMIS Portal, under the Tutorial and User Guide section. Due to periodic updates to the workflow, it is recommended that this process be used to access the CES User Guide.

## Population of By-Name List

Once a client has been assessed, he or she is placed on the CES By-Name List.

Coordinated entry systems rely on lists to prioritize clients for housing, identify vulnerable individuals not yet being served, and determine which clients may be eligible for certain types of housing interventions. The purpose of a By-Name List is to rank and track clients in terms of their priority for housing and determine whether or not they are immediately able to receive services. The list is used to determine who is next to house, and whom the community should be focusing resources on.

The Regional Task Force on the Homeless generates the By-Name List, organizing clients according to a determined set of community priorities and filtering to determine eligibility for the various housing programs available.

The By-Name List is limited to those clients who have signed an MPA and will be distributed via ServicePoint's ART feature, or a secure email service.

## Inactive Households

To ensure the CES By-Name List reflects the most current information regarding eligible households who are in need of housing, eligible households may be made inactive on the CES By-Name List if they cannot be reached by CES or participating agencies. Clients will remain active in ServicePoint but not prioritized on the By-Name List.

An internal analysis of data elements in the client file will be conducted to determine if the client is deemed inactive. If data elements are not updated within 90 days, the client will then be made inactive on the By-Name List. Once a client is deemed inactive, he/she can be made active once data elements are updated in the client file.

## Crisis Intervention Services

### Diversion

When a household is determined to require safety planning and/or identifies as housing insecure but not appropriate for entry into CES, the household should be referred to resources or services that are suitable to meet their needs. Providing services and referrals that support households to return to permanent housing can reduce the number of households becoming homeless, need for shelter, and assistance, and wait time for those with greater needs in CES. Appropriate referrals can include: provision of financial, utility, and/or rental assistance; short-term case management; conflict mediation; family re-unification; connection to mainstream services; housing search assistance. Successful diversion can avert the crisis of homelessness for individuals and families.

## Emergency Shelter

RTFH recommends prioritizing the most vulnerable clients for shelter placement, including families with young children, senior citizens, and individuals who are medically frail. In addition, shelters should prioritize clients most likely to be housed quickly in order to maximize flow through the regional Homelessness Response System.

## Transitional Housing

According to 24 CFR part 578.37(a)(1)(ii), CoC's must establish policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional assistance. Transitional housing is defined as housing where all program participants have a signed lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months. Transitional housing should be used when Rapid Re-housing, Permanent Supportive Housing, other permanent housing options are not available or the participant chooses Transitional Housing.

Low barrier:

To the extent possible, based on specific project requirements, Transitional Housing

- Have low-barriers to entry and accommodate people with possessions, partners, pets, or other needs.
- Use a Housing First approach with client-driven service models and a focus on helping people move to permanent housing as quickly as possible. Participants cannot be required to participate in treatment or services to receive assistance.

Admission:

To the extent practicable, recipients will prioritize individuals and families who are currently living in San Diego County; cannot be more appropriately served by another program or system of care; must meet the HUD definition of homelessness within Category 1, 2, or 4; Target and prioritize people experiencing homelessness with higher

needs and who are most vulnerable; and other eligibility criteria created at the program level.

#### Supportive Services:

For Transitional Housing projects, supportive services should be made available, either internally or through external referral, to participants throughout the duration of their residence in the project. Services should assist participants to obtain and maintain permanent housing. Ideally, each participant would have a client-driven support plan in place, derived from an ongoing assessment of participant needs. Assistance in accessing “mainstream” benefits i.e. food stamps, applicable or eligible federal or state benefits, health care, child care assistance is recommended.

#### Lease or occupancy agreement requirement:

Participants must sign a lease or occupancy agreement that is for a term of at least one (1) month but no more than twenty-four (24) months and cannot be extended.

#### Length of Stay:

Transitional Housing facilitates the movement of homeless households to permanent housing. If a participant is able to secure permanent housing prior to the completion of the program, the client will not incur a penalty unless program completion is mandated by court order.

#### Exiting:

The sole purpose of Transitional Housing is to assist participants to obtain permanent housing. Except in extenuating circumstances, participants should exit transitional housing to permanent housing within 12-24 months.

## Housing Navigation

All individuals and families who receive Permanent Housing through CES will also receive housing navigation to assist them in preparing for a housing placement. The Housing Navigator is responsible for preparing the client in any way possible for housing. The Navigator serves as a liaison between the client and the agency that is offering services and housing with the assistance of the Matcher.

