



6/1/2018

Ventura County Homeless Management Information System

Administration Team Executive
Summary

Table of Contents

HMIS/CES Self Evaluation

Executive Summary.....	1
HMIS Self Evaluation	8
PTH/ CES Self Evaluation	9
HMIS/CES Strat Plan.....	38
Organization Charts	40

HMIS Supporting Documents.....

HMIS Policy and Procedures	42
U.S. Dept. Housing Urban Development HUD letter	71
HMIS MOU 2015-Ongoing	75
Partner Agency User Agreement	76
Sample Invoice	77
HMIS Steering Committee	78
HMIS Operations Committee	79
HMIS Training Catalog.....	80
SAGE HMIS APR 16-17.....	81

Pathways to Home/CES Supporting Documents.....

Coordinated Entry System Policy and Procedures.....	87
Coordinated Entry System Board Presentation	182
CES Pathways to Home Project Plan 2018.....	186
SAGE CES APR 16-17	188

**Ventura County Homeless Management Information System
Pathways to Home/Coordinated Entry Coordination
Administration Team
Executive Summary-Self Evaluation
June 2018**

Overview Summary

The Ventura County Homeless Management Information System (HMIS) is operated and staffed by the Human Services Agency. The utilization of HMIS is an initiative mandated by the US Department of Housing and Urban Development (HUD) to collect information about homeless clients and to safely share information with multiple providers. This document provides a high level summary of how the VC HMIS team operates.

Mission Statement

We strategically administer the Homeless Management Information System to support the prevention and ending of homelessness in Ventura County.

Vision

- All homeless services providers (level 1) are using HMIS
- Coordinated Entry is maximized such that clients and resources are connected in the most efficient and effective way
- Real time reports with the data requested is easily accessible
- Fully operational and dedicated HMIS Team
- Funding for growth to comprehensively support the community
- Advocate for a more streamline and strategic collection of HUD mandated data elements

VC HMIS 2018/2019 Strategic Plan

The VC HMIS Strategic Plan aligns with both the VC CoC priorities as well as how services are delivered by the Human Services Agency, Adult and Family Services. The VC HMIS Community of HMIS Users and Services Providers are encouraged to deliver services that are trauma informed, person centered and principle based. In addition, the VC CoC and thus the VC HMIS/CES support and facilitate a “housing first” approach. As such, the goals endeavor to support the mission and goals of the VC CoC while operating from these tenets in terms of how we work and support our clients. The VC HMIS Overarching Goals are as follows:

- Meet or exceed program mandates and required performance metrics (enhancements and implementation of programs, operations and systems)
- Provide excellent customer service to all agencies and partners
- Increase partner/service provider engagement
- Increase and enhance community engagement

Under each goal, the VC HMIS Team has identified key strategies and initiatives to move us towards accomplishing these goals.

Governance

Housing and Urban Development (HUD) Mandates

The administration and operation of a HMIS is a mandated HUD function within a community or jurisdiction that provides homeless services funded by HUD. The Department of Housing and Urban Development (HUD), Department of Health and Human Services (HHS) and the Department of Veteran Affairs (VA), provide communities with baseline data collection requirements, called the HMIS Data Standards. VCHMIS administers HMIS, which is an online tool that compiles a database of the homeless population. The system allows service providers to collect client information electronically and simplify production of reports required by the federal government.

From a strategic and practical level, overall it is more effective for a community or jurisdiction to centralize data around those who are seeking homeless services. Based on this very basic principle, the VC CoC seeks to have all homeless services providers participate in the VC CoC and to use HMIS regardless of their receipt of HUD funding,

The VC HMIS serves the VC CoC and is represented in the VC CoC Sub Committee functions via the VC HMIS Steering Committee. The VC HMIS Steering Committee is one of four sub-committees.

VC HMIS Steering Committee

(Meets quarterly)

The VC HMIS Steering Committee is made up of a smaller group of agencies / organizations who represent the different types of homeless service programs (outreach, shelter, transitional housing, etc.) that operate and serve the community within Ventura County and are also a part of the VC HMIS Community. The VC HMIS Steering Committee functions as an oversight body ensuring the VC HMIS System is being administered and managed per the VC Continuum(s) of Care's (CoC) directives and strategies. The VC HMIS Steering Committee in conjunction with the VC CoCs also ensures the HMIS System is being managed and operated with respect and in support of the 10-Year Plan to End Homelessness in Ventura County. The VC HMIS Steering Committee meets quarterly to review the VC HMIS Strategic Plan, receive updates from the VC HMIS Administrator regarding general operational issues, and to discuss the needs of the VC HMIS Community. This entity also receives recommendations, inquiries or requests from the VC HMIS Operations Committee with regards to the needs of the VC HMIS Users/agencies.

VC CoC Alliance

(Meets monthly)

The VC HMIS Team attends the VC CoC Alliance and events to ensure representation of the VC HMIS function and to provide subject matter expertise as it relates to utilization of the HMIS and reporting.

VC HMIS Operations Committee

(Meet every other month)

The VC HMIS Operations Committee is made up of HMIS users who represent the different types of homeless service programs (outreach, shelter, transitional housing, etc.) that operate and serve the

community within Ventura County. This group is dedicated to providing operational support to the users of VC HMIS by discussing/collaborating on the needs and challenges of everyday use of the system and delivering helpful solutions. The recommendations of this group are submitted to the VC HMIS Committee for consideration and prioritization.

VC CoC Staff

(Meets with the VC HMIS Team Monthly and as needed)

The VC HMIS Team must work closely with the VC CoC Staff to strategize and ensure continuity in support to the VC CoC Alliance membership. The VC HMIS Administration is guided by the VC CoC mission and goals. The VC HMIS Team provide data and reporting support to the VC CoC Staff and work collaboratively

VC HMIS Staffing: County of Ventura, Human Services Agency

The VC HMIS Team is made up of Human Services Agency (HSA) employees. With the exception of the CES Program Coordinator (funded 100%) and the HMIS Systems Administrator (35% of salary funded by HMIS funds; balance funded by county general fund), all members of the VC HMIS Team are funded through county funds and have primary roles supporting HSA programs and functions. Tasks and responsibilities associated with staffing and supporting the VC HMIS were added to their existing HSA responsibilities. With the exception of the CES Program Coordinator, a percentage of each member's time is assigned to specifically support the administration of the VC HMIS and Pathways to Home- Coordinated Entry. These percentages may vary.

VC HMIS Team Membership

Below is a list of the roles and their associated responsibilities that administer and operate the VC HMIS county-wide.

1. **HMIS Manager/Lead:** Manages the HMIS Multi-Disciplinary Team, chair the HMIS Steering Committee, sponsor projects for HMIS, facilitate and attend meetings hosted by/for various entities, lead and participate in governance activities related to HMIS and Homeless Services
2. **HMIS Technical Project Manager:** Manages business systems analysis and support, manage the HMIS Support Team, chair the HMIS Operations Subcommittee, manage projects for HMIS, manage professional services engagements for custom reporting, business systems analysis with vendor(s), and new technical solutions
3. **HMIS Systems Administrator (Technical Support):** Provides direct customer support for HMIS application, systems program/project configuration(s), user account management, quarterly training, facilitate the HMIS Operations Subcommittee, attend meetings hosted by various entities
4. **HMIS Systems Engineer:** Supports more in depth systems configuration and/or custom coding, reports and business analytic development
5. **Super User/Program Representative:** Current homeless services provider/manager that provides meaningful and in-depth input into the design and administration of HMIS as it relates to how entities/agencies/users interface with the system with a focus on workload analysis, service/client impact and service levels.

6. **HMIS Grants and Reports Administrator:** Facilitate and manage the submission of the project applications for HUD grants and associated reporting, manage the HUD grants, manage the HMIS budgets and draw-down
6. **Fiscal Senior Accountant:** Manages and tracks all expenditures of the VC HMIS Team as well as oversees the collection and tracking of user fees submitted by entities to access HMIS and user licenses. Also tracks expenses related to HMIS training both for the VC HMIS Community and the VC HMIS staff.
7. **CES Program Coordinator:** Manages the community Coordinated Entry System, facilitate the CES Case Conference Meetings, maintain the Prioritized List, facilitate/attend meetings hosted by various entities, co-facilitate quarterly trainings.

It is important to note, the roles listed above does not include leadership oversight for these positions that reside in multiple departments across HSA. It also does not codify administrative/clerical support and supplies/logistics invested towards the operations of the VC HMIS.

VC HMIS Services/Functions

The VC HMIS is responsible for the overarching operations and administration of the system- below is a summary and service types provided.

Onboarding of new HMIS Users/Agencies

The VC HMIS teams schedules Onboarding Meetings with prospective agencies. The initial meeting also provides a demonstration of HMIS, discusses the advantages of HMIS, offers a thorough review of the MOU/ licensing and partner agency user agreements, a review of the comprehensive training catalog including mandatory and elective training courses and closes with next steps the agency and HMIS will take to complete the onboarding process (see document attached). In addition, the VC HMIS team will assess the organization's needs in an effort to integrate VC HMIS in a way that supports their current business processes and minimizes workload impact. In most instances, organizations that use HMIS are able to increase utilization of data to develop reports that assist with performance management and overall reporting.

Training and Development

VC HMIS, in collaboration with the VC CoC Staff and HSA have coordinated and developed training that strengthens service providers' ability to deliver service, connect with clients and collect data. Mandated training includes the following courses:

- HMIS Case Management and Beyond
- HMIS Services Only
- HMIS Coordinated Entry System Basics
- Program Training

In addition to the mandated technical training regarding how to use the HMIS, elective training courses were offered:

- HMIS Advanced Reporting Tool
- Trauma Informed Services
- Recognizing and Identifying Human Trafficking

- De-Escalation Training
- Working with the Aging Brain

VC HMIS offers various elective courses to our HMIS community. These opportunities afforded to our providers has enriched the overall systems case management providing them a trauma informed approach in working with individuals.

Technical Support

The VC HMIS technical team offers support in a variety of settings, including Quarterly trainings, Intermittent Trainings, On Site-Site Visit trainings, via email and over the phone. The HMIS technical team provides comprehensive training in the following functions found within the HMIS: System navigation, System logic, Call Point, Resource Point, Client Point, data collection, households, entry/exit, and assessments. The Technical team also offers support with in depth case management, case management workflow, troubleshooting client records, coordinated entry system and collaborative case management.

VC HMIS Meeting(s) administration and facilitation

VC HMIS facilitates the Ventura County HMIS Steering Committee (quarterly), the Ventura County HMIS Operations Committee (bi-monthly) and co-facilitates the Ventura County Continuum of Care Coordinated Entry System-Pathways to Home meetings (weekly), and workshops (as needed). The VC HMIS Team in cooperation with County of Ventura, HSA and the County Executive Office provides the facilities, equipment and materials needed to facilitate and host meetings and all training.

VC HMIS Administration:

The VC HMIS Team provides the following administrative services:

- Issuing of MOUs for all agency HMIS users
- Issuing of User Agreements
- Issuing of HMIS Licensing fees /annual invoices
- Managing of HMIS users (adding/deleting)
- HMIS Report(s) management and support

Organizational Development/ Continuous Process Improvement

The VC HMIS Team is committed to service excellence. As such, the team will review workflow and outcomes proactively utilizing the agency's Lean Six Sigma approach to continuous process improvement. This will include performance data analysis and also seeking input from our customers. Customer Services Satisfaction surveys are sent out to our committee members and HMIS Users annually and as a follow up to key training or workshop. The data collected from these activities is reviewed and applied to program design, development and planning.

Audits/Monitoring

VC HMIS requires Site Visits with Onboarding Agencies prior to access to HMIS. The purpose of the site visits are to gather information from each agency to better support their needs and to discuss the agencies plan to use HMIS, data entry standards review, a review of their workflow and reporting needs.

VC HMIS also offers technical support during the visit. Lastly, a visual inspection of their workstations to assure their machine supports ServicePoint 5, along with a visual inspection to assure case files are locked and filed. VC HMIS provides quarterly data quality and assists COC staff with providing performance metrics reporting in order to evaluate performance of Alliance and Emergency Solutions Grant recipient agencies.

Current Priorities

- SP 6 Implementation (communication, training, configuring)
- QLIK Dashboard
- Develop HMIS application process (application, denial/approval letter, process)
- HMIS on-boarding (TAY, Housing Authority-VASH, Spirit of Santa Paula)
- HMIS Business as Usual (tickets, operations communication, steering)
- HMIS/MOU Invoicing
- HMIS/CoC Review with CoC Board (self-assessment)
- MOU between HSA and CoC
- Revise CES 2.0 workflow based on public comment (remove back-up match)
- Referrals Business Process (timeliness of referrals, local processes for managing, CES PTH 2.0 Action Item)
- CES 2.0 implementation (SME certification-approved, agreement regarding CH Doc referrals, WPC meeting regarding eligibility criteria)
- CES video with OSM
- CES to-do list not already captured
- Training Catalog and Event Planning
- Finalizing roles & responsibilities

Accomplishments

Implementation of a new training model to meet the needs of our HMIS community:

The training structure and material provide more program specific training in terms of CoC funded projects, program eligibility and the overarching understanding of system performance metrics. In addition, HMIS technical training has been updated including changes in training types such as separation of Entry/exit model and services only. The new training material including programs and technical was implemented in May 2018 HMIS Quarterly training. All new and existing users are required to take the Programs training.

VCHMIS, in collaboration with HSA Training Department, offers various elective courses to our HMIS community including, Human Trafficking, Mental Health First Aid, Trauma Informed, The Aging Brain and Gossip and Grudges, Substance Abuse Prevention and Detection, Bridges out of Poverty, Motivational Interviewing, and Working with the Aging Brain.

Pathways to Home-Coordinated Entry; 1 year of Operation

After one year of operation of the Pathways to Home/Coordinated Entry System (PTH/CES) the Ventura County model was reviewed and assessed by HUD 's Technical Assistance Provider. As a result of this assessment the VC PTH/CES was recognized as a National model and referenced when working with

other Continuums across the Nation. Pathways to Home continues to be sought for information, policies and procedures to support Continuums nationwide.

Pathways to Home-Coordinated Entry System 2.0 Implementation

As committed and as part of the initial implementation of PTH/CES, the VC HMIS and VC CoC team embarked on a post implementation review to plan for the PTH/CES 2.0 implementation. VCHMIS and VC CoC Staff conducted on-line surveys and a provider's workshop to gain strategic input and feedback on the draft CES 2.0 workflow. VCHMIS and CoC staff continue to work with the providers to move forward with an updated process to best meet the continued and dynamic needs of our community.

Self-Assessment:

The VC HMIS Team's self-evaluation of operations and administration is based on the following criteria:

1. HUD Mandates/requirements for HMIS
2. VC HMIS/CES APRs for PY 2016/2017
3. Monitoring Outcomes
4. Commitment to our strategic plan
5. Accomplishments

Based on this criteria, the VC HMIS team believes we have met our mandates and continue to deliver on our agreed upon commitments and deliverables as it relates to supporting our community's needs and the VC CoC needs. We are committed to remaining responsive and dynamic. This executive summary provides an overview of our activities, governance and future focus. The following attachments are also provided for your review.

HMIS Self Evaluation

Category	Standard	HMIS Lead Compliance
Establishing, operating, and customizing a CoC's HMIS.	<ol style="list-style-type: none"> 1. Hosting and maintaining HMIS software or data 2. Upgrading, customizing, and enhancing the HMIS 3. Administering the HMIS 4. Reporting to providers, the CoC, and HUD 5. Conducting training in use of the HMIS 	<ol style="list-style-type: none"> 1. Contracted with Bowman, a Mediware Company. 2. Follow the vendor's upgrade schedule as recommended. Have purchased additional modules to support local initiatives like Eligibility Module and CallPoint. 3. HSA, as the HMIS Lead, administers HMIS for 20+ Contributing Homeless Organizations with over 100 end users. 4. Bowman, a Mediware Company, has over 95 available reports (which include all the HUD required reports and systems administration reports for data quality) and the ability to create ad hoc reports as needed. 5. Provide a catalog of training courses including basic and intermediate HMIS use and vendor led courses to enhance interviewing and social work skills.
HMIS Data Quality and Functionality	<ol style="list-style-type: none"> 1. Parameters set around ensuring the completeness, accuracy, and consistency of data in an HMIS. 	<ol style="list-style-type: none"> 1. Our HMIS users have the ability of running their own Data Quality reports. We, as the HMIS Lead, send out Data Quality reports on a quarterly basis to the individual entities and an aggregate to the CoC.
HMIS Privacy and Security	<ol style="list-style-type: none"> 1. HMIS Privacy and Security policies and procedures 	<ol style="list-style-type: none"> 1. Security and Privacy standards are published in our Policies and Procedures manual.
Project Descriptor Data Elements	<ul style="list-style-type: none"> • Organization Identifiers • Project Identifiers • Continuum of Care Code • Project Type • Method for Tracking Emergency Shelter Utilization • Federal Partner Funding • Bed and Unit Inventory Information • Additional Project Information 	<p>Our vendor, Bowman, a Mediware Company, has built into the system the value capture capability for each of the required data elements. As these change year-to-year for HUD, the vendor upgrades as needed and then our system administrators update the values as needed.</p>

Coordinated Entry Process Self-Assessment

The U.S. Department of Housing and Urban Development (HUD) requires that Continuums of Care (CoC) establish and operate a coordinated entry (CE) process—and that recipients of CoC Program and Emergency Solutions Grants (ESG) program funding within the CoC's area must use that CE process. The requirement was established in the 2012 CoC Program interim rule (24 CFR 578) and the 2011 Emergency Solutions Grants (ESG) interim rule (24 CFR 576). Details of the requirement, as well as additional policy considerations, are provided there and in several documents issued by HUD since:

- [HUD Coordinated Entry Notice CPD-17-01 – Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System](#) (2017)
- [HUD Prioritization Notice CPD-16-11 – Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing](#) (2016)
- [Coordinated Entry Policy Brief](#) (2015)
- [CoC Program interim rule: 24 CFR 578.7\(a\)\(8\)](#)
- [ESG interim rule: 24 CFR 576.400\(d\)](#)
- [HUD Equal Access rule: 24 CFR 5.105\(a\)\(2\) and 5.106\(b\)](#)

Based on these documents, this tool identifies aspects of coordinated entry that HUD has determined are **Required**, as well as other aspects of CE functionality, operations, or management that it has **Recommended**

as good practice but not required. Some unique design features of CE may be appropriate for some subpopulations or geographic areas but are not universally applicable across all CoCs; these are identified as **Optional**. The source document(s) for each Required item is noted in **bold**, and for each Recommended item if appropriate.

CoCs can use this **Coordinated Entry Self-Assessment** as a reference to help them identify key aspects of CE design, implementation, and management; compare this list against their existing CoC plans and/or practices to gauge the extent to which the CoC currently includes these elements; and as a general outline for a set of policies and procedures a CoC must adopt to support the ongoing management of CE processes and functions.

Contents

A. Planning.....	1
B. Access.....	5
C. Assessment	10
D. Prioritization	15
E. Referral.....	19
F. Data Management.....	22
G. Evaluation.....	24



Version 1.1

This document is Version 1.1, which replaces the original version posted on the HUD Exchange on January 23, 2017. This Version 1.1 reflects the following changes:

1. **Section A. Planning.** Item #1 has been updated to correct the date that CoCs are expected to achieve full compliance with Coordinated Entry requirements established by the Notice. The correct date is January 23, 2018.
2. **Section C. Assessment.** Item #9 has been updated to correct an earlier error in citation. The privacy protections noted in the requirement are from HUD's Coordinated Entry Notice: Section II.B.12.f.
3. **Section E. Referral.** Item #2, in *“Referrals to Participating Projects,”* has been moved from Required to Recommended. The CoC's Coordinated Entry policies and procedures used to prioritize homeless persons within the CoC's geographic area for referral to housing and services must be made publicly available and must be applied consistently throughout the CoC's area for all subpopulations. HUD *recommends* that each CoC homeless assistance project also make its prioritization policies and procedures publicly available. That is, the requirement is at the CoC level, not the individual project level.

A. PLANNING

	<input checked="" type="checkbox"/>	ASSESSMENT NOTES
<p>Deadline for Compliance.</p> <p>1. CoC establishes or updates its coordinated entry process in full compliance with HUD requirements by January 23, 2018.</p> <p style="text-align: right;">CoC Program interim rule: 24 CFR 578.7(a)(8) HUD Coordinated Entry Notice: Section I.B</p>	<input type="checkbox"/>	<div>Currently working on updating</div>
<p>Core Requirements since 2012.</p> <p>CoC's coordinated entry process meets the requirements (below) established by the CoC Program interim rule.</p> <p style="text-align: right;">CoC Program interim rule: 24 CFR 578.3 & 24 CFR 578.7(a)(8)</p> <p>2. CES covers the entire geographic area claimed by the CoC.</p> <p>3. CES is easily accessed by individuals and families seeking housing or services.</p> <p>4. CES is well-advertised.</p> <p>5. CES includes a comprehensive and standardized assessment tool(s).</p> <p>6. CES provides an initial, comprehensive assessment of individuals and families for housing and services.</p> <p>7. CES includes 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.</p>	<div> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> </div>	<div> Not in compliance with full coverage Not fully advertised What is the additional mechanism to assure assessment and screening? DV issue: in practice across the system? </div>

** Required **

Core Requirements.

8. CoC, in consultation with recipients of Emergency Solutions Grants program funds within the geographic area, has established and consistently follows written standards for providing Continuum of Care assistance which can guide the development of formalized policies and procedures for the coordinated entry process:
- Written standards provide guidance for evaluating individuals' and families' eligibility for assistance under 24 CFR Part 578.
 - Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive transitional housing assistance.
 - Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance.
 - Written standards provide guidance for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance.
 - Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance.

CoC Program interim rule: 24 CFR 578.7(a)(8)

9. CoC and each ESG recipient operating within the CoC's geographic area must work together to ensure the CoC's coordinated entry process allows for coordinated screening, assessment and referrals for ESG projects consistent with the written standards for administering ESG assistance.

CoC Program interim rule: 24 CFR 578.7(a)(8)

ESG interim rule: 24 CFR 576.400(d) and (e)

Full Coverage.

10. If multiple CoCs have joined together to use the same regional coordinated entry process, written policies and procedures describe the following:

- The relationship of the CoC(s) geographic area(s) to the geographic area(s) covered by the coordinated entry process(es); and
- How the requirements of ensuring access, standardizing assessments, and implementing uniform referral processes occur in situations where the CoC's geographic boundaries and the geographic boundaries of the coordinated entry process are different.

HUD Coordinated Entry Notice: Section II.B.1



ASSESSMENT NOTES



WS not yet localized. Work with CoC partners for feedback to localize standards.
Assure WS work well with CES



N/A, we do not have multiple CoCs

A. PLANNING

	✓	ASSESSMENT NOTES
<p>Marketing.</p> <p>11. CoC affirmatively markets housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, handicap or who are least likely to apply in the absence of special outreach.</p> <p style="text-align: center;">CoC Program interim rule: 24 CFR 578.93(c) ESG Program interim rule: 24 CFR 576.407(a) and (b)</p> <p>12. Coordinated entry written policies and procedures include a strategy to ensure 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 identify, or marital status.</p> <p style="text-align: center;">HUD Coordinated Entry Notice: Section II.B.5 HUD Equal Access rule: 24 CFR 5.105(a)(2) and 5.106(b)</p> <p>13. Coordinated entry written policies and procedures ensure all people in different populations and subpopulations in the CoC's geographic area, 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.</p> <p style="text-align: center;">HUD Coordinated Entry Notice: Section II.B.5</p>	<div> <input type="checkbox"/> </div> <div> <input checked="" type="checkbox"/> </div> <div> <input checked="" type="checkbox"/> </div>	<div> <div>Is this in the CoC written standards?</div> </div>

** Required **

Nondiscrimination.

14. CoC has developed and operates a coordinated entry that permits recipients of Federal and State funds to comply with applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws, including the following:
- 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 VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin 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.

HUD Coordinated Entry Notice: Section I.D



ASSESSMENT NOTES



Written in WS and part of monitoring and contracts for CoC and ESG funded programs

Access Models.

1. CoC offers the same assessment approach at all access points and all access points are usable by all people who may be experiencing homelessness or at risk of homelessness. If separate access points are identified to meet the needs of one of the five populations allowable by HUD's Coordinated Entry Notice, initial screening at each access point allows for immediate linkage to the appropriate subpopulation access point (e.g. unaccompanied youth who access CES at the access point defined for adults without children are immediately connected to the youth-specific access point).

HUD Coordinated Entry Notice: Section II.B.2.a



ASSESSMENT NOTES

No wrong door approach.
Address Vets and TAY
workflow for Referrals to
SME's eg: Vets assessed,
send referral to SSVF



Accessibility.

2. CoC ensures that households who are included in more than one of the populations for which an access point is dedicated (for example, a parenting unaccompanied youth who is fleeing domestic violence) can be served at all of the access points for which they qualify as a target population.

HUD Coordinated Entry Notice: Section II.B.2.f



3. CoC provides the same assessment approach, including standardized decision-making, at all access points.

HUD Coordinated Entry Notice: Section II.B.2.a



4. CoC ensures participants may not be denied access to the coordinated entry process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking.

HUD Coordinated Entry Notice: Section II.B.12.e



5. CoC's access point(s) must be easily accessed by individual and families seeking homeless or homelessness prevention services.

HUD Coordinated Entry Notice: Section II.B.8



ESG definition focusing on
imminent risk for HP?

Emergency Services.

6. CoC's CE process allows emergency services, including all domestic violence and emergency services hotlines, drop-in service programs, and emergency shelters, including domestic violence shelters and other short-term crisis residential programs, to operate with as few barriers to entry as possible. People are able to access emergency services, such as emergency shelter, independent of the operating hours of the system's intake and assessment processes.

HUD Coordinated Entry Notice: Section II.B.7

7. CoC's written CE policies and procedures document a process by which persons are ensured access to emergency services during hours when the coordinated entry's intake and assessment processes are not operating. CE written policies and procedures document how CE participants are connected, as necessary, to coordinated entry as soon as the intake and assessment processes are operating.

HUD Coordinated Entry Notice: Section II.B.7.b

Prevention Services.

8. CoC's written CE policies and procedures document a process for persons seeking access to homelessness prevention services funded with ESG program funds through the coordinated entry process . If the CoC defines separate access points for homelessness prevention services, written policies and procedures must describe the process by which persons are prioritized for referrals to homelessness prevention services. To the extent to which other (i.e., non ESG -funded) homelessness prevention services participate in coordinated entry processes, the policies and procedures must also describe the process by which persons will be prioritized for referrals to these programs.

HUD Coordinated Entry Notice: Section II.B.8

Full Coverage.

9. CoC's access points cover and are accessible throughout the entirety of the geographic area of the CoC.

HUD Coordinated Entry Notice: Section II.B.1

Marketing.

10. CoC's written coordinated entry policies and procedures document steps taken to ensure access points, if physical locations, are accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance.

HUD Coordinated Entry Notice: Section II.B.5.c



ASSESSMENT NOTES



211-24/7 coverage



211



Address prioritization for Homeless Prevention



working with TA



need additional marketing material
some providers offer interpretative services, not all.
Different languages?
ADA access, braille

B. ACCESS

	<input checked="" type="checkbox"/>	ASSESSMENT NOTES
<p>11. CoC's written CE policies and procedures document steps taken to ensure effective communication with individuals with disabilities. Recipients of Federal funds and CoCs must provide appropriate auxiliary aids and services necessary to ensure effective communication (e.g. Braille, audio, large type, assistive listening devices, and sign language interpreters).</p> <p style="text-align: right;">HUD Coordinated Entry Notice: Section II.B.5.c</p>	<input type="checkbox"/>	" "
<p>12. CoC's access point(s) take reasonable steps to offer CE process materials and participant instruction in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency (LEP).</p> <p style="text-align: right;">HUD Coordinated Entry Notice: Section II.B.5.d</p>	<input type="checkbox"/>	" "
<p>Safety Planning.</p> <p>13. CoC has a specific written CE policy and procedure 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 service providers. At a minimum, people fleeing or attempting to flee domestic violence and victims of trafficking have safe and confidential access to the coordinated entry process and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelter.</p> <p style="text-align: right;">HUD Coordinated Entry Notice: Section II.B.10</p>	<input checked="" type="checkbox"/>	
<p>Street Outreach.</p> <p>14. Street outreach efforts funded under ESG or the CoC program are linked to the coordinated entry process. Written policies and procedures describe the process by which all participating street outreach staff, regardless of funding source, ensure that persons encountered by street outreach workers are offered the same standardized process as persons who access coordinated entry through site-based access points.</p> <p style="text-align: right;">HUD Coordinated Entry Notice: Section II.B.6</p>	<input checked="" type="checkbox"/>	

** Required **

		✓	ASSESSMENT NOTES
Recommended	Accessibility. 15. CoC's access points, if physical locations, are sited in proximity to public transportation and other services to facilitate participant access. A CoC or recipient of Federal funds may be required to offer some variation to the process, e.g., a different access point, as a reasonable accommodation for a person with disabilities. For example, a person with a mobility impairment may request a reasonable accommodation in order to complete the coordinated entry process at a different location.	<input checked="" type="checkbox"/>	
	16. CoC's access points provide connections to mainstream and community-based emergency assistance services such as supplemental food assistance programs and applications for income assistance.	<input checked="" type="checkbox"/>	
Optional	Access Models. 17. CoC's access points provide virtual entry where individuals and families experiencing a housing crisis may present for initial assessment screening (e.g. a 211 or other hotline systems that screens and directly connects callers to appropriate crisis housing and service providers in the area).	<input checked="" type="checkbox"/>	
	18. CoC has multiple access points, each assigned to a specific sub-region within the CoC. 19. CoC has partnered with neighboring CoCs to create a single access point covering the multi-CoC region. 20. The CoC has multiple access points to facilitate access, coordinate entry processes, and improve the quality of information gathered for the following subpopulations: <ul style="list-style-type: none"> • Adults without children; • Adults accompanied by children; • Unaccompanied youth; • Households fleeing or attempting to flee domestic violence; or • Persons at risk of homelessness. 21. CoC has a "no wrong door" approach in which a homeless family or individual can present at any homeless housing and service provider in the geographic area.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<div> 18. No 19. n/a 20. n/a do not use HUBS </div>

		✓	ASSESSMENT NOTES
Optional	<p>Prevention Services.</p> <p>22. CoC's CE process includes separate access point(s) for homelessness prevention so that people at risk of homelessness can receive urgent services when and where they are needed. If separate access points for homelessness prevention services exist in the CoC, written CE policies and procedures describe the process by which persons will be prioritized for referrals to homelessness prevention services.</p> <p>HUD Coordinated Entry Notice: Section II.B.8</p>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<div>no seperate access points</div>
	<p>Safety Planning.</p> <p>23. Victim service providers funded by CoC and ESG program funds are not required to use the CoC's coordinated entry process, but CoC- and ESG-funded victim service providers are allowed to do so. Or, victim service providers may use an alternative coordinated entry process for victims of domestic violence, dating violence, sexual assault, and stalking.</p> <p><i>*Note – if an alternative CE process is used for victims of domestic violence, dating violence, sexual assault and stalking, that alternative process must meet HUD's minimum coordinated entry requirements.</i></p>	<input type="checkbox"/>	

	✓	ASSESSMENT NOTES
<p>Assessment Process.</p> <p>1. CoC consistently applies one or more standardized assessment tool(s), applying a consistent process throughout the CoC in order to achieve fair, equitable, and equal access to services within the community. HUD Coordinated Entry Notice: Section II.B.2.a</p> <p>2. CoC's written policies and procedures describe the standardized assessment process, including assessment information, factors, and documentation of the criteria used for uniform decision-making across access points and staff. HUD Coordinated Entry Notice: Sections II.B.2.g.1 and II.B.3</p> <p>3. CoC maintains written policies and procedures that prohibit the coordinated entry process 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. HUD Coordinated Entry Notice: Section II.B.4</p>	<p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p> <p><input checked="" type="checkbox"/></p>	
<p>Assessor Training.</p> <p>4. CoC provides training opportunities at least once annually to organizations and or staff persons at organizations that serve as access points or administer assessments. CoC updates and distributes training protocols at least annually. The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC's coordinated entry written policies and procedures. HUD Coordinated Entry Notice: Section II.B.14</p>	<p><input checked="" type="checkbox"/></p>	

5. 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 use of assessment information to determine prioritization; and
- Criteria for uniform decision-making and referrals.

HUD Coordinated Entry Notice: Section II.B.14



ASSESSMENT NOTES



Folded into HMIS Q training

lacking- but have suggested material (alicia)

Allowable structure for complaints:
Agency manage first
then CES facilitators
then HMIS Sys admin/ CoC staff

Client-Centered.

6. Participants must be informed of the ability to file a nondiscrimination complaint.

HUD Coordinated Entry Notice: Section II.B.12.g



Participant Autonomy.

7. CoC 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.

**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.*

HUD Coordinated Entry Notice: Section II.B.11



Current process allows clients to make a choice regarding housing and/or information
Are there limits on the number of times a client refuses housing.

Privacy Protections.

8. CoC has established written policies and procedures concerning protection of all data collected through the CE assessment process.

HUD Coordinated Entry Notice: Section II.B.12



9. CoC has established written policies and procedures establishing that 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.

HUD Coordinated Entry Notice: Section II.B.12.f



	<input checked="" type="checkbox"/>	ASSESSMENT NOTES
<div data-bbox="37 673 69 878" data-label="Text">Recommended</div> <p data-bbox="92 212 432 245">Assessment Process.</p> <p data-bbox="92 272 1486 342">10. CoC uses locally specific assessment approaches and tools that reflect the characteristics and attributes of the CoC and CoC participants.</p> <p data-bbox="92 367 1486 436">11. CoC uses a valid, tested, and reliable assessment process which gathers only enough participant information to determine the severity of need and eligibility for housing and related services.</p> <p data-bbox="92 461 1486 531">12. CoC uses a phased approach to assessment which progressively collects only enough participant information to prioritize and refer participants to available CoC housing and support services.</p> <p data-bbox="92 555 1486 625">13. CoC employs a phased approach to assessment which segments the collection of participant information into the following stages:</p> <ul data-bbox="231 633 1486 1209" style="list-style-type: none"> • <u>Initial Triage</u> – resolving the immediate housing crisis; identification of the CoC crisis response system as the appropriate system to address the potential participant’s immediate needs. • <u>Diversion and/or Prevention Screening</u> – examination of existing CoC and participant resources and options that could be used to avoid entering the homeless system of care. • <u>Crisis Services Intake</u> – information necessary to enroll the participant in a crisis response project such as emergency shelter or other homeless assistance project. • <u>Initial Assessment</u> – information to identify a participant’s housing and service needs with the intent to resolve participant’s immediate housing crisis. • <u>Comprehensive Assessment</u> – information necessary to refine, clarify, and verify a participant’s housing and homeless history, barriers, goals, and preferences. Assessment information supports the evaluation of participant’s vulnerability and prioritization for assistance. • <u>Next Step/Move On Assessment</u> – information revealed or known after an Initial Assessment is conducted when that new information may suggest a revised referral strategy. Or, re-evaluating participants who have been stably housed for some time and who may be ready for less intensive housing and service strategies. <p data-bbox="92 1234 1486 1304">14. CoC employs a Housing First oriented assessment process which is focused on rapidly housing participants without preconditions.</p>	<div data-bbox="1514 277 1556 326"><input type="checkbox"/></div> <div data-bbox="1514 375 1556 423"><input type="checkbox"/></div> <div data-bbox="1514 472 1556 521"><input type="checkbox"/></div> <div data-bbox="1514 570 1556 618"><input type="checkbox"/></div> <div data-bbox="1514 1235 1556 1284"><input type="checkbox"/></div>	

Assessor Training.

15. All staff administering assessments use culturally and linguistically competent practices, including the following:

- CoC incorporates cultural and linguistic competency training into the required annual training protocols for participating projects and staff members; and
- Assessments use culturally and linguistically competent questions for all persons that reduce cultural or linguistic barriers to housing and services for special populations.

16. All assessment staff are trained on how to conduct a trauma-informed assessment of participants. Special consideration and application of trauma-informed assessment techniques are afforded victims of domestic violence or sexual assault to help reduce the chance of re-traumatization.

17. All Assessment staff are trained on safety planning and other next step procedures if safety issues are identified in the process of participant assessment.



ASSESSMENT NOTES



look into cultural competency training



HMIS offers TI training for providers



DV Partner training. CoC training during HMIS Q?

Client-Centered.

18. Physical assessment areas are made safe and confidential to allow for individuals to identify sensitive information or safety issues in a private and secure setting.

19. Assessment questions are adjusted according to specific subpopulations (i.e. Youth, Individuals, Families, and Chronically Homeless) and responses to questions. For example, if a participant is under the age of 18 questions related to Veteran status and experience with the armed services can be skipped.

20. Assessment questions and instructions reflect the developmental capacity of participants being assessed.

21. CoC's assessment process incorporates a person-centered approach, including the following:

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



		✓	ASSESSMENT NOTES
Recommended	Incorporating Mainstream Services. 22. CoC includes relevant mainstream service providers in the following activities: <ul style="list-style-type: none"> Identifying people at risk of homelessness; Facilitating referrals to and from the coordinated entry process; Aligning prioritization criteria where applicable; Coordinating services and assistance; and Conducting activities related to continual process improvement. 	<input checked="" type="checkbox"/> <input type="checkbox"/>	<div>mainstream service providers</div>
	23. CoC has established written CE policies and procedures describing how each participating mainstream housing and service provider will participate, including the process by which referrals will be made and received.	<input type="checkbox"/>	
Optional	Assessment Process. 24. CoC uses a publicly available, rather than locally specific, standardized assessment tool(s) to facilitate their assessment process (e.g. VI-SPDAT or vulnerability index-service prioritization decision assistance tool).	<input type="checkbox"/>	
	25. CoC allows Veteran Affairs (VA) partners to conduct assessments and make direct placements into any homeless assistance program, with the method for doing so included in the CoC's coordinated entry policies and procedures and written standards for affected programs.	<input type="checkbox"/>	<div>Not fully practiced. SSVF main partners.</div>
	Street Outreach. 26. Street outreach activities incorporate the assessment process, in part or whole, into street outreach activities or separate the assessment process so that it is only conducted by assessment workers who are not part of street outreach efforts.	<input type="checkbox"/>	

D. PRIORITIZATION

** Required **

Core Requirements.

1. CoC uses the coordinated entry process to prioritize homeless persons within the CoC's geographic area:
 - Prioritization is based on a specific and definable set of criteria that are documented, made publicly available and applied consistently throughout the CoC for all populations.
 - CoC's written policies and procedures include the factors and assessment information with which prioritization decisions are made.
 - CoC's prioritization policies and procedures are consistent with CoC and ESG written standards under 24 CFR 578(a)(9) and 24 CFR 576.4.

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

HUD Coordinated Entry Notice: Section II.B.3

2. CoC's written CE policies and procedures include the factors and assessment information with which prioritization decisions are made for all homeless assistance.

HUD Coordinated Entry Notice: Section II.B.3

Emergency Services.

3. CoC's written CE policies and procedures clearly distinguish between the interventions that will not be prioritized based on severity of service need or vulnerability, such as entry to emergency shelter, allowing for an immediate crisis response, and those that will be prioritized, such as permanent supportive housing (PSH).

HUD Coordinated Entry Notice: Section II.B.7



ASSESSMENT NOTES



D.) PRIORITIZATION

		ASSESSMENT NOTES
** Required **	<p>Nondiscrimination.</p> <p>4. CoC does not use data collected from the assessment process to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex age, familial status, disability, actual or perceived sexual orientation, gender identify or marital status. CoC’s written policies and procedures for CE document how determining eligibility is a different process than prioritization.</p> <p style="text-align: center;"><i>*Note – In certain circumstances some projects may use disability status or other protected class information to limit enrollment, but only if Federal or State statute explicitly allows the limitation (e.g. HOPWA-funded projects may only serve participants who are HIV+/AIDS).</i></p> <p style="text-align: center;">HUD Coordinated Entry Notice: Sections I.D and II.B.2.g(2)</p> <p>5. CoC’s written CE policies and procedures document process for participants to file a nondiscrimination complaint.</p> <p style="text-align: center;">HUD Coordinated Entry Notice: Section II.B.12.g</p> <p>7. CoC’s written policies and procedures document conditions under which participants maintain their place in coordinated entry prioritization lists when the participant rejects referral options.</p> <p style="text-align: center;">HUD Coordinated Entry Notice: Section II.B.9</p>	<div>☑</div> <div>☒</div> <div>suggested material for grievances. Is there grievance process for non-discrimination in the CoC WS?</div> <div>☒</div>
	<p>Prioritization List.</p> <p>8. If the CoC manages prioritization order using a “Prioritization List,” CoC extends the same HMIS data privacy and security protections prescribed by HUD for HMIS practices in the HMIS Data and Technical Standards.</p> <p style="text-align: center;">HUD Coordinated Entry Notice: Section II.B.3</p>	<div>☒</div>
	<p>Prevention Services.</p> <p>9. If separate access point(s) for homelessness prevention services exist in the CoC, written CE policies and procedures describe the process by which persons will be prioritized for referrals to homelessness prevention services.</p> <p style="text-align: center;">HUD Coordinated Entry Notice: Section II.B.8</p>	<div>☐</div> <div>n/a?</div>

D.