The Housing Navigator’s tasks may include talking with the client about housing goals, collecting documents, making referrals and linking the client to other helpful resources that may be beneficial for success in housing, and assisting clients through the matching process. The client will almost always need to prepare documentation of some sort, whether proof of homelessness or obtaining an ID. This type of documentation is

necessary for most federally-funded HUD programs and is required by landlords and housing providers. The Navigator facilitates this through technical assistance and generally guiding the client through obstacles they might not overcome without support.

As the most in-depth advocate a client will work with prior to case management, it is important for Housing Navigators to understand and effectively communicate their role. Initial messaging can help to prepare clients for housing, as well as manage expectations. It is important to explain what the Housing Navigators can and cannot do for the client (e.g. possibly assist with transportation, paperwork, etc.; cannot accelerate the housing placement process once the client is ready to be matched).

## Housing Navigation Roles and Responsibilities

For an agency to participate in CES by providing Housing Navigators, the agency must have dedicated staff (either full or part-time equivalent) who perform Housing Navigator duties for homeless people enrolled in the CES system. Housing Navigators serve as the main point of contact, help collect all documents needed for the client to be placed in housing, and coordinate the entry of information about the client's status into CES. Housing Navigators also attend case conferencing meetings, as appropriate.

After a client is matched to a housing resource, the Housing Navigator may provide additional support necessary to finalize the housing placement and assist with the client's entry into the housing program. If the subsidy or voucher the client is matched to do not include housing location services, the Housing Navigator is expected to assist the client in locating appropriate rental housing.

## Permanent Supportive Housing

When a household scores in the permanent supportive housing intervention range, they should be asked if they have any relevant documents on them at the time. These documents should be immediately scanned and uploaded into the client profile. Clients will be prioritized and assigned a Housing Navigator to work with them to get documents ready prior to a Permanent Supportive Housing referral.

## Rapid Rehousing

When a household scores in the rapid rehousing intervention range, they should be asked if they have any relevant documents on them at the time. The clients will be prioritized and referred to RRH projects they qualify for as available.

## Light-Touch Rapid Rehousing

This type of intervention can utilize standard Rapid Rehousing funds or a separate pool of flex funds. It is used for individuals experiencing homelessness who require minimal assistance, but are nevertheless a high priority. Examples of this might include a person with an active Section 8 voucher who is unable to secure a housing unit without the assistance of a case manager; or someone with income and an identified apartment, but no savings to pay for a rental deposit.

One consideration particular to this type of intervention is that, by definition, it requires less case management. Referrals should therefore be monitored such that no single agency receives a disproportionate number of LT-RRH referrals.

## Receiving Housing Navigation Assignments

Programs with Housing Navigators on staff should expect to be referred clients who still require navigation. This may occur with scatter-site housing programs, in particular (e.g. voucher-based PSH, or RRH). For onsite programs, clients often must be ready for housing prior to a match being made, so a Housing Navigator will be assigned immediately after these clients appear on the By-Name List. (Please see CES User Guide for additional details.

## Housing Referral

CES refers homeless individual and families to housing providers based on the Prioritization policy.

Households not recommended for housing resources based on the results of the CAT will be offered other services, such as diversion, short-term/emergency housing, or referral to other community supports. Households not interested in the programs identified through the Common Assessment Tool as the appropriate level of support for them may also be offered other resources.

Referrals are made based on standardized eligibility criteria and contract requirements. For example, programs that serve only male-identified single adults will only receive referrals for male-identified single adults. CES will follow eligibility and screening criteria based on agreed upon requirements with the agency and funder(s). Agencies participating in CES must submit all of their eligibility criteria to the RTFH at project set up by completing an Eligibility Matrix. If the Regional Task Force on the Homeless has a concern that a program's requirements may be contributing to "screening out" or excluding households from services, it may request to meet with the provider to discuss



their criteria. If a provider is unwilling to modify the criteria, the Regional Task Force on the Homeless may de-prioritize the provider for CoC or ESG funding or bring these issues to the attention of the funding entity.

Designated Housing Navigation Specialists lead the housing referral process, with the help of the By-Name List. When a permanent or transitional housing resource becomes available, Matchers identify the next eligible households on the By-Name List based on CoC prioritization criteria and make up to three (3) referrals for that opening based on:

**Appropriate / Best match**

Client eligibility and available services are the right fit to meet client need.