Recommended

D. PRIORITIZATION

		<input checked="" type="checkbox"/>	ASSESSMENT NOTES
Recommended	15. In the event that two or more homeless households within the same geographic area are identically prioritized for the next available unit, and each household is also eligible for that unit, the CoC selects the household that first presented for assistance in the determination of which household receives a referral to the next available unit.	<input checked="" type="checkbox"/>	
Optional	Prioritization Process. 16. CoC establishes scoring criteria that translate the participant's current living situation and barriers impacting participant's ability to obtain and/or maintain housing into a numerical score that can also be used to inform the referral process.	<input checked="" type="checkbox"/>	

E. REFERRAL

** Required **

Referrals to Participating Projects.

1. CoC's CE process includes uniform and coordinated referral process for all beds, units, and services available at participating projects within the CoC's geographic area for referral to housing and services.
HUD Coordinated Entry Notice: Section II.B.3
2. CoC and projects participating in the coordinated entry process do not screen potential project participants out for assistance based on perceived barriers related to housing or services.
HUD Coordinated Entry Notice: Section II.B.3
3. CoC- and ESG-program recipients and subrecipients use the coordinated entry process established by the CoC as the only referral source from which to consider filling vacancies in housing and/or services funded by CoC and ESG programs.
HUD Coordinated Entry Notice: Section I.B



ASSESSMENT NOTES

implement w/ monitoring 2 and 3

Nondiscrimination.

4. CoC and all agencies participating in the coordinated entry process comply with the equal access and nondiscrimination provisions of Federal civil rights laws.
HUD Coordinated Entry Notice: Sections I.D and II.B.3
5. CoC's referral process is informed by Federal, State, and local Fair Housing laws and regulations and ensures participants are not "steered" toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children.
HUD Coordinated Entry Notice: Sections I.D and II.B.3



		✓	ASSESSMENT NOTES
Recommended	Referrals to Participating Projects.		
	6. CoC maintains and annually updates a list of all resources that may be accessed through referrals from the coordinated entry process.	<input checked="" type="checkbox"/>	
	7. Each CoC project establishes and makes publicly available the specific eligibility criteria the project uses to make enrollment determinations.	<input checked="" type="checkbox"/>	
	8. Non HUD-funded CoC agencies participating in the coordinated entry process fill project vacancies only through referrals from the referring agency/entity.	<input checked="" type="checkbox"/>	
	9. CoC's written CE policies and procedures include standardized criteria by which a participating project may justify rejecting a referral.	<input checked="" type="checkbox"/>	
	10. CoC's written CE policies and procedures document uniform process for managing rare instances of referral rejection, as well as the protocol the coordinated entry process must follow to connect the rejected household with a new project.	<input checked="" type="checkbox"/>	
	11. Upon referral, CoC participants receive clear information about the project they are referred to, what participants can expect from the project, and expectations of the project.	<input checked="" type="checkbox"/>	
	12. CoC identifies a referral entity, agency, CoC-subcommittee, or other decision-making entity empowered by the CoC to manage the process of referring participants to available CoC housing and supportive services.	<input checked="" type="checkbox"/>	
	13. If a CoC participant is prioritized for permanent supportive housing (PSH) but no PSH resources are available, that participant is offered any other CoC resource available in the CoC's geographic area.	<input checked="" type="checkbox"/>	
	14. CoC establishes a minimum set of participant information associated with a referral and which will be shared by a referring agency/entity with the project receiving the referral.	<input checked="" type="checkbox"/>	
	15. CoC establishes alternate processes to identify suitable options when projects reject a participant and when participants reject a project.	<input checked="" type="checkbox"/>	

E. REFERRAL

		✓	ASSESSMENT NOTES
Recommended	<p>16. CoC employs a 'Housing Navigator' function to ensure efficient and effective enrollment, and subsequent movement from one CoC project to another. While specific 'Housing Navigator' functions will vary from CoC to CoC, typical duties include the following:</p> <ul style="list-style-type: none"> • Work closely with referral agencies regarding eligibility determination. • Develop a Housing Stability Plan. • Complete housing applications. • Perform housing search and placement. • Outreach to and negotiations with landlords. • Assisting with submitting rental applications and understanding leases. • Addressing barriers to project admissions. 	<input checked="" type="checkbox"/>	
	<p>Participant Autonomy.</p> <p>17. CoCs incorporate a person-centered approach into the referral process. That approach is documented in CoC's written policies and procedures for coordinated entry management. A person-centered approach includes:</p> <ul style="list-style-type: none"> • Participant choice in decisions such as location and type of housing, level and type of services, and other project characteristics, including assessment processes that provide options and recommendations that guide and inform participant choice, as opposed to rigid decisions about what individuals and families need. • Clear expectations concerning where participants are being referred, entry requirements, and services provided. 	<input checked="" type="checkbox"/>	
Optional	<p>Referrals to Participating Projects.</p> <p>18. CoC establishes referral zones or referral regions within the geographic area of the CoC. These referral zones are designed to avoid forcing persons to travel or move long distances to be assessed or served.</p>	<input checked="" type="checkbox"/>	
	<p>19. CoC transmits participant referral information electronically, via the CoC's HMIS or other data management system.</p>	<input checked="" type="checkbox"/>	

F. DATA MANAGEMENT

		✓	ASSESSMENT NOTES
** Required **	Core Requirements. 1. When using an HMIS or any other data system to manage coordinated entry data, CoC ensures adequate privacy protections of all participant information per the HMIS Data and Technical Standards at (CoC Program interim rule) 24 CFR 578.7(a)(8). HUD Coordinated Entry Notice: Sections II.B.3 and II.B.13	<input checked="" type="checkbox"/>	
	Privacy Protections. 2. CoC's written CE policies and procedures include protocols for obtaining participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process. HUD Coordinated Entry Notice: Section II.B.12	<input checked="" type="checkbox"/>	
	3. CoC prohibits denying services to participants if the participant refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of program participation. HUD Coordinated Entry Notice: Sections II.B.12.c and II.B.13	<input checked="" type="checkbox"/>	
	4. If using HMIS to manage coordinated entry functions, CoC ensures all users of HMIS are informed and understand the privacy rules associated with collection, management, and reporting of client data. HUD Coordinated Entry Notice: Section II.B.12	<input checked="" type="checkbox"/>	
Recommended	HMIS Use. 5. CoC uses HMIS as part of its coordinated entry process, collecting, using, storing, sharing, and reporting participant data associated with the coordinated entry process.	<input checked="" type="checkbox"/>	
	Privacy Protections. 6. CoC only shares participant information and documents when the participant has provided written consent.	<input checked="" type="checkbox"/>	

F. DATA MANAGEMENT

		✓	ASSESSMENT NOTES
Optional	Data Systems Management.		
	7. CoC imports and exports data to support collaboration between homeless service providers and mainstream resource providers (Medicaid, criminal justice re-entry programs, healthcare services, etc.).	<input checked="" type="checkbox"/>	yes, but only healthcare and CIC participants (CJ)
	8. CoC integrates data between multiple data systems to reduce duplicative efforts and increase case coordination across providers and funding streams.	<input type="checkbox"/>	no
	9. CoC manages and maintain a list of referral resources in a systematic way that encourages high data quality and utilizes the AIRS Taxonomy to ensure uniformity in naming and describing resources.	<input checked="" type="checkbox"/>	
	HMIS Functionality.		
	10. CoC automates coordinated entry processes including resource prioritization, prioritization list management, and eligibility determination.	<input checked="" type="checkbox"/>	yes, but prioritizing is manual, would like to automate it.

		✓	ASSESSMENT NOTES
** Required **	Core Requirements. 1. CoC consults with each participating project and project participants at least annually to evaluate the intake, assessment, and referral processes associated with coordinated entry. Solicitations for feedback must address the quality and effectiveness of the entire coordinated entry experience for both participating projects and households. HUD Coordinated Entry Notice: Section II.B.15	<input checked="" type="checkbox"/>	
	Evaluation Methods. 2. CoC ensures through written CE policies and procedures the frequency and method by which the CE evaluation will be conducted, including how project participants will be selected to provide feedback, and must describe a process by which the evaluation is used to implement updates to existing policies and procedures. HUD Coordinated Entry Notice: Section II.B.15	<input checked="" type="checkbox"/>	
	Privacy Protections. 3. CoC ensures adequate privacy protections of all participant information collected in the course of the annual coordinated entry evaluation. HUD Coordinated Entry Notice: Section II.B.12	<input checked="" type="checkbox"/>	
Recommended	Evaluation Methods. 4. CoC incorporates system performance measures or other evaluation criteria into their required annual coordinated entry evaluation plan.	<input checked="" type="checkbox"/>	

5. CoC ensures that evaluation is part of the implementation planning process from the inception of CE:
- Determine which aspects of the effectiveness of the system will be measured.
 - Determine which aspects of the process will be evaluated for fidelity to the policies and procedures.
 - Determine how to gather data to track the selected measures.
 - Determine whether and how to use the evaluation results to inform other aspects of the system planning and monitoring.



ASSESSMENT NOTES



Stakeholder Consultation.

6. CoCs employ multiple feedback methodologies to ensure participating projects and households have frequent and meaningful opportunities for feedback. Feedback methodologies include the following:
- Surveys designed to reach either the entire population or 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; and
 - Individual interviews with participating providers and enough participants to approximate the diversity of participating households.



Collect comments,
stakeholder meetings

Followup questions:
21-25:are the CES the same as the WS?
17: assessor training



July 17, 2018

Re: CA-611 Oxnard, San Buenaventura/Ventura County

During implementation of a Coordinated Entry System, this community received Coordinated Entry Self-Assessment, Vets@Home, and Youth Homelessness Demonstration Program Technical Assistance via work plans assigned to CSH.

Youth TA focused on leveraging funding sources, improved systems analysis, implementation and improvement of diversion and prevention strategies, and implementation of a youth experience survey. The community applied for Round 2 of YHDP funding.

The Vets@Home work group reported positive progress during TA with communication and collaboration amongst Federal and local partners and agencies. TA focused on system planning and coordinated entry improvement for veterans. New staff at the VA have been more responsive and the COC is encouraged that recent meetings will result in higher level engagement and progress.

The community initiated Coordinated Entry TA in September 2017 and at that time the CoC was working up to full implementation of their Coordinated Entry System. The community's policies and procedures met compliance requirements. TA met regularly with CoC staff through the January deadline focusing on examples, best practices, and peer-to-peer connections for information sharing, especially regarding incorporation of victim service providers, HMIS workflows, and assessment tools and processes. CoC staff participated in a peer-to-peer forum call facilitated by TA with other California communities in December 2017.

This community was heavily impacted by disasters in 2017 and all TA connected them with other communities similarly impacted. The CoC focused on post-disaster rehousing and continually advocated for recovery efforts aimed at homeless and unstably housed populations. CoC staff participated in a peer-to-peer Unsheltered Homelessness forum facilitated by the Region IX TA team and a collaboration with staff and a veteran homelessness work group in CA-609 San Bernardino City/County.

Sincerely,

Micah Snead
Senior Program Manager, Federal Technical Assistance
HUD Region IX Regional Technical Assistance Team



VENTURA COUNTY

VC Homeless Management Information System (HMIS)

Contract Year (CY) 2018/2019

Mission Statement, Vision, and Strategic Goals

Mission Statement

We strategically administer the VC Homeless Management Information System to support the prevention and ending of homelessness in Ventura County.

Vision

- All homeless services providers (level 1) are using VC HMIS
- Coordinated Entry is maximized such that clients and resources are connected in the most efficient and effective way
- Real time reports with the data requested is easily accessible
- Funding for growth to comprehensively support the community
- Advocate for a more streamline and strategic collection of HUD mandated data elements

CY 2018/2019 HMIS Strategic Goals

1. Meet or exceed program mandates and required performance metrics (enhancements and implementation of program, operations, and system)

Strategies:

- Compare HMIS Annual Performance Report (APR) year to year and provide measures to monitor performance
- Measure coordinated entry system referral timeframes
- Increase community-wide data measures: City, Day Services Model, HMIS Dashboard, QLIK, use HMIS performance in funding decisions, documented recommendations
- Pathways to Home/Coordinated Entry System 2.0 Implementation
- Chronically Homeless Documentation: 24 business hours to acknowledge / 48 business hours to review (approve or request further documentation)
- Proactively and consistently self-monitor to Housing and Urban Development (HUD) Mandates and locally established performance measures.



**2. Provide excellent customer service to all clients, their families, and supporters
(internal clients/HMIS users)**

Strategies:

- HMIS Support: SLA Standards, Resolution, Notification, Escalation Process, Customer Service Survey
- Increase ongoing growth in training catalog: Timely-Annual Calendar and robust training resources

3. Increase employee engagement

Strategies:

- 100 % of HMIS staff Trauma Informed Services (TIS) trained
- 100 % of staff will receive Customer Service training
- 100 % of VC HMIS Users are Trauma Informed Services trained

4. Increase and enhance community engagement and partnerships

Strategies:

- Increase quality and attendance in HMIS Steering Committee meeting
- Increase quality and attendance in HMIS Operations Committee
- Increase outreach to grow the number of homeless services providers utilize VC HMIS
- Enhance and support best practices, program and technical training for the entire VC HMIS community of agencies and users.

VC HMIS Organizational Chart

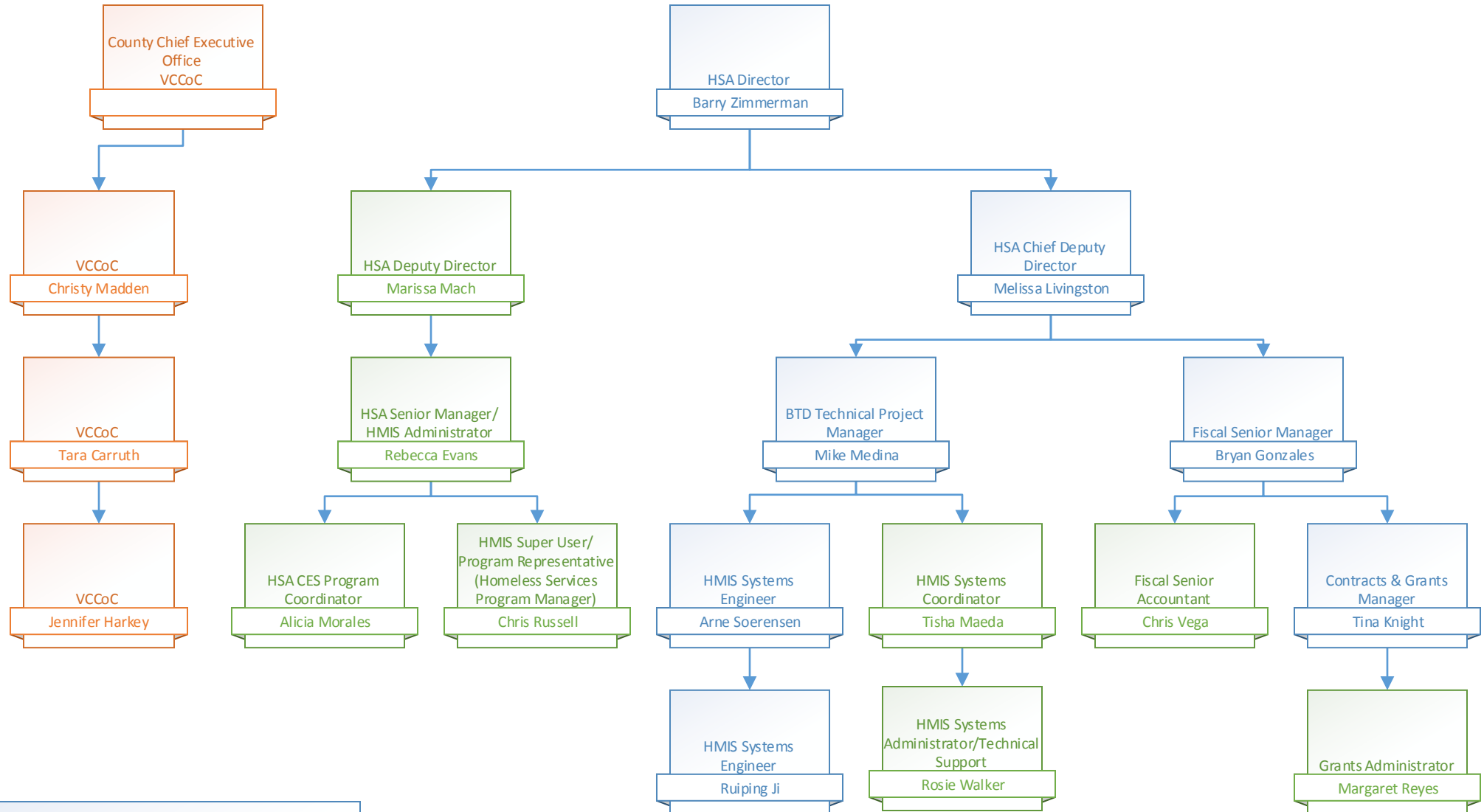
The following organizational charts within this section represent the following organizations:

- VC HMIS Team
- Ventura County Human Services Agency, Adult and Family Services Division- Leadership Team (only) Organizational Chart
- Ventura County Human Services Agency, Business and Technical Department
- Ventura County Human Services Agency, Fiscal Department

The members of the VC HMIS Team are primarily made up of Ventura County Human Services Agency employees who serve in full time roles/functions within their respective agency and departments. With the exception of the Coordinated Entry Program Coordinator (which is 100% funded through a CES/HMIS Grant), the VC HMIS team members must fulfill their VC HSA roles as well as their VC HMIS roles. Their department/organizational charts are included to provide context and background relative to the supervisory structure and the coordinated effort required at the management and administrative level to support these team members.

COUNTY OF VENTURA
Human Services Agency
VC Homeless Management Information System

July 2018



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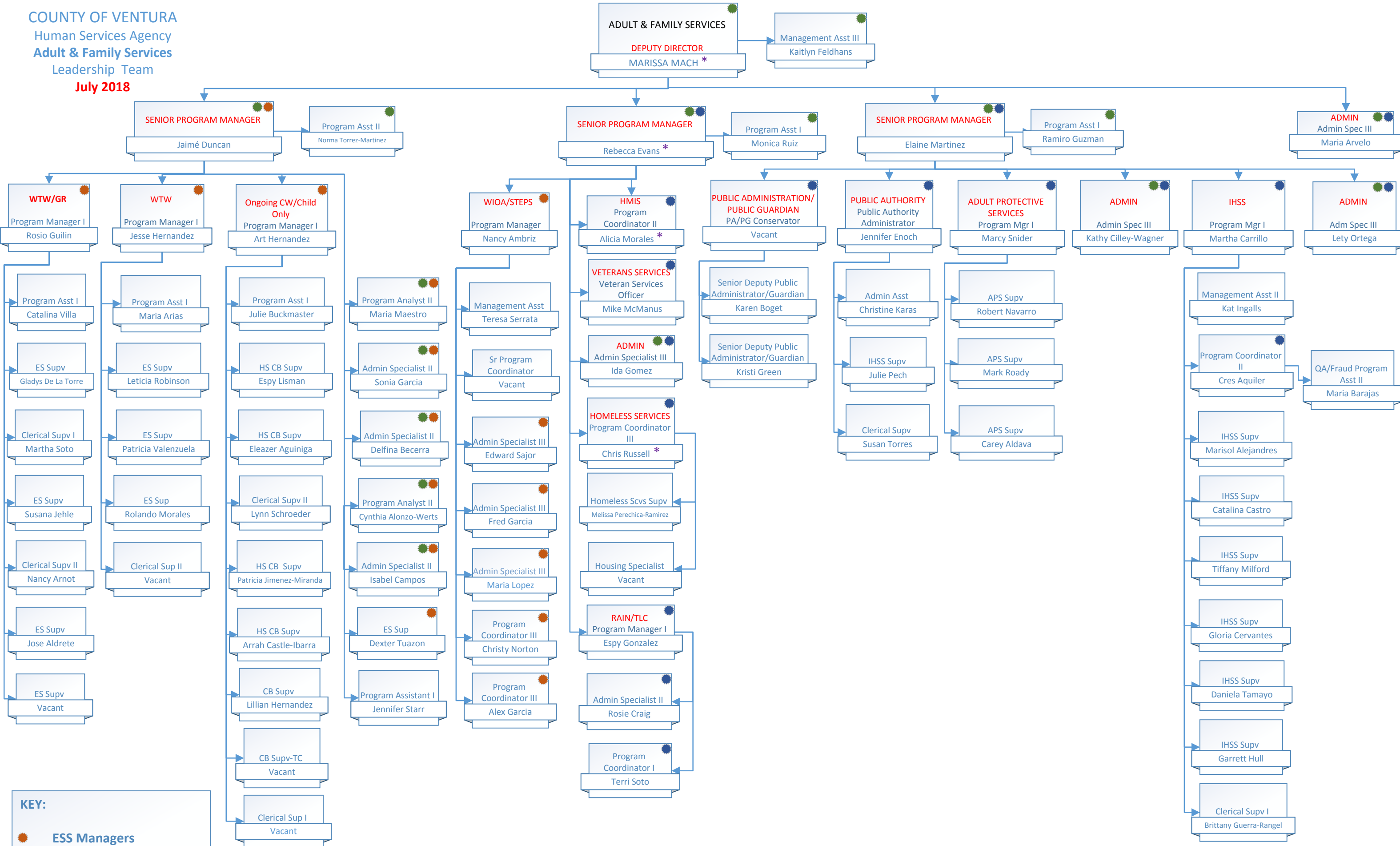


VC HMIS Core Team Members



VCCoC Staff

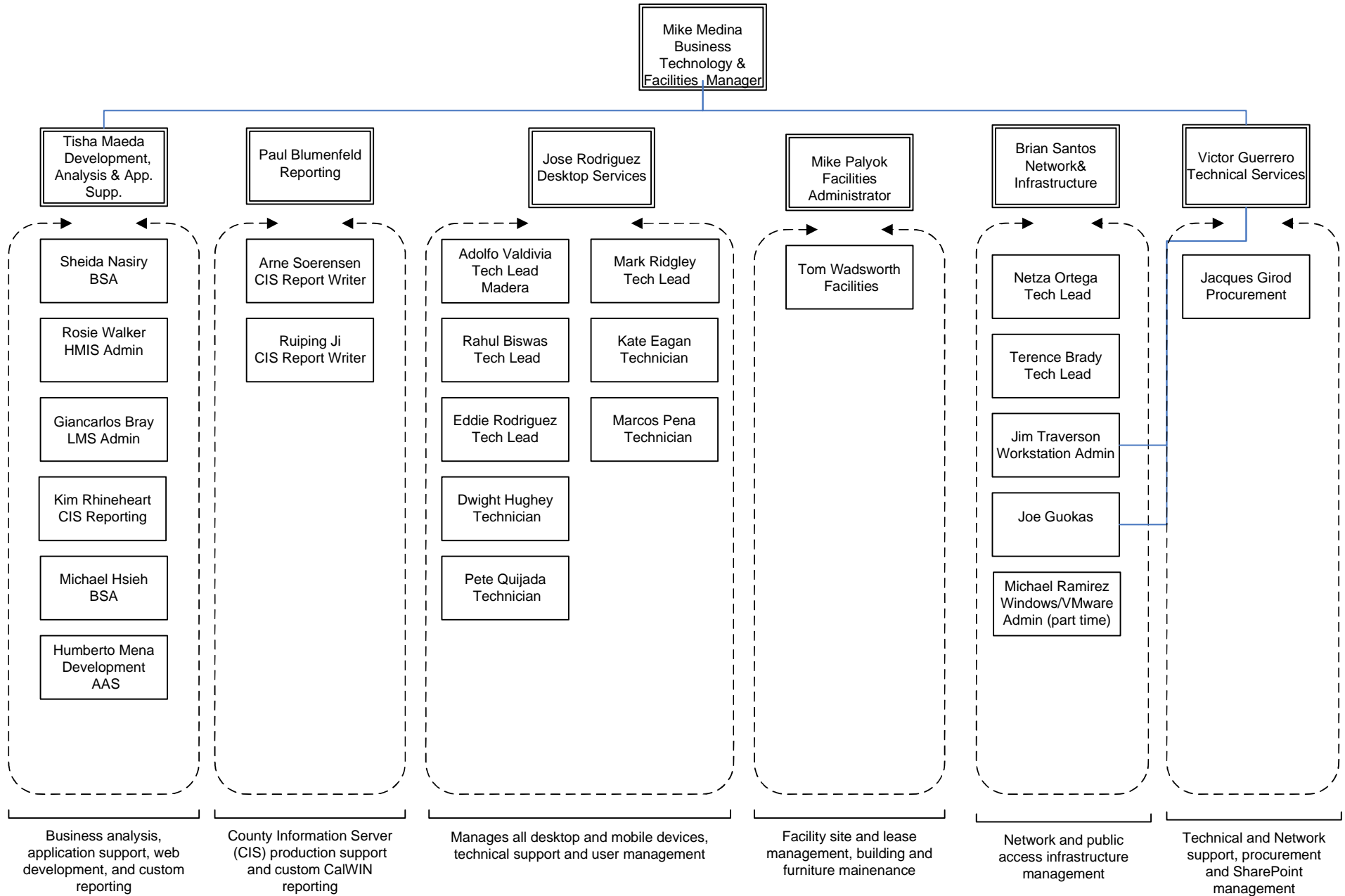
COUNTY OF VENTURA
Human Services Agency
Adult & Family Services
Leadership Team
July 2018

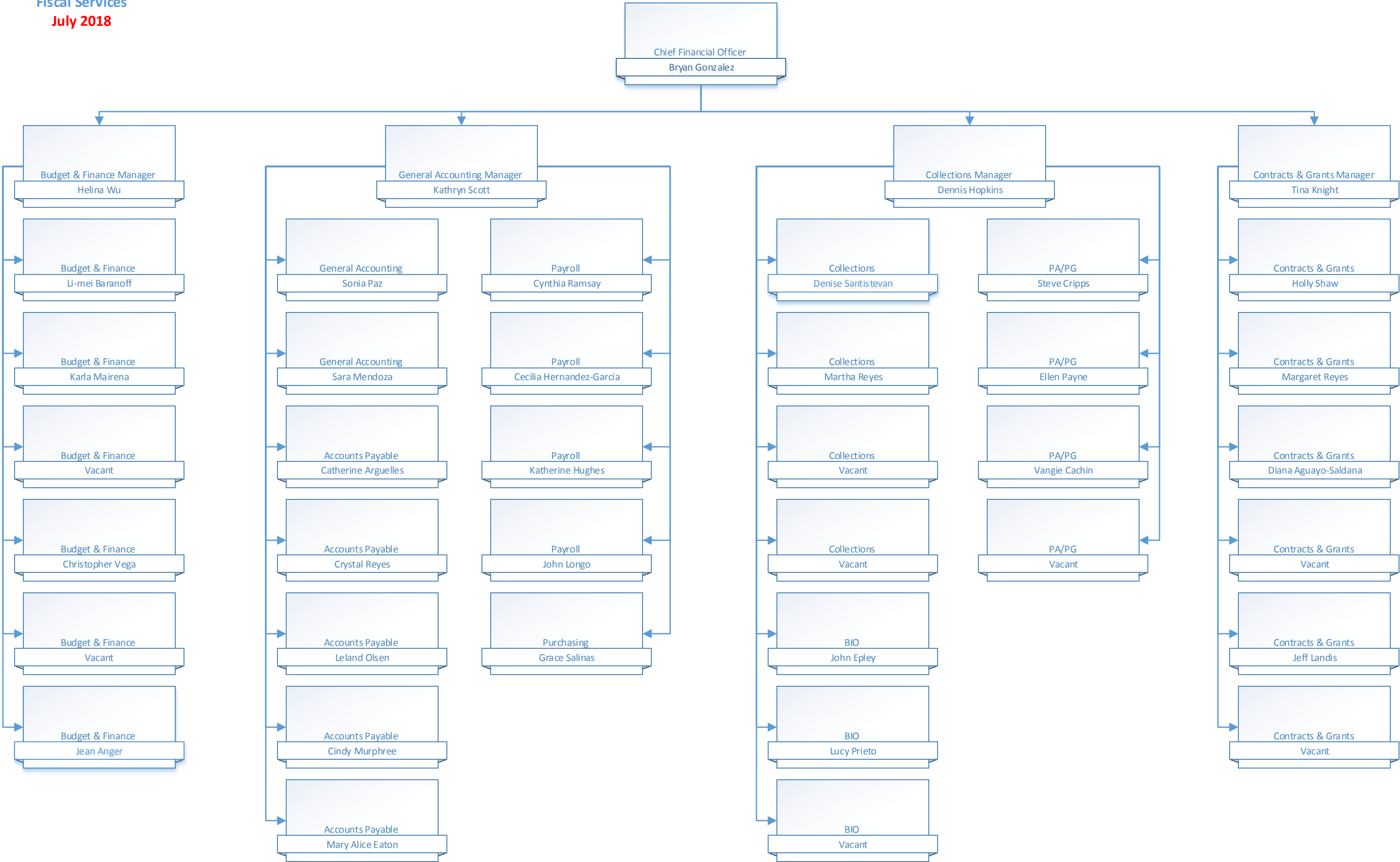


KEY:

- ESS Managers**
- ADULTS Managers**
- AFS Admin**
- VC HMIS Core Team**

**HSA ADMINISTRATIVE SERVICES
BUSINESS TECHNOLOGY & FACILITIES DIVISION**
Organizational Chart July 10 2018







VENTURA COUNTY
HOMELESS MANAGEMENT INFORMATION SYSTEM
(VC HMIS)
POLICIES AND PROCEDURES

July 2017

Contents

1. PROJECT SUMMARY	4
A. Background: The Congressional Directive	4
B. Operating Procedures	4
C. Organization: The Ventura County HMIS (VC HMIS)	5
D. Mission Statement & Vision.....	5
E. Software	5
2. PARTICIPATION REQUIREMENTS.....	6
A. Adherence to Policies.....	6
B. Participation Agreements	6
C. Technical Standards.....	8
Device/Hardware	8
D. Training	8
E. Participation Fees.....	9
3. SYSTEM ROLES AND RESPONSIBILITIES.....	9
A. Ventura County HMIS Organization Chart.....	9
4. CLIENT RIGHTS.....	10
A. Communication	10
B. Participation Opt Out	10
C. Access to Records	10
D. Grievances	11
5. POLICIES FOR USERS & AGENCIES.....	11
A. User Access	11
B. User Activation	11
C. Passwords.....	12
D. User Levels	12
E. Confidentiality and Informed Consent.....	12
F. Data Quality.....	15
G. Data Use by Ventura County HMIS.....	16
H. Data Use by Vendor	16
I. Data Use by Agency	16
J. Maintenance of Onsite Computer Equipment	17
K. Downloading of Data	17
L. Data Sharing.....	17
M. Data Release	19

N. Agency Customization.....	19
6. TECHNICAL SUPPORT AND SYSTEM AVAILABILITY	20
A. Technical Support.....	20
B. System Availability and Scheduled Maintenance	21
C. Unplanned Interruption to Service	21
D. Conversion of Existing Data	21
7. SYSTEM ARCHITECTURE & SECURITY	22
A. Password Management Procedure	22
B. Virus Protection	22
C. Backup and Recovery Procedures	23
D. Auditing and Monitoring.....	23
8. VIOLATIONS	23
A. Right to Deny Access	23
B. Reporting a Violation	23
C. Possible Sanctions.....	23
9. GRIEVANCES	24
A. Client Grievance Process	24
B. Agency Grievance Process	24
10. TERMINOLOGY.....	25
11. ACKNOWLEDGEMENT.....	29

1. PROJECT SUMMARY

A. Background: The Congressional Directive

A Homeless Management Information System (HMIS) refers to a system for tracking the use of homeless programs and producing an unduplicated count of the people using those programs. For FY2001, Congress directed the U.S. Department of Housing and Urban Development (HUD) to ensure that homeless programs using federal funds participate in local systems to track the use of services and housing.¹

The Ventura County HMIS programs include:

Homeless Assistance Programs under HEARTH

- Continuum of Care
 1. Permanent Housing - (Permanent Supportive Housing and Rapid Re-Housing)
 2. Transitional Housing
 3. Supportive Services Only
- Emergency Solutions Grant (ESG)
 1. Emergency Shelter
 2. Homeless Prevention
 3. Rapid Re-Housing

Non-HUD Funded Homeless Service Programs

Programs that receive other sources of funding are not required to participate in HMIS, but are strongly encouraged to do so to contribute to a better understanding of homelessness in our communities.

To follow Congress' directive, HUD has told communities to assess their own needs and select the HMIS software that best meets those needs. HUD has provided substantial technical assistance to the Ventura County HMIS to support the planning process.

The VC HMIS is not connected to any federal or national data collection facility and data is not passed electronically to any other national database for homeless or low-income individuals.

B. Operating Procedures

Operating Procedures will provide specific policies and steps necessary to control the operational environment and enforce compliance in the areas of:

1. Provider Participation

¹ See HUD Strategy for Homeless Data Collection Conference Report (H.R. Report 106-988), which indicated that "local jurisdictions should be collecting an array of data on homelessness in order to prevent duplicate counting of homeless persons and to analyze their patterns of use of assistance, including how they enter and exit the homeless assistance system and the effectiveness of the systems.

HUD is directed to take the lead in working with communities toward this end and to analyze jurisdictional data within three years."

2. User Authorization
3. Collection of Client Data
4. Release of Client Data
5. Workstation Security
6. Training
7. Technical Support

C. Organization: The Ventura County HMIS (VC HMIS)

Ventura County Human Services Agency (HSA) is the Lead Organization for the Ventura County HMIS. Ventura County HMIS has the “responsibility to establish, support and manage HMIS in a manner that will meet HUD’s standards for minimum data quality, privacy, security, and other requirements for organizations participating in HMIS.”

Ventura County HMIS’s goal is to go beyond the HUD mandate of producing unduplicated counts of homeless persons. Our charter is to provide a comprehensive case management system that allows the Participating Agency User to draw on the collected information to make informed program decisions.

D. Mission Statement & Vision

Mission: The Ventura County HMIS goal is to go beyond the HUD mandate of producing unduplicated counts of homeless persons. Our mission is to provide a comprehensive case management system to advance the provision of quality services for homeless persons, improve data collection, and promote more responsive policies to end homelessness in Ventura County.

HMIS is designed to be an integrated network of homeless and other service providers that use a central database to collect, track and report uniform information on client needs and services. This system will not only meet Federal requirements but also enhance service planning and delivery.

Vision: To develop, implement and administer a countywide information management system that collects client level data on homeless persons and *those at risk of homelessness (per the HEARTH Act Definition)*. This HMIS system will generate reports, inform community service planning processes, increase service delivery efficiencies and, with the client’s consent, provide a mechanism to share client needs for service among partnered agencies.

E. Software

Ventura County HMIS has chosen Bowman’s ServicePoint product for our HMIS. The modules that are supported as of January 2016 are:

- ServicePoint, which includes:
 - ClientPoint
 - ResourcePoint
 - ShelterPoint
 - ActivityPoint

- SkanPoint
- CallPoint
- EligibilityPoint

The software functionality tracks/records:

- Outcome Management:
 - Households
 - Entry/Exit
 - Assessments
 - Measurements (Self Sufficiency Matrix)
 - Services
 - Goals
 - Referrals
 - Client Demographic Data Collection (HUD)
 - Client Case Management
 - Information and Referral Capabilities
 - Bed Maintenance, Tracking and Assignment Module
 - Customized Reporting Capability
 - Real Time Data Entry
 - Activities Management
 - Case Notes Management
 - Advanced Security Features

2 PARTICIPATION REQUIREMENTS

A. Adherence to Policies

All users and agency representatives must agree to the policies in this document in order to participate in the VC HMIS. A signed agreement to do so is required of all users and Participating Agencies. This section details technical, staffing assignments and training that must be fulfilled prior to being granted access to the system.

The Policies and Procedures manual and all attachments may be amended as needed at any time. Participating Agencies will be notified of any Policies and Procedures manual changes.

B. Participation Agreements

Participating Agencies are those agencies that connect to the VC HMIS for the purposes of data entry, data editing and data reporting. Relationships between the VC HMIS and Participating Agencies are governed by any standing agency-specific agreements and/or contracts already in place. Ventura County HMIS manages the **Partner Agency User Agreement** and the contents of the Policies and Procedures Manual. All Participating Agencies are required to abide by the policies and procedures outlined in this manual.

Prospective Agency:

For prospective agencies, VCHMIS offers an Onboarding Meeting which provides an in depth look at the HMIS system, benefits of using HMIS, requirements for participation with HMIS and licensing information.

VCHMIS Staff will:

1. Meet with provider to determine workflow
2. If interested,
 - a. Provide MOU to agency director for approval along with the invoice for payment (if 6 months into the fiscal year, license fees may be prorated)
 - b. Set up new users with HMIS training which may be done at Quarterly training or individually (depending on the needs of the agency). The Partner Agency User Agreement and Policies and Procedures are reviewed and signed at training.
3. Set up training environment in HMIS for approval,
4. Provide the training environment to the requestor for their review and approval,
5. Once approved, then full utilization in Production

Existing Agency:

For participating agencies needing to add staff to the HMIS system, the prospective staff member will need to participate in item 2 mentioned above prior to full utilization in production. In addition, if additional licenses are required, agency director will need to request additional license by contacting VCHMIS support.

Prior to obtaining access to the VC HMIS, every agency must adopt the following documents:

- Ventura County Homeless Management Information System Partner Agency User Agreement (PAUA) – The agreement made between the Participating Agency User and the VC HMIS which outlines agency responsibilities regarding their participation in the HMIS. This document is legally binding and encompasses all state and federal laws relating to privacy protections and data sharing of client specific information.
- Ventura County HMIS Client Informed Consent & Release of Information Authorization (ROI) must be implemented and monitored by agencies and would require clients to authorize in writing the entering and/or sharing of their personal information electronically with other Participating Agencies throughout the Ventura County HMIS where applicable.
- Ventura County HMIS Client Rights and Explanation of Data Uses – Client Information document to inform clients how their personal information gathered and entered into HMIS will be utilized for their benefit, should they agree to provide it.
- Ventura County Privacy Notice (PN) – Document provided to inform client the purpose of HMIS and the requirement to gather personal information.
- Ventura County HMIS Revocation of Consent
- Memorandum of Understanding (MOU) – The MOU confirms the responsibilities of the VC HMIS and the Partner Agency for ongoing HMIS activities as defined in the VC HMIS Policy and Procedures.

C. Technical Standards

The VC HMIS is responsible for each Participating Agency's oversight and adherence to the Technical Standards. All agencies will be subject to periodic on-site security assessments to validate compliance of the agency's information security protocols and technical standards. The site visit will also review how the agency uses HMIS, including Processes and workflow related to data entry, for service improvement opportunities.

(See Appendix IV for review item checklist).

Site Assessments will ensure you are in compliance with the following Technology Standards.

Network

- High Speed internet access
 - DSL, Cable, T1 Line, etc.
 - No dial up connections
- Firewall
 - Internet security suite recommended
 - Anti-virus
 - Intrusion detection
 - Quarantine
 - Personal firewall at minimum
- Mobile devices
- WiFi recommended
 - 4G/LTE or faster
 - No 3G or older

Device/Hardware

- Windows XP or higher
- Multicore processors
- 4 GB RAM recommended, 2 GB RAM minimum
- Video: 1024x768 minimum
- No Netscape, Mozilla, AOL etc...
- No Mac's, UNIX, Linux etc...

D. Training

All HMIS Users must complete training appropriate to their functions as described in Section 5 prior to gaining access to the VC HMIS. A minimum of one training event per contract year is required for each licensed user. Additional training may be required if there are major system upgrades and/or regulatory changes. This additional training will be communicated as being mandatory at the time that the training is established.

VC HMIS System Administrator will be trained to provide basic user follow-up training to Support agency staff using the VC HMIS. VC HMIS System Administrator trainers will provide periodic refresher training for other users as needed.