**Client availability**

Not in jail or institution, able to contact, document ready / nearly ready to move in so as to reduce vacancy times.

**Client choice**

RTFH emphasizes client choice in all referrals. When no specific preference is indicated, clients are referred to the most restrictive or most abundant housing resource that they are eligible for. For example, a Veteran eligible for Veterans Affairs Supportive Housing (VASH) most likely would be matched to that program, rather than one utilizing Shelter Plus Care.

## Screening for Program Eligibility

### Procedure

CES Referral Specialists (“Matchers”) identify and prioritize the most vulnerable clients in the CoC using the Regional By-Name List. The Matchers sort this or any other list using the criteria in the proceeding section on prioritization (i.e. chronically homeless, longest length of stay in CES, most needs, VI-SPDAT score).

In addition, lists of clients pertaining to specific subpopulations may be used to identify and prioritize veterans, Transition Age Youth, etc. who qualify for programs oriented towards these subpopulations.

On each of these lists, the Matchers identify a resource appropriate for the highest priority client using the Banding Order to determine whether a program providing PSH, RRH, Light-Touch RRH, or no intervention/diversion services is most appropriate.

## Referral Policy

1. All referrals take place within the vulnerability band that corresponds with the household's score.
2. Referrals are prioritized from the By-Name List in the following order:
  - Chronic homeless
  - Length of stay in CES
  - Most needs (see definition & examples on pg. 24)
  - VI-SPDAT score/ Housing Intervention
3. The housing provider should make initial contact with the household within 24 hours of receiving the referral trying all contact information listed in HMIS. The housing provider should at minimum make two unique attempts to reach the household within 48 hours before denying the referral.
4. Households with higher vulnerability scores may be more difficult to reach. Housing providers can continue to attempt to reach a household past 48 hours to accommodate any barriers the household may have.
5. If a client does not respond, or the contact information is not valid, the housing provider should decline the match, indicate this to the Regional Task Force on the Homeless, and move to the next client referral sent.
6. Once a household is accepted to a program, they should schedule a move-in date with the housing provider.

## Prioritization

The San Diego region has limited housing resources available for people experiencing homelessness, and therefore must prioritize access to the resources. As a result, CES refers people experiencing homelessness to housing based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely and consistent manner. Housing priority is determined according to the Service Entry Priorities outlined in the CoC Community Standards, as below:

Chronically homeless individuals, youth and families with:

1. The longest history of experiencing homelessness and the most needs
2. The longest history of experiencing homelessness
3. The most needs, particularly mental illness or substance use disorder
4. All other: Non-Chronically homeless individuals, youth and families

RTFH further defines "Those with the most needs," as households with a diagnosed serious mental illness, substance use disorder, children under the age of four, or adults with a documented qualifying medical condition (including terminal illness; condition requiring the use of substantial medical equipment, such as an oxygen tank or kidney dialysis machine).

In order to determine service need, RTFH uses a scoring range, based on the VI-SPDAT assessment, to recommend the most appropriate housing intervention for a client.

## Client Prioritization for Housing Project Closures

Clients who are being served by a project scheduled to lose its funding, who are thereby put at risk of losing housing (in the case of RRH projects) or shelter (in the case of ES, SH, or TH projects) will be prioritized whenever possible for an appropriate subsequent intervention. This may include PSH, RRH, or failing that, placement in an emergency shelter.

In order to facilitate this, the Agency Administrator (HMIS point-of-contact) must 1) notify the CES staff and the HMIS Project Analyst via [support@rtfh.org](mailto:support@rtfh.org) no later than three months prior to project closure; 2) provide CES staff with a current list of clients in the project; and 3) ensure that all clients are match-ready by completing the CES workflow.

Clients will then be referred through CES to any appropriate project for which the individual or family is eligible, according to the Policy and Procedures for making such referrals.

## New Lease Ups

Lease up is a critical time for new housing programs and usually involves a number of agencies, including the affordable housing developer and property manager. It is important for all partners to be consistent in their understanding of the lease up requirements and have agreements in place before lease up begins to ensure a smooth process and that occupancy rates are not impacted.

Housing Providers must notify the CES Director or appropriate Community Coordinator of an upcoming lease up process at least 3 months prior to their deadline for filling units.

RTFH recommends that the Agency Lead coordinate a meeting with all parties involved in the lease up, including the HUD funding recipient, housing developer, property manager, and service provider(s). Topics that should be covered include a timeline for CES referrals, eligibility criteria, and ongoing lease up meetings.