Training Tracks include:

- HMIS User training (new and existing users)
- Reports training
- Coordinated Entry Training (Pathways to Home)
- Ethics and Confidentiality training
- Privacy and Security training
- Training related to system releases as necessary

E. Participation Fees

Effective October 1, 2017, participation fees will commence. Fee structure is listed below:

- Initial set up fee for license, this is a one-time fee per license: \$250
- User License fee, per user, per year: \$250

It is expected that the license fees are paid at the time of set up and will be charged annually per the HMIS Contract Year, which is October 1-September 30. Invoice information is listed in section F.

If an agency is requesting licenses six months into the contract year, license fees may be prorated, subject to approval by the HMIS System Administrator.

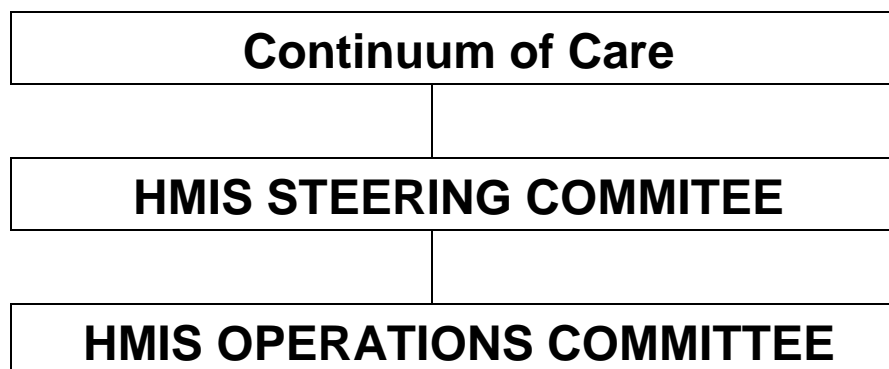
F. Invoice & Payment for Participation Fees

Invoices and Memorandum of Understanding (MOU) will be sent August 1st of each fiscal year with a return deadline of September 30th. Payment will be sent to:

County of Ventura
Human Services Agency
Attn: Fiscal Department
855 Partridge Dr.
Ventura, CA 93003

3. SYSTEM ROLES AND RESPONSIBILITIES**A. Ventura County HMIS Organization Chart**

Definitions of System Roles and Responsibilities are located under Section 10: Terminology.



HMIS ADMINISTRATOR-HSA

4. CLIENT RIGHTS

Clients served by agencies participating in the VC HMIS have the following rights:

A. Communication

1. Clients have a right to privacy and confidentiality.
2. Clients have a right to not answer any questions unless entry into the Agency's program requires it.
3. Client information may not be shared without informed consent (posting of **Privacy Notice (PN)** and **Mandatory Collection Notice**.
4. Every client has a right to an understandable explanation of the VC HMIS and what "consent to participate" means. The explanation shall include:
 - a) Type of information collected
 - b) How the information will be used
 - c) Under what circumstances the information will be used
 - d) That refusal to provide consent to collect information shall not be grounds for refusing entry to the program.
 - e) A copy of the consent shall be given to the client upon request, and a signed copy kept on file at the Participating Agency, if applicable.
 - f) A copy of the **Privacy Notice (PN)** shall be made available upon client request.
 - g) A copy of the Statement of Client Rights shall be made available upon client request.

B. Participation Opt Out

Clients have a right not to have their personal identifying information in the VC HMIS shared outside the agency, and services cannot be refused if the client chooses to opt out of participation in the HMIS. However, clients may be refused program entry for not meeting other agency eligibility criteria.

In the event that a client previously gave consent to share information in the VC HMIS and chooses at a later date to revoke consent (either to enter or to share), a **HMIS Client Revocation of Consent to Release Information Form** must be completed and kept on file.

C. Access to Records

A client has the right to request access to their personal information stored in the VC HMIS from the authorized agency personnel. The agency, as the custodian of the client data, has the responsibility to provide the client with the requested information except where exempted by state and federal law.

When requested, a client has the right to:

1. View his or her own data contained within the VC HMIS; No client shall have access to another client's records within the VC HMIS. ■ An agency may not share any information about the client entered by other agencies beyond the agreed upon shared data elements.

D. Grievances

The client has the right to file a grievance with an agency. All Participating Agencies must have written grievance procedures that can be provided to a client on demand. If, after following the grievance procedure, the grievance is not resolved, the complaint may be escalated to the CoC Governing Body.

5. POLICIES FOR USERS & AGENCIES

A. User Access

User access will be granted only to those individuals whose job functions require legitimate access to the VC HMIS. Each HMIS User will attend the appropriate training course, sign a **Participating Agency User Agreement** and satisfy all the conditions herein before being granted access to the VC HMIS.

Explanation: The Participating Agency will determine which of their employees need access to the VC HMIS.

Identified users must:

- Attend the appropriate training course for their position. For example, if the user will be case managing or entering client data, then the "New User" course would be appropriate, whereas if the person were only assigned to running reports, then the "Report Viewer" class would be appropriate.
- Sign the **Participating Agency User Agreement** stating that he/she has received training, will abide by the VC HMIS Policies and Procedures will appropriately maintain the confidentiality of client data, and will only collect, enter and retrieve data in the VC HMIS relevant to the delivery of services to people in housing crisis in the area served by the VC HMIS Collaborative.
- The signed Participating Agency User Agreement must be provided to the HMIS System Administrator prior to receipt of the user account.

B. User Activation

The HMIS System Administrator will provide unique user names and passwords to each Participating Agency user.

Explanation: User names will be unique for each user and will not be shared with other users. The HMIS System Administrator will set up a unique user name and password for each user upon completion of training and receipt of the signed **Participating Agency User Agreement** and the receipt of the signed acknowledgement of the Policies and Procedures Manual from each user via the Agency management. The sharing of user names will be considered a breach of the **Participating Agency User Agreement** and will result in termination of the user account.

C. Passwords

Passwords must be no less than eight and no more than sixteen characters in length, and must be alphanumeric upper and lower case with special characters. The HMIS System Administrator will communicate passwords directly to the user.

Forced Password Change (FPC): The FPC will occur every one hundred and eighty (180) consecutive days. Passwords will expire and user will be prompted to enter a new password. Users may not use the same password consecutively, but may use the same password more than once.

Unsuccessful logon: If a User unsuccessfully attempts to logon three times, the User ID will be “locked out”, access permission revoked and user will be unable to gain access until their password is reset by the HMIS System Administrator in the manner stated above.

D. User Levels

- 1. Case Manager:** This group consists of case managers who provide the day-to-day updating of client files. Case Managers will have access to all records located in Central Intake and in the Client folder, including Program Entry, Case Notes, Track Savings, Assessments, Group Services, and Program Exit.
- 2. Reports Only:** This group includes any user at the agency who does not need to have access to client information except in report form. These reports can be canned (already built) reports, ad-hoc reports, and customized reports.
- 3. Agency Administrator:** This group has all the access listed above, and additional access to the Agency Folder, in which they will maintain agency set-up information like program set-up, milestones, targets, and contracts/grants.
- 4. HMIS System Administrator:** This group of top-level VC HMIS Administrators supports all agencies within the continuum and will have access to every part of the VC HMIS in order to support users.

E. Confidentiality and Informed Consent

All Participating Agencies agree to abide by and uphold all privacy protection standards established by the Ventura County HMIS as well as their respective agency's privacy procedures. The Agency will also uphold relevant Federal and California State confidentiality regulations and laws that protect client records, and the Agency will only release program level client data with written consent by the client, or the client's guardian, unless otherwise provided for in the regulations or laws.

Explanation: Participating Agencies are required to develop procedures for providing oral explanations to clients about the usage of a computerized HMIS and are required

to post a **Mandatory Collection Notice** and a **Privacy Notice (PN)** in order to share Central Intake client information with other HMIS Participating Agencies. HUD Data Standards provide guidance for Participating Agencies regarding certain HMIS policies.

However, in instances of conflict between state or federal law and the HUD Data Standards, the state and/or federal law take precedence.

Oral Explanation: All clients will be provided an oral explanation stating their information will be entered into a computerized record keeping system. The Participating Agency will provide an oral explanation of the Ventura County HMIS and the terms of consent. The agency is responsible for ensuring that this procedure takes place prior to every client interview. The explanation must contain the following information, which is also included in the **Client Rights and Explanation of Data Uses**.

- What VC HMIS is: a web-based information system that homeless service agencies within the Ventura County Region use to capture information about the persons they serve.
- Why Gather and Maintain Data: Data collection supports improved planning and policies including determining whether desired outcomes were achieved and where more or other resources may be needed, identifying best and promising practices, and identifying factors that support or hinder achievement of outcomes.
- Security: only staff who work directly with clients or who have administrative responsibilities can look at, enter, or edit client records.
- Privacy Protection: No program level information will be released to another agency or individual without written consent; client has the right to not answer any question, unless entry into a program requires it; client information is stored encrypted on a central database and information that is transferred over the web is transferred through a secure connection; client has the right to know who has added to, deleted, or edited their VC_HMIS record.
- Benefits for Clients: Facilitates streamlined referrals, coordinated services, unduplicated intakes and access to essential services and housing for clients.

Written Explanation: (DRAFT Language; utilizing interim interagency data sharing agreement effective 2/12/2014)

Each client whose program level information is being shared with another Participating Agency must agree via the **Interagency Data Sharing Agreement**. A client must be informed as to what information is being shared and with whom it is being shared.

- Information Release: The Participating Agency agrees not to release client identifiable information to any other organization pursuant to federal and state law without proper client consent. See attached Client Consent Form and Regulations below.
- Regulations: The Participating Agency will uphold all relevant Federal and California State Confidentiality regulations to protect client records and privacy. In addition, the Participating Agency will only release client records with written consent by the client,

unless otherwise provided for in regulations, specifically, but not limited to, the following:

- The Participating Agency will abide specifically by the federal confidentiality rules as contained in the Code of Federal Regulations (CFR) 42 Part 2 Confidentiality of Alcohol and Drug Abuse Patient Records, regarding disclosure of alcohol and/or drug abuse records. In general terms, the Federal regulation prohibits the disclosure of alcohol and/or drug abuse records unless disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by CFR 42 Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Participating Agency understands that the Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patients.
- The Participating Agency will abide specifically with the Health Insurance Portability and Accountability Act of 1996 and corresponding regulations passed by the U.S. Department of Health and Human Services. In general, the regulations provide consumers with new rights to control the release of medical information, including advance consent for most disclosures of health information, the right to see a copy of health records, the right to request a correction to health records, and the right to obtain documentation of disclosures of information may be used or disclosed. The current regulation provides protection for paper, oral, and electronic information.
- The Participating Agency will abide specifically with the California Government Code 11015.5 regarding program level Personal Information Collected on the Internet. In general, the Government Code ensures that any electronically collected personal information about clients cannot be shared with any third party without the client's written consent.
- The Participating Agency will not solicit or input information from clients unless it is essential to provide services, or conduct evaluation or research. All client identifiable data is inaccessible to unauthorized users.
- Participating Agencies are bound by all restrictions placed upon the data by the client of any Participating Agency. The Participating Agency shall diligently record in the VC HMIS all restrictions requested. The Participating Agency shall not knowingly enter false or misleading data under any circumstances.
- The Participating Agency shall maintain appropriate documentations of client consent to participate in the VC HMIS.
- If a client withdraws consent for release of information, the Agency remains responsible to ensure that the Client's information is unavailable from date of withdrawal to all other Participating Agencies.
- The Participating Agency shall keep signed copies of the Client Consent Form/Information Release form (if applicable) and/or the **Interagency Data Sharing Agreement** for the VC HMIS for a minimum of seven years from the date of client exit.

- **Postings: Privacy Notice (PN) and Mandatory Collection Notice** must be posted at the agency:
 1. The Agency must post **Privacy** and **Mandatory Collection notices** at each intake desk or comparable location.
 2. The **Privacy Notice (PN)** and **Mandatory Collection Notice** must be made available in writing at the client's request.
 3. If the agency maintains an agency website, a link to the **Privacy Notice (PN)** must be on the homepage of the agency's website.

F. Data Quality

HMIS Users are responsible for the ensuring VC HMIS Data Quality. Data quality refers to the timeliness, accuracy and completeness of information collected and reported in HMIS. All Participating Agencies agree to enter, at a minimum, the VC HMIS required data elements.

Explanation: Participating Agencies will collect as much relevant client data as possible for the purposes of providing services to that client. The Participating Agency agrees to input the collected data no later than one month following the month of program entry. The Participating Agency agrees to the data collection commitment by signing the Agency Agreement and is responsible for updating client's records as needed. The HMIS System Administrators will run quarterly data quality reports. Any patterns of error (including blank entries) will be reported to the Agency Administrator. When patterns of error have been discovered, users will be required to correct data entry errors and processes. Verification by the HMIS System Administrators will occur to ensure the successful correction of data entry errors and processes. Users may be required to attend additional training as needed.

- The Participating Agency shall only enter individuals in the VC HMIS that exist as Clients under the Agency's jurisdiction. The Participating Agency **shall not** misrepresent its Client base in the VC HMIS by entering known inaccurate information.
- The Participating Agency **will not** alter information in the VC HMIS that is entered by another Agency with known inaccurate information.
- The Participating Agency shall not include profanity or offensive language in the VC HMIS.
- The Participating Agency shall utilize the VC HMIS for business purposes only.
- The transmission of material in violation of any federal or California State regulations is **prohibited**. This includes, but is not limited to, copyright material, material legally judged to be threatening or obscene, and material considered protected by trade secrets.
- The Participating Agency **shall not** use the VC HMIS with intent to defraud federal, state or local governments, individuals or entities, or to conduct any illegal activity.

The HMIS Program Manager may request that the local CoC Governing Body sanction any user and/or Participating Agency found to be in violation of the requirements of this

section. If necessary, sanctions by the local CoC include, but not limited to: □ A formal letter of warning to the Agency

- Suspension of system privileges
- Revocation of system privileges

The Participating Agency or End User has the right to file a Grievance regarding Sanctions from the HMIS Program Manager/CoC Governing Body. The HMIS Steering Committee will review the grievance, research the nature of the infraction, and will respond to the grievant within 30 days.

G. Data Use by Ventura County HMIS

The Continuum within the Ventura County HMIS shall have access to its respective agencies' client data contained within the VC HMIS.

Explanation: For the purposes of system administration, user support, and program compliance, VC HMIS will use the data contained within the VC HMIS for analytical purposes only and will not disseminate client level data. The Continuum may release **aggregate** data contained within the VC HMIS for research and regional reporting purposes only. The **System Administrator Agreement** must be signed by all HMIS System Administrators.

H. Data Use by Vendor

The Vendor and its authorized subcontractor(s) shall not use or disseminate data contained within the VC HMIS.

Explanation: To enforce information security protocols and to ensure that VC HMIS data is used only with explicit permission and if permission is granted, will only be used in the context of interpreting data for research and for system troubleshooting purposes, the contract signed by the HMIS Lead Agency and the software vendor contains language that prohibits access to VC HMIS data.

I. Data Use by Agency

Data contained in the VC HMIS will only be used to support the delivery of services to at risk and homeless clients in the VC areas. Each HMIS User will affirm the principles of ethical data use and client confidentiality as noted below and contained in the **HMIS User Agreement**.

Explanation: As the guardians entrusted with client personal data, HMIS Users have a moral and a legal obligation to ensure that the data they collect is being gathered, accessed and used appropriately. It is also the responsibility of each user to ensure that client data is only used to the ends to which it was collected, ends that have been made explicit to clients and are consistent with the mission of the agency and the VC HMIS to assist families and individuals to resolve their housing crisis. Proper user training, adherence to the VC HMIS Policies and Procedures Manual, and a clear understanding of client confidentiality are vital to achieving these goals. All HMIS Users

will sign an **HMIS User Agreement** before being given access to the system. Any individual or Participating Agency misusing, or attempting to misuse the VC HMIS data can be denied access to VC HMIS. Sanctions exist if users violate any laws related to client confidentiality, as outlined in Section 8: Violations.

J. Maintenance of Onsite Computer Equipment

Participating Agencies commit to a reasonable program of data storage and equipment maintenance in order to sustain an efficient level of system operation. Participating Agencies must meet the technical standards for minimum computer equipment configuration; Internet connectivity, antivirus and firewall.

Explanation: The Participating Agency Leadership designee will be responsible for the maintenance and disposal of on-site computer equipment and data used for participation in the VC HMIS including the following:

1. Computer Equipment: The Participating Agency is responsible for maintenance of onsite computer equipment. This includes the following:
 - Purchase of and upgrades to all existing and new computer equipment for utilization in the VC HMIS.
 - Workstation(s) accessing the VC HMIS must have a locking, password-protected screen saver
 - All workstations and computer hardware (including agency network equipment) must be stored in a secure location (locked office area)
2. Data Storage: The Participating Agency agrees to only download and store data in a secure environment. Refer to Section 2.C: Technical Standards for more information.
3. Data Disposal: The Participating Agency agrees to dispose of documents that contain identifiable client level data by shredding paper records, deleting any information from diskette before disposal, and deleting any copies of client level data from the hard drive of any machine before transfer or disposal of property.

K. Downloading of Data

HMIS Users will maintain the security of any client data extracted from the VC HMIS and stored locally, including all data contained in custom reports. HMIS Users may not electronically transmit unencrypted client data across a public network.

Explanation: To ensure that the VC HMIS is a confidential and secure environment, data extracted from the VC HMIS and stored locally will be stored in a secure location and will not be transmitted outside of the private local area network unless it is properly protected. Security questions can be addressed to the HMIS System Administrator. Any personally identifiable information will not be distributed through email.

L. Data Sharing

Data within the system will be shared based upon the level of consent designated by the client within the VC HMIS. A Client may choose to limit the period of time for which their

data will be shared. As of January 2016, the following data elements will be shared amongst participating providers (with the exception of Runaway Homeless Youth; no RHY data will be shared):

- Assessments (dynamic data elements)
- Action Steps
- Case Manager
- Case Plans
- Client data
- Entry/Exit data
- File Attachments
- Goals
- Incidents
- Measurement Tools
- Needs/Services

Explanation: Data sharing refers to the sharing of information between Participating Agencies for the coordination of case management and client service delivery. Specific data elements to be shared are limited to those as outlined in HMIS Data and Technical Standards Final Notice – (69 FR 146), as revised in HMIS Data Standards Revised Notice-March 2010, Section 1.6. This includes: Universal Data Elements, Household Demographics, Employment and Education Information.

Program level information in either electronic or paper form will never be shared outside of originating agency without written client consent. Information that is shared with written consent will only be used for the purpose of service delivery. End users found to be sharing program level client data without written consent will have their access terminated.

Protocol for data corrections or modifications during implementation phase: When HMIS data needs to be modified, the viewing agency shall contact the VCHMIS Technical Support staff by telephone or via e-mail to report the discrepancy. VC HMIS Technical Support staff will coordinate the necessary correction/modification with the creating agency. This is an interim process that will remain in place until September 30, 2016.

Protocol for data corrections or modifications post implementation (Beginning October 1, 2016): When HMIS data needs to be modified, the Viewing Agency shall contact the Creating Agency directly to report the discrepancy and request the required correction/modification. The Viewing Agency will do the necessary follow up with the Creating Agency to confirm that the requested corrections are made.

Creating agency: The creating agency refers to the agency creating the client record, entry/exit, needs/services, case plans, etc. The creating agency is responsible for their data.

Viewing agency: The viewing agency refers to the agency reviewing client data. While the viewing agency has access rights in HMIS to edit data, best practice is not to modify other providers' data.

Data entry and modifications are tracked and may be periodically reviewed or monitored in order to safeguard data quality and data integrity.

M. Data Release

Aggregate level (client de-identified) data may be released by Agencies, the local Continuum of Care and/or by the Ventura County HMIS under certain criteria. Client-level data may only be released by written consent from the client for a specified purpose.

Explanation: Data release refers to the dissemination of aggregate and/or client-level information for statistical, analytical, reporting, advocacy, regional needs assessment, trend analysis, etc.

1. Agency Release: Each Participating Agency owns all data it enters into the VC HMIS. The agency may not release any client level information without the express written consent of the client. Agencies may release program and/or aggregate level data for all clients to whom the agency provided services with the express written permission of the CoC or assigned authorized entity. No individual client data will be provided to any group or individual that is neither the Participating Agency that entered the data nor the client without proper authorization or consent by the client. This consent includes the express written authorization for each individual or group requiring access to the client's data.

2. Continuum of Care Release: The Continuum of Care (CoC) may release **aggregate** information about the Continuum at the program, sub-regional and regional level. Continuum level aggregate data may be released without agency permission at the discretion of the agency's continuum. The VC HMIS will not release agency- or client- specific data to outside groups or individuals.