## Self-Referral or External Fill Policy

Unless otherwise stated, RTFH does not recognize client referrals to programs that are not initiated by CES program staff. Any entry into a CoC- or ESG-funded permanent housing program must have a corresponding CES referral.

## VI. People Fleeing Domestic Violence, Dating Violence, Sexual Assault, or Stalking

As provided in section 578.2(c)(9), of the U.S. Department of Housing and Urban Development Office of Community Planning and Development Notice CPD-17-01, a victim services provider may choose not to use the CoC's coordinated entry process, if victim services providers in the area use a coordinated entry process that meets HUD's requirement and the victim service provider uses that system instead.

Victims of domestic violence are individuals and families who qualify under paragraph (4) of HUD's definition of homeless. This means any individual or family who:

(1) Is fleeing, or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence\*; and

(2) Has no other residence; and

(3) Lacks the resources or support networks to obtain other permanent housing.

\*This includes human trafficking.

Individuals and families that are fleeing or are attempting to flee domestic violence shall have safe and confidential access to the coordinated entry system and domestic violence supportive services, including access to emergency domestic violence hotlines and shelters.

## Domestic Violence

CES appropriately addresses the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking. When a homeless household is identified by CES to be in need of domestic violence services,

that household is referred to the appropriate domestic violence hotline immediately. If the household does not wish to seek DV specific services, the household will have full access to the CES, in accordance with all protocols described in these policies and procedures. If the DV provider the client is referred to determines that the household seeking DV-specific services is either not eligible for, or cannot be accommodated by the DV-specific system, the provider will refer the client to an Access Point for assessment in accordance with all protocols described in these policies and procedure.

The coordinated entry process shall not impede access to emergency services and shall allow emergency services to operate with as few barriers to entry as possible. Clients seeking domestic violence shelter shall be able to access emergency services independent of the operating hours of the CES intake, assessment processes, and matching process.

Victims of domestic violence have the right to refuse to share their information among providers within HMIS, the continuum of care, or service providers outside of the trusted network; moreover, individuals or families refusing to share their information retain the right to access housing and service resources. In the instance where some information is needed for a specific project in order to determine eligibility for housing or services, or to assess needed services, information must be collected. In cases where a client does not consent to have their information shared, the information must be collected in order to determine eligibility, but is must not be shared via HMIS.

The RTFH strives to forge strong collaboration with our community partners and recognizes that their input is invaluable to the development of a comprehensive and coordinated effort in ending homelessness for all individual, families, and special populations. The RTFH and our community partners are currently in development of policies and procedures on how to incorporate victims of domestic violence into CES with the safety and confidentiality as the foundation. The RTFH has done the following to meet both HUD guidelines and the needs of the community:

- Requested input from domestic violence service providers through community meetings, conference calls, and one-on-one visits
- Consultation with HUD technical assistance, experts within the community, and other CoC's.
- Attendance of National trainings

The RTFH is continuing these efforts by working with DV service providers within the San Diego region, in accordance with HUD requirements, and through recommendations from the Community Standards. Once a comprehensive plan is

developed, this policy and procedures document will be amended to reflect any on-going changes as appropriate

## Safety Planning

The safety of the victims of domestic violence are of the utmost importance. Individuals or families with safety concerns can call 1(800)799-SAFE (800-799-7233) to speak with a confidential advocate or be referred to an agency that specializes in domestic violence. Domestic violence Service hotlines can also support in safety planning. The [National DV Hotline](#) has a website for safety planning ideas and steps for internet safety.

Because the safety is so critical, ongoing communication and real-time recommendations from Domestic Violence community partners are required to meet the safety needs of the DV victim population. To facilitate this, providers should feel free to contact the appropriate CES staff and/or attend quarterly regional meetings with community partners and CES staff.

## VII. Monitoring

### Training

Current HMIS Policy and Procedures require that users be trained in order to access HMIS. That training must be authorized by a prospective user's HMIS Agency Administrator, and then scheduled by RTFH's team of Project Analysts. Once trained, a user receives an HMIS license, username, and password.

In order to access CES, users must complete additional training modules tailored to their intended use of the system. In general, users will complete the Outreach Worker, Housing Navigator, or Provider modules, or else a combination of the three.

### Additional Training Requirements

CES also plans to implement trainings on diversion, language access, conducting trauma-informed assessments, safety planning, and cultural sensitivity for Veterans and victims of domestic violence.

CES staff and assessors will receive ongoing training on the dynamics and impact of domestic violence, dating violence, stalking, and sexual assault, as well as the need for privacy, confidentiality, and safety planning. The Domestic Violence Council shelter committee has a PowerPoint presentation for non-domestic violence service providers. Training schedules will be established for current CE staff, assessors, and Housing

Navigators to receive this training. Please contact your RTFH Community Coordinator for training information in your area. Documentation of completed training will be required before a HMIS User License will be issued for new employees.

The CES training plan can be found in the CES Training/Assessor Manual (forthcoming).

## VIII. Continuous Improvement Process

At least once per year the Coordinated Entry System Director and/or his or her designees, in coordination with the CES Advisory Committee, will consult with each participating project, and with a random sample of project participants, to evaluate the intake, assessment, and referral processes associated with Coordinated Entry. Feedback will be solicited addressing the quality and effectiveness of the entire Coordinated Entry experience for both participating projects and for households. All feedback collected will be private and will be protected as confidential information. The evaluation will employ multiple feedback methodologies each year to ensure that participating projects and households have frequent and meaningful opportunities for feedback.

Each year, the evaluation will use one or more of the following methods:

- Surveys designed to reach at least a representative sample of participating providers and households;
- Focus groups of five or more participants that approximate the diversity of the participating providers and households;
- Individual interviews with enough participating providers and households to approximate the diversity of participating households.

As part of the evaluation process, the Coordinated Entry System Director and/or his or her designees will examine how the CES is affecting the system performance measures, the Executive Indicators, the CES Dashboards, and the System Framework.

At the completion of the evaluation period the Coordinated Entry System Director and/or his or her designees will present the final evaluation with recommendations to the CES Advisory Committee.

The CES Policies and Procedures document will be reviewed on a quarterly basis to ensure that they are implemented as intended, to comply with changes in legislation,

and potential service developments that involve a change in structure and therefore impacts current policies.

The VI-SPDAT pamphlet will reviewed and revised if necessary on a quarterly basis. To easily identify the most current version, the revision date can be found on the bottom right hand corner of the cover/title page.

## IX. Grievance Policy

Client concerns and grievances should be resolved promptly and fairly. Grievances about experience(s) with homeless housing programs should be directed to the program and follow the grievance policies and procedures of that organization. Agencies should maintain internal documentation of all complaints received.

Grievances about CES policies and procedures or a participating program's screening or program participation practices which appear to have a discriminatory impact should be directed to the Regional Task Force on the Homeless. A first-person written and/or documented complaint will be considered a grievance. A verbal, secondhand or hearsay complaint will be considered a complaint. Each situation will be treated seriously and with sensitivity, and will be documented for the record with date, time, program name, and nature of the complaint, as well as with any action taken towards resolution. All complaints or grievances involving vulnerable adults or children will be immediately turned over to the appropriate authorities.



# X. Appendix

## Homeless Crisis Response System

The Homeless Crisis Response System has five main components.

### 1. Unified Leadership, Effective Governance, and Aligned Funding

The first element of the system is unified leadership and a governance structure that brings together the community leadership and key system funders, both public and private, within a single governance structure. This structure does more than just support collaboration across the different parts of the system. The system governance has been empowered to guide system-level decision-making – bringing all the leadership together to develop, adopt, and implement a single shared set of strategies and policies, including policies governing how funds are invested.

### 2. System Access/Entry: Outreach, Coordinated Entry and Diversion

In San Diego's homeless crisis response system, there is a consistent process and policy that determines how homeless people access the resources they need to regain housing. Entry pathways into the system are designed to streamline access for people with the highest needs – those who are unsheltered and chronically homeless. The system also has policies and processes to divert and redirect those who are struggling with unstable housing but who are not homeless. Outreach, coordinated entry and diversion (also known as housing problem-solving) are all critical system components to manage access.

### 3. Emergency Responses: Shelter, Transitional Housing, Interim Housing

The unifying goal of the homeless system is to help each household quickly secure a housing solution. In many cases, the pathway from homelessness to housing will include a stay in a short term program, whether an emergency shelter bed, transitional housing, or "interim" housing/"bridge" housing. These interventions are essential elements of the system, but they are not destinations in and of themselves. Their performance is measured based on how effectively they help people make the transition from homelessness into housing.