3. Ventura County HMIS Release: The Ventura County HMIS, with the consent of the CoC, will develop an annual release of aggregate data in a summary report format, which will be the standard response for all requests for collaborative data. The Ventura County HMIS will not release agency- or client- specific data to outside groups or individuals.

N. Agency Customization

A Participating Agency will have the ability to request system customization at the Agency level to reflect the data collection needs for their specific programs(s). The VC HMIS contains certain fields that can be tailored at no cost to the agency. Additional

customization as performed by the software vendor or VC HMIS System Administrators may be purchased at the expense of the agency.

Explanation: Participating Agencies have some ability to customize VC HMIS fields to meet the specific needs of their program at the discretion of the Continuum of Care (CoC). At the request of the Agency Administrator, the HMIS System Administrator will evaluate the request and implement the changes as warranted.

6. TECHNICAL SUPPORT AND SYSTEM AVAILABILITY

A. Technical Support

The Ventura County HMIS will provide technical support to all Agency Administrators and HMIS Users as needed.

Explanation: The Agencies that have an Agency Administrator are expected to provide first level technical support. The Ventura County HMIS System Administrators will provide all other technical support to the Agency Administrators and HMIS Users.

Technical Support Hours – 8:00 a.m. – 5:00 p.m. (PST), Monday through Friday (Excluding Holidays). While the winter warming shelter is active, after hours support is negotiated.

Staff will respond in a timely manner to any requests for support made during the above hours. For technical support, please contact:

Ventura County HMIS telephone number: (805) 477-5156

HMIS-Support@ventura.org

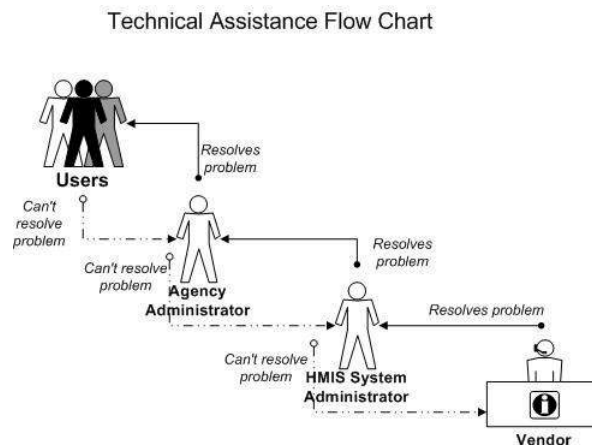
Assistance will be provided in the following areas:

- **Help Desk Support:** Help Desk support is provided to help HMIS Users access and utilize HMIS application.
- **Training:** Agency Administrator training, User training, and Report training is provided quarterly. The schedule is posted one month in advance of the training and registration instructions are provided once the schedule is posted.
- **System Customization:** HMIS contains certain fields that can be tailored at no cost to the agency.
- **Reporting:** Training and technical assistance in accessing standardized reports and the creation of ad hoc (custom reports).
- **Data Analysis:** Interpreting reports.

Additional costs may apply in the following areas:

- **System Customization:** Agency-specific customization requests.
- **Reporting:** Agency-specific customized reports.
- **Data Conversion:** Assist in the development of a data conversion/migration plan, and provide support in data conversion/migration implementation.
- **Data Analysis:** Extensive analysis of agency's data.

Requests should be delineated as follows:



B. System Availability and Scheduled Maintenance

The Ventura County HMIS will be available to users at a minimum of 97.5% of the year.

Explanation: Necessary downtime for HMIS upgrades and patches will be communicated by HMIS System Administrators system-wide and performed in the late hours when possible.

C. Unplanned Interruption to Service

In the event of unplanned interruption to service, HMIS System Administrators will notify all Participating Agencies as soon as possible.

Explanation: When an event occurs that makes HMIS inaccessible, the HMIS System Administrator will analyze and determine the problem. In the event it is determined that HMIS accessibility is disabled system wide, then the HMIS System Administrators will work with the software vendor to repair the problem. Within two hours of problem awareness, Participating Agencies will be informed of the estimated system availability. HMIS System Administrators will notify Participating Agencies via e-mail when service has resumed.

D. Conversion of Existing Data

Data migration from legacy systems is allowed upon approval from the local HMIS System Administrators. Migrated data must be non-duplicated and an exact match to the existing HMIS field type. The Participating Agency is responsible for the accuracy, completeness and quality of the migrated data.

Explanation: Data migration (or conversion) is the one-time process of transferring data from any existing system to the Ventura County HMIS. Upon transfer, the agency

abandons its existing system and uses Ventura County HMIS for recording all client-related data.

The Agency's existing system must be an ODBC-compliant database platform in order for migration to be possible. The HMIS System Administrator can help the Agency determine the ODBC compatibility for any legacy systems. Only data that is an exact match with VC HMIS data fields may be migrated. Data must be unduplicated prior to data migration. All required fields in the VC HMIS are required for migration. A data dictionary will be provided upon request. This activity is provided by the System Vendor and will incur an additional cost. Cost will be determined prior to the service being rendered and will be agreed upon by requesting Agency, CoC Lead and Program Manager.

If the agency's data cannot be migrated, manual conversion (data entry by the agency's personnel) may be necessary to move data from legacy systems into the Ventura County HMIS.

7. SYSTEM ARCHITECTURE & SECURITY

A. Password Management Procedure

An HMIS End User must notify the Agency Administrator or HMIS System Administrator immediately upon realization that his or her password has been lost, forgotten or made public to others. The Agency Administrator is responsible for notification of password breach to the HMIS System Administrator. Upon notification, the HMIS System Administrator will immediately reset the user's password. A new HMIS End User will not receive an initial password without training.

Explanation: The HMIS System Administrator will reset the user password. The new password will be valid from the time of the reset until the next logon.

- Passwords need to be 8 characters minimum and contain a number, upper and lowercase letters, and 1 or more special characters.
- Passwords expire after 60 days (after expiration interval the user is required to provide a new password upon logon)
- Passwords cannot be reused.
- If system is dormant for 20 minutes, user will be forced to log back in.

B. Virus Protection

Agency Responsibilities: All Participating Agency computers and networks must have up-to-date anti-virus software.

Explanation: All Participating Agency computers should be protected by anti-virus software. The anti-virus software should be updated regularly to maintain maximum protection from the most recently released viruses.

C. Backup and Recovery Procedures

Ventura County HMIS is routinely backed up and saved to redundant systems by the vendor pursuant to the contract term and agreement to prevent loss of data.

D. Auditing and Monitoring

HMIS System Administrators have access to activity logs of changes made to the information contained within the database by end users. HMIS System Administrators can upon request or notice of suspicious/questionable behavior monitor access to the system by an end user that could potentially reveal a violation of information security protocols. Any request for auditing and monitoring will be evaluated for justification, investigated, and be kept confidential.

8. VIOLATIONS

A. Right to Deny Access

The HMIS System Administrator has the right to deny user access to the HMIS if an end user has violated any of the policies in this document. Any user or Participating Agency suspected of violating a policy may be subject to suspension of HMIS privileges until the violation can be resolved.

Explanation: If deemed necessary for the immediate security and safety of Ventura County HMIS data, the

HMIS System Administrator has the right to deny or revoke user access to HMIS. The HMIS System Administrator will report access revocations to the HMIS Program Manager. The HMIS Program Manager will report all revocations to the CoC, HMIS Steering Committee and the Participating Agency.

B. Reporting a Violation

HMIS Users should report any suspected or alleged privacy or security violations to the HMIS System Administrator immediately.

Explanation: All HMIS Users are obligated to report suspected instances of noncompliance. For the

Agencies that have an Agency Administrator, users should report security violations to the Agency

Administrator first and then the Agency Administrator has the responsibility of providing that information to the HMIS System Administrator. If the Agency does not have an Agency Administrator, then the HMIS User is to report violations to the HMIS System Administrator directly.

C. Possible Sanctions

The HMIS Program Manager may request that the local CoC Governing Body sanction any user and/or Participating Agency found to be in violation of the privacy and/or security protocols.

Sanctions by the local CoC include, but are not limited to:

- A formal letter of reprimand
- Suspension of system privileges
- Revocation of system privileges
- Recommendation for corrective action for employee
- Referral for potential criminal prosecution

9. GRIEVANCES

A. Client Grievance Process

Clients will contact the Participating Agency with which they have a grievance for resolution of VC HMIS problems. Participating Agencies will report all client grievances to the local CoC Governing Body.

Explanation: Each Participating Agency is responsible for answering questions and responding to grievances from their own clients regarding the VC HMIS. After client has brought a VC HMIS-related complaint to the Participating Agency, the Participating Agency must have a process to respond to the complaint. The Participating Agency will provide a copy of the portion of the VC HMIS Policies and Procedures and the Client Revocation of Consent to Release Information to the client.

The Participating Agency must keep all grievances and responses on file at the agency site. The Participating

Agency will send written notice of the grievance and response to the grievance to the local CoC Governing Body. The HMIS System Administrator will record all grievances and report them to the VC HMIS Steering Committee. Appropriate action will be taken as required by the local CoC Governing Body.

The CoC has overall responsibility for their local VC HMIS effectiveness and will respond if users and/or

Participating Agencies fail to follow the terms set forth in the VC HMIS Policies and Procedures Manual, Agency Agreements, and User Agreement or if a breach of client confidentiality or the intentional misuse of client data occurs.

B. Agency Grievance Process

Participating Agencies will report all agency-generated VC HMIS-related grievances to the local CoC Governing Body. If the grievance is related to a problem with the VC HMIS, it must be reported to the HMIS System Administrator. Corrective action will be taken if system-wide changes are warranted.

Explanation: In order for the VC HMIS to serve as an adequate tool for agencies and provide a more accurate picture of our region's homelessness, any grievances related to problems with the VC HMIS must be addressed by the agency in conjunction with the CoC Governing Body with the goal of affecting systemic change where necessary. The local CoC will report grievance problems to the HMIS Administrator. If systemwide

changes are warranted for a corrective action, it will be forwarded to the HMIS Steering Committee for approval.

The Participating Agency or End User has the right to file a Grievance regarding Sanctions from the HMIS Program Manager/CoC Governing Body. The HMIS Steering Committee will review the grievance, research the nature of the infraction, and will respond to the grievant within 30 days.

10. TERMINOLOGY

Agency Administrator: The person responsible for some system administration at the agency level. Responsibilities include informing HMIS System Administration of the need to add and delete users, basic trouble-shooting, and escalation of issues to their HMIS System Administrator. This person is the agency user's first line of contact for HMIS issues.

Agency Executive Management: The high-level management staff that is responsible for organization level decision making, for example, the agency President or Executive Director.

Aggregate Data: Data with identifying elements removed and concentrated at a central server. Aggregate data are used for analytical purposes and reporting.

Anti-Virus Software: Programs to detect and remove computer viruses. The anti-virus software should always include a regular update services allowing it to keep up with the latest viruses as they are released.

Application Service Provider (ASP): A 3rd party entity that manages and distributes softwarebased services to customers across a wide area network.

Audit Trail: A history of all access to the system, including viewing, additions and updates made to a client record.

Authentication: The process of identifying a user in order to grant access to a system or resource. Usually based on a username and password.

Cable: A type of modem that allows people to access the Internet via their cable television service.

Coordinated Assessment Level Data: Client information collected at intake, including the following system screens: Client Intake, Household/Demographics, Referral, Eligibility, Education/Employment and Documents.

Customer: The person receiving services whose information is entered into HMIS.

Continuum of Care (CoC): Continuum of Care; refers to the range of services (outreach, emergency transitional and permanent housing and supportive services) available to assist people out of homelessness.

CoC Governing Body: the entity responsible for policy decisions for a Continuum of Care system.

Database: An electronic system for organizing data so it can easily be searched and retrieved. The data within the HMIS is accessible through the web-based interface.

Decryption: Conversion of scrambled text back into understandable, plain text form. Decryption uses an algorithm that reverses the process used during encryption.

Dedicated IP: a reserve IP (see IP)

Dynamic Host Configuration Protocol (DHCP): A protocol that provides a means to dynamically allocate IP addresses to computers on a local area network (LAN).

Digital Certificate: An attachment to a message or data that verifies the identity of a sender.

Digital Subscriber Line (DSL): A digital telecommunications protocol designed to allow high-speed data communication over the existing copper telephone lines.

Encryption: Conversion of plain text into encrypted data by scrambling it using a code that masks the meaning of the data to any unauthorized viewer. Encrypted data are not readable unless they are converted back into plain text via decryption.

Firewall: A method of controlling access to a private network, to provide security of data. Firewalls can use software, hardware, or a combination of both to control access.

HMIS: Homeless Management Information System. This is a generic term for any System used to manage data about the use of homeless services.

HMIS Operations Committee: Meets on the first Wednesday of the even numbered months, at 855 Partridge. The goal of the meeting is to develop needed business processes, policies, and/or workflow that will support the users in their use of HMIS.

HMIS Steering Committee: Meets Quarterly, on the third Wednesday, at 855 Partridge. The goal of the meeting is to provide the committee with updates related to HMIS utilization, HMIS HUD Updates, Operations Committee updates and approve matters affecting the HMIS community.

HMIS System Administrator: The person(s) with the highest level of user access. This user has full access to all user and administrative functions in the CoC and will serve as the liaison between Participating Agencies and the vendor. There is at least one HMIS System Administrator in each CoC.

HMIS User: A person who has a unique user identification (ID) and directly accesses HMIS to assist in data collection, reporting or administration as part of their job function in homeless service delivery. Users are classified as either system users who perform administration functions at the system or aggregate level or agency users who perform functions at the agency level.

Host: A computer system or organization that plays a central role providing data storage and/or application services for HMIS.

Internet: A set of interconnected networks that form the basis for the World Wide Web.

Internet Protocol Address (IP Address): A unique address assigned to a user's connection based on the TCP/IP network. The Internet address is usually expressed in dot notation, e.g.: 128.121.4.5.

Internet Service Provider (ISP): A company that provides individuals or organization with access to the internet.

Local Area Network (LAN): A network that is geographically limited, allowing easy interconnection of computers within offices or buildings.

Network: Several computers connected to each other.

Network Address Translation (NAT) is the translation of an Internet Protocol address (IP address) used within one network to a different IP address known within another network. One network is designated the inside network and the other is the outside. Typically, a company maps its local inside network addresses to one or more global outside IP addresses and unmaps the global IP addresses on incoming packets back into local IP addresses. This helps ensure security since each outgoing or incoming request must go through a translation process that also offers the opportunity to qualify or authenticate the request or match it to a previous request. NAT also conserves on the number of global IP addresses that a company needs and it lets the company use a single IP address in its communication with the world.

On-site: The location that uses the HMIS and provides services to at-risk and homeless clients.

Participating Agency: An agency, organization, or group that has signed an

HMIS Agency Agreement with their respective CoC Governing Body.

Program Level Data: Client information collected during the course of the client's program enrollment, including the following system screens:
Program Entry, Services Provided, Client Profile,

Case Notes, Track Savings, Bed Assignments, Bed Maintenance, Daily Services, Sessions, and Program Exit.

Real-Time: Data that is processed and available to other users as it is entered into the system.

Server: A computer that provides a service for other computers connected to it via a network. Servers can host and send files, data or programs to client computers.

Static IP Address: see Dedicated IP

T1 Line: Communication line that can carry voice or data at transmission speeds that are 25 times the speed of a modem.

Transmission Control Protocol/Internet Protocol (TCP/IP) –The protocol that enables two or more computers to establish a connection via the internet.

User ID: The unique identifier assigned to an authorized HMIS User.

Virtual Private Network (VPN): A group of computer systems that communicate securely over a public network.

Wide Area Network (WAN): A network that is not geographically limited, can link computers in different locales, and extend requests for web pages.

Wired Equivalent Privacy (WEP): is a security protocol, specified in the IEEE Wireless Fidelity (Wi-Fi) Standard, 802.11b, that is designed to provide a wireless local area network (WLAN) with a level of security and privacy comparable to what is usually expected of a wired LAN. A wired local area network (LAN) is generally protected by physical security mechanisms (controlled access to a building, for example) that are effective for a controlled physical environment, but may be ineffective for WLANs because radio waves are not necessarily bound by the walls containing the network. WEP seeks to establish similar protection to that offered by the wired network's physical security measures by encrypting data transmitted over the WLAN. Data encryption protects the vulnerable wireless link between clients and access points; once this measure has been taken, other typical LAN security mechanisms such as password protection, end-to-end encryption, virtual private networks (VPNs), and authentication can be put in place to ensure privacy.

11. ACKNOWLEDGEMENT

I acknowledge that I have received a written copy of the Ventura County HMIS Policies and Procedures. I understand the terms of the Ventura County HMIS Policies and Procedures and I agree to abide by them. I understand that any violation of the policies or procedures could lead to CoC sanctions or even criminal prosecution.

Agency Name:_____

Printed Name:_____

Signature:

Date:



MAR 18 2016

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
Los Angeles Field Office, Region IX
611 West Sixth Street, Suite 1000
Los Angeles, California 90017

Barry L. Zimmerman, Director
County of Ventura Human Services Agency
ATTN: Marissa Mach, Deputy Director
855 Partridge Drive
Ventura, California 93003

Dear Mr. Zimmerman:

**SUBJECT: Fiscal Year (FY) 2016 On-Site Monitoring
County of Ventura Human Services Agency (HSA)
CA1240L9D111401 Ventura County Rapid Rehousing Program and
CA0715L9D111407 Homeless Management Information Systems (HMIS).**

During the period of March 7 through 11, 2016, Cynthia J. Blatt Community Planning and Development Representative, conducted an on-site monitoring review of your agency's Continuum of Care program through the two grants referenced above. The purpose of this review was to ensure that the requirements of your grants were being administered in compliance with the statutory and regulatory authorities governing their implementation and that grant funds were being expended in a timely fashion. The review focused on the following areas: Homeless Status and Eligibility Determination, Component Specific Requirements, Homeless Recordkeeping Requirements, HMIS Recordkeeping Requirements, Supportive Services, Project Progress, HMIS Lead and Recipient Costs and Project Administration.

There were no findings; however, our evaluation resulted in one concern in the area of percentages of funded positions in both grants. Concerns bring to the attention of the grantee areas in which improvement could be beneficial to the program, and if not addressed could be subject to findings in future program reviews or follow-up visits. The concern was addressed prior to the completion of monitoring as explained in the accompanying monitoring report.

Page Two
Ventura County HSA
On-Site Monitoring

In conclusion, we would like to thank both your Acting Deputy Director and your staff for their courtesy and cooperation throughout the monitoring review. Should you have any questions or comments concerning this report, please contact your Community Planning and Development Representative Cynthia J. Blatt at (213) 534-2579 or by electronic mail at: cynthia.j.blatt@hud.gov.

Sincerely,



William Vasquez, Director
Office of Community Planning
& Development

Enclosure

MONITORING REPORT
Continuum of Care Program
County of Ventura Human Services Agency
Permanent Housing/Rapid Rehousing Program (RRH)
Homeless Management Information System (HMIS)

From March 7 through March 11, 2016, the United States Department of Housing and Urban Development (HUD) conducted an on-site monitoring review of the County of Ventura, Human Services Agency's (HSA) Continuum of Care program implementation. The review examined the grantee's compliance with the Federal authorities governing the program. The monitoring reviewed grant numbers CA1240L9D111401, the HSA's Rapid Rehousing program and CA0715L9D111407, its HMIS program and covered Eligibility Determination, Recordkeeping Requirements, Service Delivery, Project Progress, Finance and Project Administration.

An exit conference was conducted on Friday, March 11, 2016 to discuss the results of the monitoring review. Melissa Livingston, Deputy Director Administration; Marissa Mach, Deputy Director Adult & Family Services; Tisha Maeda, Senior Office Systems Coordinator; Margaret F. Reyes, Administration Specialist Contracts and Grants; Chris Russell, Homeless Services Manager/Supervisor; Tara Carruth, Continuum of Care Lead, County Executive Office; and Christy Madden, Senior Deputy Executive Officer of Community Development, County Executive Office were present for the County HSA. HUD was represented by Wayne S. Itoga, Program Manager, and Cynthia J. Blatt, LCSW, Community Planning and Development (CPD) Representative. The following is a summary of the conclusions of our monitoring which resulted in one concern.

Findings & Concerns

A finding is made when there is non-compliance with statutory or regulatory requirements. It requires a response and must be resolved by implementing specific corrective actions. A concern brings to the attention of the grantee areas in which improvement could be beneficial to the program, and if not addressed could be subject to findings in future program reviews or follow-up visits. The Concern was addressed prior to the completion of monitoring as discussed below.

Concern: Reports of Full Time Equivalent (FTE) positions in both grants do not show how many employees are funded in each program or at what percentage each FTE is funded.

Condition: The budget detail in the County's HMIS grant describes staff as: "partial S/B – Office Systems Coordinator II" while staff in the PH-RRH grant is described as: "2 FTE-SW-S/B @\$40/hr ave." and "2 FTE-SW-S/B@37/hr. ave." This level of

imprecision does not reflect the number of staff being supported with grant funds. Further when one full FTE is actually paid for with grant funds, it requires the employee to engage only in those activities that are directly grant related. This would eliminate things like travel and in-service training.

Cause/Effect: The error traces back to inaccurate instructions from a consultant. As a result, expenditure descriptions are inaccurate.

Recommended Corrective Action: As finance does track the number of employees assigned to each specific grant including their time and activity and percentage of FTE funded, the grantee is advised to revise budgets to reflect these numbers. Future applications should also align with accurate numbers and percentages of FTE funded.

Single Audit Compliance: Audit review consists of an evaluation of the County's performance in fulfilling the audit requirements as set out in the OMB Circular A-133 Audit Requirements. The County submitted the appropriate annual audit by Vavrinek, Trine, Day & Co., LLP, Certified Public Accountants for the year ended June 30, 2014. Ventura County has been classified as a "Low-risk auditee" and shows no material weaknesses. However, as cited in the Single Audit, please remember the auditors recommendation to strengthen procedures to document that procurements and sub-awards of Federally funded projects are not provided to vendors that are suspended or debarred by either checking the Excluded Parties List System (EPLS), collecting a certification from the entity or adding a clause or condition to the covered transaction with that entity.

**MEMORANDUM OF UNDERSTANDING
BETWEEN
COUNTY OF VENTURA-HUMAN SERVICES AGENCY
&
Homeless Management Information System
Partner Agency**

2015 - Ongoing

WHEREAS, County of Ventura, Human Services Agency (HSA) is the lead agency in Ventura County responsible for administering and operating the Homeless Information Management System, hereinafter HMIS; and

WHEREAS, County of Ventura is the Collaborative Applicant for the single Continuum of Care (CoC) for Ventura County; and

WHEREAS, County of Ventura and local agencies seek to improve the consistency, integrity and utility of data collected on the efficacy of services provided to homeless persons and families in order to reduce the incidence of homelessness in Ventura County; and

WHEREAS, the federal department of Housing and Urban Development (HUD) requires the use of an automated Homeless Management Information System to collect and report data on the number of homeless persons and families served in the area; and

WHEREAS, County of Ventura-HSA has opted to utilize the HMIS system operated by Bowman Systems, L.L.C.; and

WHEREAS, County of Ventura-HSA and the local Partner Agency identified below have agreed to cooperate in the provision of services, collection and sharing of data regarding the homeless population,

NOW THEREFORE,

County of Ventura and Partner Agency identified below hereby enter into this agreement for the sharing of information on homeless populations they serve, and agree to comply with their respective responsibilities as outlined in the Ventura County Collaborative Policy and Procedures document and any amendments thereto. Specific data elements to be shared are limited to those as outlined in HMIS Data and Technical Standards Final Notice – (69 FR 146), as revised in HMIS Data Standards Revised Notice-March 2010, Section 1.6.

Period of Agreement and Modification/Termination

A. Period of Operation and Termination: This MOU will become effective upon signature by both parties and shall remain in effect for three (3) years. Each party shall have the right to terminate this agreement upon 30 days prior notice to the other party. Violation of any component will constitute immediate termination.

B. Amendments: Amendments, including additions, deletions, or modifications to this MOU, may be proposed in writing by either party for consideration of the Steering Committee. If approved by the Steering Committee and both parties agree to the revision, the HMIS Lead Agency will amend this MOU, and forward it to the Partner agency for signature.

C. Other: If this agreement is terminated, the Continuum of Care and the remaining Partner Agencies shall retain their right to the use of all the aggregate data previously entered by the terminating Partner Agency.

The signature of the Executive Director of the Partner Agency indicates agreement with the terms and conditions set forth in this document.

HMIS Program Manager Signature Date

Partner Agency Administrator Signature Date

HMIS Program Manager Name (printed)

Partner Agency Name (printed)

Ventura County (VC)
Homeless Management Information System (HMIS)
Partner Agency User Agreement (PAUA)

Agency Name

Employee/User Name

The Homeless Management Information System (HMIS) is administered by the Ventura County Homeless Management Information System (VCHMIS) Support Team a division of the County of Ventura Human Services Agency, Business Technology Department. HMIS will enable homeless service providers to collect uniform client information over time. This system is essential to efforts to streamline client services and inform public policy. Through HMIS, homeless program clients benefit from improved coordination in and between agencies, informed advocacy efforts, and policies that result in targeted services. Analysis of information gathered through HMIS is critical to accurately calculate the size, characteristics, and needs of the homeless population; these data are necessary to service and systems planning and advocacy.

Initial Only

- _____ 1. I have received training on how to use the HMIS.
- _____ 2. I understand that my username and password are for my use only and must not be shared with anyone. I must take all reasonable means to keep my password physically secure.
- _____ 3. I understand that the only individuals who can view HMIS information are authorized users and the clients to whom the information pertains.
- _____ 4. I understand that I may only view, obtain, disclose, or use the database information that is necessary to perform my job.
- _____ 5. If I am logged into the HMIS and must leave the work area where the computer is located, I must log-off of the HMIS software before leaving the work area. Failure to do so may result in a breach in client confidentiality and system security.
- _____ 6. I understand that these rules apply to all users of HMIS; whatever their work role or position.
- _____ 7. I understand that all HMIS information (hard copies and soft copies) must be kept secure and confidential at all times and when no longer needed, they must be properly destroyed to maintain confidentiality.
- _____ 8. I understand that if I notice or suspect a security breach within the HMIS, I must immediately notify VCHMIS.
- _____ 9. I will not knowingly enter malicious or erroneous information into the HMIS.
- _____ 10. I understand that my username and password will terminate should I change employment and will not be passed on to the new staff member. Partner Agency will notify VCHMIS on or before the separation date.

I agree to maintain strict confidentiality of information obtained through the HMIS. This information will be used only for the legitimate client service and administration. Any breach of confidentiality will result in immediate termination of participation in HMIS. The specifics of this agreement do not preclude additional agency rules and regulations.

I understand and agree to comply with all the statements listed above.

Employee/User Signature

Date



COUNTY OF VENTURA HUMAN SERVICES AGENCY

Barry L. Zimmerman
Director

SAMPLE INVOICE

Bill To: Community Action
Att: Micheline Moret
621 Richmond Ave.
Oxnard, CA 93030

Invoice Date: August 1, 2017
Invoice No: 1
Billing Period: 10/1/17 - 9/30/18
Payment Due Date: September 30, 2018

RE: Annual HMIS License Fees for the period 10/01/17 - 09/30/18

DESCRIPTION	LICENSE TYPE	# OF LIC	FEE PER LIC	AMOUNT OWED
Annual HMIS License Fees	BASIC / ART User License Ninna Castellano Melanie Moir Brandon Cassels Omari Pryor Maria Collier	5	250.00	1,250.00
New License Fee	New License User(s) -		250.00	0.00
Total Amount				\$ 1,250.00

Total Amount Due in this Invoice: \$ 1,250.00

Prepared by: Christopher Vega

Approved _____

Date: _____

Please make check out to:
County of Ventura
Human Services Agency
855 Partridge Drive
Ventura, CA 93003

Please contact Christopher Vega at 805-477-5437/ Christopher.Vega@ventura.org with any questions. Thank you!



HMIS Steering Committee

The Role & Function of the HMIS Steering Committee

The HMIS Steering Committee is made up of a smaller group of agencies / organizations who represent the different types of homeless service programs (outreach, shelter, transitional housing, etc.) that operate and serve the community within Ventura County and are also a part of the HMIS Community. The HMIS Steering Committee functions as an oversight body ensuring the HMIS System is being administered and managed per the Continuum(s) of Care's (CoC) directives and strategies. The HMIS Steering Committee in conjunction with the CoCs also ensures the HMIS System is being managed and operated with respect and in support of the 10-Year Plan to End Homelessness in Ventura County. The HMIS Steering Committee meets quarterly to review the HMIS Strategic Plan, receive updates from the HMIS Administrator regarding general operational issues, and to discuss the needs of the HMIS Community

Meeting Location

County of Ventura Human Services Agency
855 Partridge Drive, Ventura, CA

Spruce Conference Room

Meeting Time 9:30-11 a.m.

2017/2018 Schedule

October 18
January 18
April 19
July 19

NOTE: As a convenience to our visitors, this page may contain links to external websites that are not managed or controlled by the County of Ventura.



HMIS Operations Committee

The Role & Function of the HMIS Operations Committee

The HMIS Operations Committee is made up of HMIS users who represent the different types of homeless service programs (outreach, shelter, transitional housing, etc.) that operate and serve the community within Ventura County. This group is dedicated to providing operational support to the users of HMIS by discussing/collaborating on the needs and challenges of everyday use of the system and delivering helpful solutions.

Meeting Location

County of Ventura Human Services Agency
855 Partridge Drive, Ventura, CA

Spruce Conference Room

Meeting Time 9:30 – 11 a.m.

2017/2018 Schedule

October 4, 2017

December 6, 2017 (cancelled)

February 21, 2018

April 5, 2018

June 6, 2018 (cancelled)

August 22, 2018

NOTE: As a convenience to our visitors, this page may contain links to external websites that are not managed or controlled by the County of Ventura.

Human Services Agency

VCHMIS Training Catalog 2017/2018

Required and Elective Courses */

Homeless Management Information Systems Quarterly Training

All users receive technical training in:

1. *Coordinated Entry System*: Learn the basic workflow of CES and learn how to refer clients to eligible projects
2. *Case Management and Beyond*: learn how to navigate HMIS using the different modules and assessments
3. *Services Only Model*: Learn how to capture service transactions for your drop in center
4. *Advanced Reporting Tool*: Learn how to run reports and navigate the Advanced Reporting Tool

VC CoC and Homeless Management Information Systems Programs Training

All users receive an overview of homeless services programs, concepts needed for CES and Referrals, and CoC expectations for System Performance Metrics.

Trauma Informed Services Training

Trauma-informed practice and approaches have been shown to improve client outcomes, increase staff morale, and rest in program effectiveness. The SCTC offers agencies locally-based opportunities to increase staff and agency trauma-informed practice and strategize on client and system issues in a strategic and collective manner.

*

Substance Abuse Training

Learn how to identify risk factors and warning signs of substance use and relapse.

*

Human Trafficking Training

Learn how to help prevent, rescue and restore victims of sex trafficking.

*

Mental Health First Aid

MHFA is a two-day course that presents an overview of mental illness and substance use disorder in the U.S.> and introduces participants to risk factors and warning signs of mental health problems.

*

Bridges Out of Poverty

Receive an in-depth study of information and issues that will increase the participants' knowledge and understanding of the poverty culture. Learn how economic class affects behaviors and mindsets, why students from generational poverty often fear being educated, the "hidden rules" within economic classes, discipline interventions that improve behavior, and the eight resources that make a difference in success.

*

Human Services Agency

VCHMIS Training Catalog 2017/2018



HUD Annual Performance Report v5.1 - HMIS

Grant: **Ventura County Homeless Management Information System Program - CA0715L9D111508** Type: **HMIS**

[← Back](#)[Print](#)

01. Grant Information

APR Information

Operating start date for APR.	10/1/2016
Operating end date for APR.	9/30/2017
Are the dates shown above the dates you are reporting on?	Yes
→If yes, have you completed your final draw in LOCCS?	Yes
→If yes, have you renewed this project?	Yes
Is this a final APR?	Yes
Is this an APR for a grant that received a HUD-approved grant extension?	No

02. Contact Information**Grant Contact Information**

Prefix	Ms
First Name	Rebecca
Middle Name	
Last Name	Evans
Suffix	MA
Organization	County of Ventura Human Services Agency
Department	Adult and Family Services
Title	Senior Program Manager
Street Address 1	855 Partridge Drive
Street Address 2	
City	Ventura
State / Territory	California
ZIP Code	93003
E-mail Address	rebecca.evans@ventura.org
Confirm E-mail Address	rebecca.evans@ventura.org
Phone Number	(805)477-5325
Extension	
Fax Number	(805)477-5386

Contact Information for HMIS System Administrator from Lead Agency

Prefix	Ms
First Name	Tisha
Middle Name	
Last Name	Maeda
Suffix	
Organization	County of Ventura Human Services Agency
Department	Business Technology Division
Title	Sr. Office Systems Coordinator
Street Address 1	855 Partridge Drive
Street Address 2	
City	Ventura
State / Territory	California
ZIP Code	93003
E-mail Address	tisha.maeda@ventura.org
Confirm E-mail Address	tisha.maeda@ventura.org
Phone Number	(805)477-5146
Extension	
Fax Number	(805)477-5386
Check all those participating in answering the APR questions:	CoC Staff, Grantee/Fiscal Agent, HMIS Lead Staff, HMIS System Administrator

03. Implementation Information

Identify the type of implementation this grant is a part of:	Single CoC Implementation
Does the HMIS implementation use a centralized model (in which the HMIS Lead fulfills all responsibilities for system administration) or a decentralized model (in which local entities assist the HMIS Lead in fulfilling responsibilities for system administration)?	Centralized
Briefly describe the HMIS implementation:	The goal of VCHMIS is to create a comprehensive profile of the homeless population in the County of Ventura. By incorporating data from emergency shelters, transitional housing, permanent supportive housing providers, outreach programs, drop-in centers, and food pantries, HMIS Lead Agency will ensure that the County has the critical information necessary to make informed decisions regarding allocation of services and resources to assist the homeless population. The following are the services provided by the Program: • Hosting and maintaining HMIS software or data • Backing up, recovering, or repairing HMIS software or data • Upgrading, customizing, and enhancing the HMIS • Administering the HMIS • Reporting to providers, the Continuums of Care and HUD, including System Performance Measures • Conducting training in use of HMIS, HIPAA, Trauma Informed Approaches • Maintain security profiles • Help Desk Support • Data Quality Assurance • Platform that facilitates Coordinated Entry System
Does the HMIS implementation provide data to a data warehouse/data integration project?	No

04. HMIS Software Information

Identify the HMIS software in use:	Bowman Systems (Mediware) - ServicePoint
Was the software in use, identified here, the HMIS solution designated for use by the CoC?	Yes
How many years has the implementation used the current software?	6
Does the CoC have plans to change software in the next two years?	No
Identify all reports the software currently generates:	AHAR Table Shells, APR – CSV Report (as Used for Transitional Housing, Permanent Housing and Services Only), CAPER – CSV Report, Data Quality Report, PATH Report, Project Descriptor Data Report, System Performance Measures
Is the software able to generate the most recent HMIS-CSV export?	Yes
Is the software able to generate the most recent HMIS-CSV export – that is hashed (e.g. for RHY)?	Yes
Does the software support automatic exiting functionality (e.g. for night by night shelters and/or street outreach)?	Yes
→If yes, how often is it run?	Quarterly
Is the HMIS system used for Coordinated Entry?	Yes
Who completes project set up, including entering all Project Descriptor Data Elements (PDDE), in the HMIS?	HMIS Lead - System Administrator
How often are PDDE's reviewed?	Annually

05. Staff Responsibilities**Identify the organization and person responsible for performing the following activities for the HMIS implementation.****System Related**

Hosts the HMIS Software on Their Server or Their Cloud Account Server	HMIS Vendor - Staff
Oversees the Security of the HMIS System	HMIS Lead - System Administrator
Backs Up the HMIS Data	HMIS Vendor - Staff

Report Related

Runs the Data Quality Report by Project	HMIS Lead - System Administrator
Monitors Data Quality	CoC Staff
Runs/Produces the AHAR Information	HMIS Lead - System Administrator
Runs/Produces the System Performance Measures	HMIS Lead - System Administrator
Compiles Data for the Housing Inventory Chart	CoC Staff
Generates/Compiles/Compares Data from the HMIS for the Point-in-Time Count	CoC Staff

User Support

Sets Up the Configuration and User Levels of Users in the HMIS	HMIS Lead - System Administrator
Trains New Users	HMIS Lead - System Administrator
Provides On-Going Training for Users	HMIS Lead - System Administrator
Trains HMIS Lead Agency Staff	HMIS Vendor - Staff
Provides User Support for Data Entry Issues	HMIS Lead - System Administrator
Provides User Support for HMIS Software Issues (via Telephone, Email, etc.)	HMIS Lead - System Administrator

06. Users

How many total HMIS users are there in the implementation?	106
Do all users sign a "User Agreement" that outlines basic privacy/security policies applicable to the user?	Yes
Are all users trained in the system prior to receiving their passwords/logon information into the HMIS?	Yes
Briefly describe the regular training for new users and any on-going trainings:	New User Training, Case Management, Reporting, Trauma Informed Services, Agency Onboarding, Site visits for security compliance
How many new users were trained in the implementation this year?	66

07. Governance**Governance**

Is there a Governance Charter for each CoC in the HMIS implementation area?

Yes

Do the Charter(s) establish the decision making structure regarding the HMIS?

Yes

Are all CoCs in the implementation represented in the decision making structure?

N/A - Single CoC Implementation

Are the roles and responsibilities for decision making clearly defined and codified in documents such as by-laws or governance charter(s)?

Yes

Briefly describe the relationship between the CoC Board and the HMIS Lead Agency:

In the VCCoC governance structure there are 4 sub-committees and HMIS Steering Committee is one of those 4.

Standards

Has the HMIS Lead worked with all participating CoCs to develop basic technical, security, privacy and data quality standards?

Yes

Is there a process in place to update the standards?

Yes

Who is responsible for monitoring the standards to ensure they are up-to-date and enforced?

CoC Staff

What year was the HMIS Policy/Procedure Manual last updated?

2017

Does the HMIS have an "Agency Agreement" on the use of the HMIS with all agencies who have programs on the system?

Yes

Describe the timeliness standards in the implementation, how users are informed of those standards and how they are monitored:

Users are expected to enter data by the end of the month. The data quality is run the month after the quarter end and reviews all the months in that quarter. The data quality reports are used for monitoring and are submitted to the agencies and the VCCoC. If an agency has a "C" or lower grade, it is expected that the VCCoC and the HMIS Lead Agency will devise a corrective action plan for the agency in question.

08. System Coverage

String or binary data would be truncated.

09. Financial Information**ALL FUNDS****Funding Sources (associated with this dedicated HMIS project during the operating year)**

HUD: CoC Administration/Planning/UFA Funds	0
HUD: CoC Grant (Dedicated HMIS Grants Only)	90,778.00
HUD: CoC Project Grants	0
HUD: ESG (Dedicated HMIS Grant)	0
HUD: HOPWA	0
HHS: RHY – Through RHY Grantees	0
HHS: PATH – Through PATH Grantees	0
HUD: VA Grantees – Through VA Program Grantees	0
Local Government	72,435.00
State Government	0
Private/Foundation/Fundraising	0
Participation/User Fees from Projects/Agencies	4,150.00
Other	0
Total of All Funding Sources for Operating Year	167,363.00

HUD Funds expended from this Dedicated HMIS Grant

Equipment (Server, Computers, Printers)	0
Software (Software Fees, User Licenses, Software Support)	44,326.00
Services (Training, Hosting, Programming)	0
Personnel (Costs Associated with Staff)	40,514.00
Space and Operations	0
Administration	5,938.00
Total HUD-funded Expenditures	90,778.00

Match Used for this Dedicated HMIS Grant

Cash Match	22,695.00
In-Kind Match	0
Total Match	22,695.00
Total Expenditures requiring a match	90,778.00
Percentage Match	25.00%

10. Additional Comments

Please provide any additional comments on other areas of the APR that need explanations, such as a difference in anticipated and actual program outputs or bed utilization:

Having the HMIS Expansion Grant for Coordinated Entry System Implementation, also known as Pathways to Home, allowed as to bring on one additional staff member and expand our user base from 62 to 106.