### 4. System Exits: Housing Interventions

The ultimate goal of the Homeless System is not to help people secure shelter, but permanent housing. In the RTFH system, there is a broad array of housing interventions available to help people exit from unsheltered homelessness or a shelter stay into a safe and permanent housing situation. This includes not only permanently subsidized affordable and supportive housing, though these are critical, but also lower-intensity, flexible, short-term and medium-term rental subsidy options for the many people who are not chronically homeless and do not require long term assistance to be housed. Maximizing the inventory available in the existing rental market is essential to making significant reductions in homelessness.

#### 5. System Infrastructure: Data, Evaluation, Training, Capacity Building

The RTFH system has the infrastructure to support ongoing assessment of performance. This includes having a robust HMIS data system that has high participation rates and data quality. The Data Team has expertise and strong analytical capacity to use the data for ongoing system assessment and continuous improvement. As we shift from a collection of programs to a housing-focused and person-centered system, our providers and other stakeholders will require assistance to change their policies and practices. Training, technical assistance and capacity building efforts are all essential infrastructure elements.

## Organizational Structure and Board

Link to the RTFH Organizational structure:

<http://www.rtfhsd.org/about/>

Link for the RTFH Governance Board:

<http://www.rtfhsd.org/wp-content/uploads/2017/07/Board-Roster-July-2017.pdf>

## Acronyms and Glossary

**Access Point** – Locations such as, phone screenings, fixed locations, & street outreach, where eligible households can connect to CES.

**Assessment Center** - Fixed locations throughout the County where clients can complete the Coordinated Assessment tool and enroll in the Coordinated Entry System and/or meet with Housing Navigators.

**Bridge Housing** - Housing intervention designed to provide temporary shelter, pending a more permanent housing placement, for people experiencing homelessness.

**By Name List (BNL)** - Commonly used data tracking method used to monitor and keep track of all people experiencing homelessness in the community. The BNL contains critical information on each person who is known to be homeless including their name and whereabouts.

### **Chronic Homeless (as defined by HUD)-**

As of January 2016, HUD's Chronic Homeless definition is a homeless individual with a disability who:

1. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and has been homeless continuously for at least 12 months or at least 4 separate occasions in the last 3 years where the combined occasions must total at least 12 months (occasions separated by at least 7 nights).
2. Stay in institution fewer than 90 days do not constitute a break.
3. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs 1 or 2 of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

For the most up-to-date information please visit:

<https://www.hudexchange.info/resource/4847/hearth-defining-chronically-homeless-final-rule/>

**Community Coordinator** - Individual responsible for maintaining the day-to-day operations of the CES within a given geographic location, monitoring the work of CES in ServicePoint, and assigning clients (persons experiencing homelessness) to the Housing Navigators.

**Continuum of Care (CoC)** - The Regional Continuum of Care Council oversees the annual HUD funding and sets priorities for addressing homelessness across the region.

**Coordinated Entry System (CES)** - A client centered process which streamlines access to the most appropriate housing interventions for each homeless individual or family. CES is a data driven and real time system for prioritizing and tracking housing referrals and placements for homeless people that use the common assessment tool.

**Common Assessment Tool (CAT)** - A combination of the VI-SPDAT version 2 and locally generated questions. All homeless people who wish to access housing resources complete the tool. People are asked the same questions to ensure that everyone is evaluated based on the same information and criteria making it possible to prioritize people for placement into housing based on priorities established by the community.

**Emergency Solutions Grant (ESG)** - HUD funding used primarily to pay for rapid re-housing programs.

**Family** - For the purposes of the Homeless Emergency Response System, a family is a head of household (HOH) with at least one minor dependent. A HOH and their partner (spouse, etc.) should be treated as two adult singles who are willing to cohabitate (and assessed accordingly using the CAT for individuals, rather than families).

**Housing and Community Development (HCD)** – California Department of Housing and Community Development managing public housing resources of the County of San Diego.

**Housing Inventory Count (HIC)** - An annual count of the homeless housing resources in the region managed by RTFH.

**Homeless Individual/Family** – HUD defines four categories of homelessness.

1. Literally homeless;
  - a. Individual or family who lacks a fixed, regular, and adequate nighttime residence meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publically or privately operated shelter

designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs); or (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

2. Imminent risk of homelessness:

a. Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing

3. Homeless under other Federal statutes;

a. Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and (iv) Can be expected to continue in such status for an extended period time due to special needs or barriers.

4. Fleeing/attempting to flee domestic violence

a. Any individual or family who: (i) is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) lacks the resources or support networks to obtain other permanent housing

For the most up to date information please visit:

[https://www.hudexchange.info/resources/documents/HomelessDefEligibility%20\\_SHP\\_SPC\\_ESG.pdf](https://www.hudexchange.info/resources/documents/HomelessDefEligibility%20_SHP_SPC_ESG.pdf)

**Homeless Management Information System (HMIS)** - Electronic record keeping system for homeless information. The regional HMIS software that is used is called ServicePoint.

**Homeless Outreach Team (HOT)** – Law enforcement police and community partners, with objective of identifying and providing support for individuals and families experiencing homelessness.

**Housing Navigator (HN)** – Individual responsible for engaging and preparing a client for housing placement once assigned through the CAHP system. The Housing Navigator serves as the primary point of contact for the homeless individual or family after they have been assessed. After being assessed means once the Coordinated Assessment Tool is completed and scored. The success of a housing navigator is measured by permanent housing placements. This is often the key difference between housing navigator and outreach.

**Housing Provider (HP)** – Agency or program that manages programs meant to house homeless clients.

**Housing and Urban Development (HUD)** – United States Department of Housing and Urban Development.

**Initial Triage** – Process in which the immediate safety needs, services, and/or if client should complete the CAT are identified.

**Matcher** – Individual responsible for maintaining list of housing resources and pairing them to match-ready clients.

**Multi- Party Authorization (MPA)** - A consent form that authorizes the use or disclosure of client information by identified service organizations in order to provide the client with coordinated housing and comprehensive services.

**Outreach Coordinator** - Individual responsible for coordinating street-based outreach efforts in the Region of San Diego.

**Permanent Supportive Housing (PSH)** – Permanent supportive housing is community-based housing with indefinite leasing or rental assistance paired with wrap-around supportive services to help people with disabilities who are experiencing homelessness, especially chronic homelessness, achieve housing stability, live independently, decrease public costs, and improve their overall quality of life.

**Protected Health Information (PHI)** - Data to an individual's medical record that is considered confidential under HIPAA.

**Point in Time Count (PIT-C)** – An annual snapshot count of all sheltered and unsheltered homeless people in a community, PIT counts are performed nationwide.

**Rapid Re-housing (RRH)** – Rapid re-housing is a Housing First intervention designed to help individuals and families quickly exit homelessness, return to housing in the community, and not become homeless again in the near future. The core components of rapid re-housing include housing identification, move-in and rental assistance, and housing stabilization case management and services designed to increase the household's income so that the household can fully take on the cost of the rent at program termination.

**Regional Task Force on the Homeless (RTFH)** – A local non-profit charged with tracking regional data on the homeless. They are also the administrator of the central HMIS for the region, organize the PIT count, and manage the annual HIC.

**Release of Information (ROI)** – A consent form signed by clients which authorize the sharing of client information.

**Safe Haven** - Form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who come primarily from the streets and have been unable or unwilling to participate in housing or supportive services.

**San Diego Housing Commission (SDHC)** – Public Housing authority facilitating HUD programs for the City of San Diego.

**ServicePoint (SP)** – HMIS used by San Diego County, maintained by the Regional Task Force on the Homeless, as appointed by the Regional Continuum of Care Council. Street Outreach Teams – Teams from any agency or individuals willing to be mobile in order to meet “one on one” with the clients on the streets.

**Street outreach-** A set of strategies of outreach and engagement, in the geographical location where individuals and families are experiencing homelessness, including streets, parks, campsites, abandoned buildings, cars, and other places not meant for human habitation with the intention to establish relationships, build trust and rapport, provide basic necessities, and begin the process to link households to housing and support services. Outreach is a process rather than an outcome.

**Transitional Housing (TH)** – Temporary housing intervention, usually between 6 and 24 months, targeted toward clients who will eventually be capable of living independently.

**Unique Client Identifier (UCI)** – Number assigned to a client in ServicePoint; used to identify clients in HMIS and the CES system.



**Universal Data Elements (UDE)** - Client information that all HMIS Continuum projects are required to complete/obtain.

**Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT)** – An evidence based common assessment tool containing a set of questions designed for initial screening to quickly assess the health and social needs of homeless people and match them with the most appropriate support and housing interventions that are available. The VI-SPDAT makes a bulk of questions asked in the region's Coordinated Assessment Tool.