5

**VENTURA COUNTY
CONTINUUM OF CARE**

**PATHWAYS
TO HOME**

COORDINATED ENTRY SYSTEM

October 10, 2016

TABLE OF CONTENTS

1. <u>PTH/CES SUMMARY</u>	2
A. Background.....	2
B. Performance Objectives/Outcomes of the Pathways to Home Program.....	3
C. Program Design.....	3
2. <u>VC CoC ALLIANCE MISSION, VISION, VALUES AND GUIDING PRINCIPLES</u>	4
A. Mission Statement.....	4
B. Vision.....	4
C. Values.....	4
D. Guiding Principles.....	4
3. <u>BACKGROUND-U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPEMNT: COORDINATED ENTRY SYSTEM POLICY BRIEF</u>	5
A. Background.....	5
B. Qualities of Effective Coordinated Entry.....	5
C. Prioritizing people who are most vulnerable or have the most severe service needs.....	10
D. Addressing waiting times through coordinated entry.....	12
E. Implementing effective assessment tools and processes.....	13
F. Integrating youth into the coordinated entry process.....	15
G. Serving people fleeing domestic violence.....	15
H. Defining coordinated entry roles in the homeless assistance system.....	15
4. <u>CONFIDENTIAL/DATA SECURITY</u>	20
A. HMIS Release of Information (ROI).....	20
5. <u>PERFORMANCE MEASURES</u>	21
6. <u>ADMISTRATIVE STRUCTURE/GOVERNANCE</u>	23
A. Pathways to Home/Coordinated Entry System Overarching Oversight.....	23
B. System Oversight.....	23
7. <u>GRIEVANCE PROCESS</u>	24
8. <u>REVISIONS TO POLICIES AND PROCEDURES</u>	24
9. <u>NOTE ON FUTURE GUIDANCE</u>	24
10. <u>PTH/CES P&P SIGNATURE PAGE</u> (for agencies to sign and return to VC CoC...)	24
11. <u>APPENDICES</u>	
A. Appendix A: Case Conference Charter.....	25
B. Appendix B: PTH/CES Workflow.....	34
C. Appendix C: PTH/CES Workflow (In text format).....	39
D. Appendix D: PTH/CES Standardized Assessment Form.....	44
E. Appendix E: HMIS Release of Information (ROI).....	54
F. Appendix F: PTH/CES HMIS Desk Guide	64
G. Appendix G: Entry, Eligibility, Referral, Exit Procedures.....	67
H. Appendix H: Prioritization Procedures.....	74
A. Appendix I: Data Management Procedures.....	79

PATHWAYS TO HOME- SUMMARY

Pathways to Home is the Ventura County Continuum of Care's (VC CoC) Coordinated Entry System (CES). A Coordinated Entry System is a system that allows individuals and families to access services needed to move them away from or out of a state of homelessness. A CES is a client focused approach to minimizing the complexity and challenges associated with accessing multiple programs to avoid or exit homelessness. In addition, service providers within the VC CoC work collaboratively to coordinate services and information with the intent to provide the most effective, efficient and client specific case plan.

Pathways to Home is built on a foundation of trauma informed and person centered service delivery. This principle based approach ensures clients are treated with respect, empathy and sensitivity. In addition, this approach is based on a collaborative relationship between the service provider and the client, where clients are engaged in the development of their plan to achieve the goals they establish for themselves as it relates to avoiding or ending their state of homelessness.

The Pathways to Home system design and framework is based on guidelines and federal requirements as part of its implementation of the HEARTH ACT. The U.S. Department Housing and Urban and Development (HUD) released regulations in 2012 that require every Continuum of Care (CoC) to develop a centralized or coordinated system for intake. The local service delivery methodology was developed in conjunction with HUD guidelines and on the foundation of the VC CoC Alliance's Mission, Vision, Values and Guiding Principles.

PTH/CES implementation was rolled out in multiple phases. The October 2016 phase of PTH will focus on **prioritization** for the following services only:

1. Transitional Housing/Shelter
2. Permanent Supportive Housing

All other services are referred immediately and appropriately as needed (ex: Supportive Services, Rapid Re-Housing, etc). This process is enhanced and has increased efficiency via PTH/CES as well due to initial data entry and data sharing among the service providers and through the PTH/CES Case Conferencing Meeting.

It is important to note, not all homeless service providers throughout the county participate in the VC CoC Alliance, hence PTH/CES. This limits the ability to coordinate services comprehensively. The VC CoC Alliance is actively seeking the participation of all homeless services providers to continue to improve the effectiveness of Pathways to Home.

Performance Objectives/Outcomes of the Pathways to Home Program:

- Increase the number of individuals and families moved from homelessness to stable housing in the most efficient, effective and customer service focused manner
- Connect Clients with appropriate and needed services within the shortest time frame possible
- Improvement in the development of case plans
- Minimization of duplicate services
- Minimization of data integrity issues (client level info)
- Codification of needs versus services and resources available (gap analysis)

Program Design:

PTH/CES is built on a strategic agreement by all homeless services, housing providers and stakeholders to coordinate services to those clients most in need in the most expedient fashion. In order to do this, all service providers will need to work together, sharing program and client information via shared data within HMIS, enhanced multi-disciplinary case management meetings and by meeting established VC CoC program expectations and performance metrics. Finally, PTH/CES establishes an agreed upon level of service excellence amongst partner agencies (how we work together) and ultimately ensuring a consistent, customer service oriented experience for the families and individuals we are charged with serving.

VC CoC ALLIANCE-MISSION, VISION, VALUES AND GUIDING PRINCIPLES

As noted, PTH/CES was developed and implemented based on the foundation of the HUD, HEARTH Act Requirements and the principles as espoused by the VC CoC Alliance Mission, Vision, Values and Guiding Principles. They are as follows:

Mission Statement

The Ventura County Continuum of Care Alliance is a collaborative group dedicated to promoting a safe, desirable and thriving community by ending homelessness in Ventura County.

Vision

Homelessness in Ventura County is rare, brief and non-recurring.

Values

- The dignity of every human life
- The well-being of the entire community
- The power of the community working together to solve community problems

Guiding Principles

Collaboration and Coordination

Invest in evidence-based, results-driven and client-focused systems of support that integrate practices, procedures, and services within and across public and private agencies, programs and policies.

Housing First

People experiencing homelessness require very affordable and permanent housing solutions as quickly as possible- and then services as needed.

Strength-Based

Start with and build upon the skills, strengths, and positive characteristics of each person.

Trauma-Informed

Homelessness is a complex, high-risk and individualized condition, not a character trait. Recognize that most people experiencing homelessness have experienced trauma, and build relationships, responses, and services on that knowledge.

Harm Reduction

Seek to reduce the effects of risky behavior in the short-term and eliminate its effects in the long-term.

BACKGROUND- U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT: COORDINATED ENTRY SYSTEM POLICY BRIEF

An effective coordinated entry process is a critical component to any community's efforts to meet the goals of Opening Doors: Federal Strategic Plan to Prevent and End Homelessness. This policy brief describes HUD's views of the characteristics of an effective coordinated entry process. This brief does not establish requirements for Continuums of Care (CoCs), but rather is meant to inform local efforts to further develop CoCs' coordinated entry processes.

Provisions in the CoC Program interim rule at 24 CFR 578.7(a) (8) require that CoCs establish a Centralized or Coordinated Assessment System. In this document, HUD uses the terms coordinated entry and coordinated entry process instead of centralized or coordinated assessment system to help avoid the implication that CoCs must centralize the assessment process, and to emphasize that the process is easy for people to access, that it identifies and assesses their needs, and makes prioritization decisions based upon needs. However, HUD considers these terms to mean the same thing. See 24 CFR 578.7(a) (8) for information on current requirements.

HUD's primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of well-developed coordinated entry processes can result in severe hardships for people experiencing homelessness. They often face long waiting times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

Required Qualities of Effective Coordinated Entry

An effective coordinated entry process has the following qualities:

- **Fair and Equal Access**

All people in the CoC's geographic area have fair and equal access to the coordinated entry process, regardless of where or how they present for services. Fair and equal access means that people can easily access the coordinated entry process, whether in person, by phone, or some other method, and that the process for accessing help is well known. Marketing strategies may include direct outreach to people on the street and other service sites, informational flyers left at service sites and public locations, announcements during CoC or other coalition meetings, and educating mainstream service providers. If the entry point includes one or more physical locations, they are accessible to people with disabilities, and easily accessible by public transportation, or there is another method, e.g., toll-free or 211 phone number, by which people can easily access them. The coordinated entry

process is able to serve people who speak languages commonly spoken in the community

- **Standardized Access and Assessment**

All coordinated entry locations and methods (phone, in-person, online, etc.) offer the same assessment approach and referrals using uniform decision-making processes. A person presenting at a particular coordinated entry location is not steered towards any particular program or provider simply because they presented at that location

- **Marketing**

All coordinated entry locations ensures the 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 identify, or marital status. All coordinated entry locations ensure all people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, and families with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated entry process.

- **Street Outreach**

The coordinated entry process is linked to street outreach efforts so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the coordinated entry process.

- **Emergency Services**

The Coordinated Entry Process allows emergency services, including all domestic violence and emergency services hotlines, drop-in service programs, and emergency shelters, including domestic violence shelters and other short term crisis residential programs, to operate with as few barriers to entry as possible. The coordinated entry process does not delay access to emergency services such as shelter. The process includes a manner for people to access emergency services at all hours independent of the operating hours of the coordinated entry intake and assessment process..

Individuals in need of emergency services during off hours of the coordinated entry system can be connected to emergency services via 211 and/or may directly contact the emergency service directly. If emergency services are funded through the ESG Program, the project must follow the written standards required under 576.400(e)(3)(iv)

- **Safety planning**

The coordinated entry process has protocols in place to ensure the safety of the individuals seeking assistance. These protocols ensure that people fleeing domestic violence have safe and confidential access to the coordinated entry process and domestic violence services, and that any data collection adheres to The Violence Against Women Act (VAWA).

- **Prioritization**

The coordinated entry process ensures that people with the greatest needs receive priority for any type of housing and homeless assistance available in the CoC, including Permanent Supportive Housing (PSH), Rapid Re-housing (RRH), Transitional Housing and other interventions.

- **Eligibility**

Determining eligibility is a project level process governed by written standards as established in 24 CFR 576.400€ and 24 CFR 578.7 (a)(9). Coordinated entry processes incorporate mechanisms for determining whether potential participants meet project-specific requirements of the projects for which they are prioritized and to which they are referred. The process of collecting required information and documentation regarding eligibility may occur at any point in the coordinated entry process, i.e., after or concurrently with the assessment, scoring, and prioritization processes, as long as that eligibility information is not being used as part of prioritization and ranking, e.g. using documentation of a specific diagnosis or disability to rank a person. Projects or units may be legally permitted to limit eligibility, e.g., to persons with disabilities, through a Federal statute which requires that assistance be utilized for a specific population, e.g., the HOPWA program, through State or local permissions in instances where Federal funding is not used and Federal civil rights laws are not violated

- **Full coverage**

All coordinated entry locations cover the CoC's entire geographic area. All coordinated entry locations utilize a "no wrong door" approach in which a homeless family or individual can present at any homeless housing and service provider in the geographic area but is assessed using the same tool and methodology so that referrals are consistently completed across the CoC.

- **Inclusive**

All coordinated entry locations permit act in accordance with civil rights and fair housing laws and requirements. All coordinated entry locations serve all subpopulations, including people experiencing chronic homelessness, Veterans, families, youth, and survivors of domestic violence. However, CoCs may have different processes for accessing coordinated entry, including different access points and assessment tools for the following different populations: (1) adults without children, (2) adults accompanied by children, (3) unaccompanied youth, or (4) households fleeing domestic violence. These are the only groups for which different access points are used. For example, there is not a separate coordinated entry process for people with mental illness or addictions, although the systems addressing those disabilities may serve as referral sources into the process. The CoC continuously evaluates and improves the process ensuring that all subpopulations are well served. All coordinated entry locations permit recipients of Federal and State funds to comply with applicable civil rights and fair housing laws and requirements.

- 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 VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin 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. Process.

- **Homeless Prevention Services**

Individuals are able to access homelessness prevention services funded with ESG program funds through the coordinated entry process.

- **Referral to projects**

The coordinated entry process makes referrals to all projects receiving Emergency Solutions Grants (ESG) and CoC Program funds, including emergency shelter, Rapid Re-housing (RRH), Permanent Supportive Housing (PSH), and Transitional Housing (TH), as well as other housing and homelessness projects. Projects in the community that are dedicated to serving people experiencing homelessness fill all vacancies through referrals, while other housing and services projects determine the extent to which they rely on referrals from the coordinated entry process.

Programs that participate in the CoC's coordinated entry process accept all eligible referrals unless the CoC has a documented protocol for rejecting referrals that ensures that such rejections are justified and rare and that participants are able to identify and access another suitable project.

- **Person-Centered**

The coordinated entry process incorporates participant choice, which may be facilitated by questions in the assessment tool or through other methods. Choice can include location and type of housing, level of services, and other options about which households can participate in decisions.

- **Participant Autonomy**

CoC 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.

**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.*

- **Privacy Protections**

The coordinated entry process uses HMIS to collect and manage data associated with assessments and referrals, however, use of another data system or process, particularly in instances where there is an existing system in place into which the coordinated entry process can be easily incorporated is acceptable. For example, a coordinated entry process that serves households with children may use a system from a state or local department of family services to collect and analyze coordinated entry data. Communities may use CoC Program or ESG program

funding for HMIS to pay for costs associated with coordinated entry to the extent that coordinated entry is integrated into the CoCs HMIS. A forthcoming paper on Coordinated Entry and HMIS will provide more information.

- **Assessor training**

Quarterly and annual training opportunities are required, which may be in-person, a live or recorded online session, or a self-administered training, to participating staff at organizations that serve as access points or otherwise conduct assessments. The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC's coordinated entry process, including its written policies and procedures and any adopted variations described in Section II.B.2. Page 15 b.

- **Low Barrier**

The PTH/CES process is Housing First oriented, such that people are housed quickly without preconditions or service participation requirements. In addition, housing and homelessness programs lower their screening barriers in partnership with the coordinated entry process. the coordinated entry process prohibits screening people out of the coordinated entry process due to perceived barriers related to housing or services, including, but not limited to, too little or no income, active or a history of substance use, 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—with exceptions for state or local restrictions that prevent projects from serving people with certain convictions.

- **Housing First orientation**

The coordinated entry process is Housing First oriented, such that people are housed quickly without preconditions or service participation requirements.

- **On-going planning and stakeholder consultation**

The CoC engages in ongoing planning with all stakeholders participating in the coordinated entry process. This planning includes evaluating and updating the coordinated entry process at least annually. Feedback from individuals and families experiencing homelessness or recently connected to housing through the coordinated entry process is regularly gathered through surveys, focus groups, and other means and is used to improve the process.

- **Informing local planning**

Information gathered through the coordinated entry process is used to guide homeless assistance planning and system change efforts in the community.

- **Leverage local attributes and capacity**

The physical and political geography, including the capacity of partners in a community, and the opportunities unique to the community's context, inform local coordinated entry implementation.

The remainder of this brief clarifies a few aspects of the coordinated entry process that deserve further explanation and emphasis, including how communities prioritize people in their coordinated entry process, how communities think about and address waiting lists, and considerations for the assessment tools and processes that communities implement. This document also clarifies procedures in implementing coordinated entry.

Prioritizing people who are most vulnerable or have the most severe service needs

One of the main purposes of coordinated entry is to ensure that people with the most severe service needs and levels of vulnerability are prioritized for housing and homeless assistance. HUD's policy is that people experiencing chronic homelessness should be prioritized for Permanent Supportive Housing (PSH). In some cases PSH projects are required to serve people experiencing chronic homelessness and in other cases, HUD provides incentives for projects to do so. HUD is strongly encouraging communities to fully implement the prioritization process included in Notice CPD-014-12, Notice CPD-16-11 and Notice CPD-17-01.

In addition to prioritizing people experiencing chronic homelessness, the coordinated entry process prioritizes people who are more likely to need some form of assistance to end their homelessness or who are more vulnerable to the effects of homelessness. When considering how to prioritize people for housing and homelessness assistance, communities can use the following:

- Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing
- High utilization of crisis or emergency services, including emergency rooms, jails, and psychiatric facilities, to meet basic needs
- The extent to which people, especially youth and children, are unsheltered
- Vulnerability to illness or death
- Risk of continued homelessness
- Vulnerability to victimization, including physical assault or engaging in trafficking or sex work

Communities should decide what factors are most important and, to the greatest extent possible, use all available data and research to inform their prioritization decisions. The coordinated entry process is meant to orient the community to one or two central prioritizing principles by which the community can make decisions about how to utilize its resources most effectively. This prioritization ensures that across subpopulations and people with different types of disabilities, those most vulnerable or with the most severe service needs will be prioritized for assistance. The prioritization may not target a category of people with a particular disability. However, individual programs, including CoC funded projects, may restrict access to people with a particular disability or characteristic. In these cases, the coordinated entry process should ensure that people are only referred to projects for which they are eligible. At the same time, providers

should ensure that eligibility criteria are limited to those required by Federal or local statute or by funding sources.

Communities should take care to ensure that their prioritization process does not allow people who are more vulnerable or who have more severe service needs to languish in shelters or on the streets because more intensive types of assistance are not available. Evidence indicates that one of the most important factors to successfully ending an episode of homelessness is the speed with which the intervention is made available to the person (see discussion of assessment tools below and HUD's February 2015 report on assessment tools). This means that if a person is assessed as being highly vulnerable, that person may be prioritized for PSH, but if PSH is not available or the PSH has a long prioritization list, that person should be prioritized for other types of assistance such as RRH or TH. CoCs should not assume that because a person is prioritized for one type of assistance, they could not be served well by another type of assistance. However, CoCs should be aware that placing a household in Transitional Housing (TH) can affect their eligibility for other programs. For example, people coming from TH are not eligible for most Rapid Re-housing funded under the ESG and CoC Programs and placement in TH can affect a person's chronic homelessness status.

Prioritization:

Prioritizing chronically homeless persons in VCCoC program-funded Permanent Supportive Housing beds dedicated or prioritized by persons experiencing chronic homelessness:

- 1 (a) First Priority—Homeless Individuals and Families with a Disability experiencing chronic homelessness that is based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual or families' service needs.

- (b) If there is not a person that meets specific program eligibility criteria of a target population (i.e.: mental illness), the agency would then accept the next prioritized person on the list. This means, if the CoC has served everyone with self-reported target disability (i.e. mental illness), the agency may be referred another person that meets the chronic homeless status (i.e. with a different disability).

Prioritizing when there are no chronically homeless individuals and families within the VCCoC's geographic area:

1. First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs.
2. Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs.
3. Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs
4. Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing

Prioritizing Rapid Re-Housing and Emergency Shelter:

1. Unsheltered persons receive first priority for emergency shelter and rapid re-housing.

Addressing waiting times through coordinated entry

Long wait times make homeless assistance less effective and reduce the overall performance of a community's homeless assistance system. When a community faces a scarcity of needed resources, they should use the coordinated entry process to prioritize which people will receive housing assistance rather than continuing to add people to a long waiting list. For example, if a community has enough PSH to serve 10 new households per month, but 30 households are assessed as needing PSH every month, the coordinated entry process should be adjusted to prioritize approximately 10 households for PSH each month. The other 20 households should be prioritized for other resources available in the community, such as RRH, TH (taking care to consider the impact of placement in TH on an individual's chronically homeless status or future eligibility in other programs), housing subsidies, or other mainstream resources. Short waiting times of a few days or weeks might be necessary to properly manage utilization, but waiting times for homeless assistance of several months or years should be eliminated whenever possible. Although PSH is almost always the most effective resource for people with high levels of vulnerability and high service needs, including those experiencing chronic homelessness, the lack of available PSH should not result in people languishing in shelters or on the streets without further assistance.

Most communities face a gap between need and availability based on limited resources. Communities should be proactively taking steps to close these gaps that are identified through the coordinated entry process. For example, if there is insufficient PSH available in the community, the CoC should be working with PHAs, other affordable housing providers, and Medicaid-funded agencies to increase the supply of PSH.

To the maximum extent possible, existing PSH should be targeted to chronically homeless people based on the severity of their service needs (as described in [Notice CPD-014-12](#), [Notice CPD-16-11](#) and [Notice CPD 17-01](#)). Where there are individuals in PSH who no longer need a high level of services, the CoC should pursue "move up" strategies that help those individuals shift to another form of housing assistance, freeing up the PSH assistance for another prioritized household.

Implementing effective assessment tools and processes

HUD does not endorse any specific assessment tool or approach, but there are universal qualities that any tool or criteria used by a CoC for their coordinated entry process should include. HUD outlined some of these qualities in the [Notice CPD-014-12](#), [Notice CPD-16-11](#) and [Notice CPD 17-01](#). and is building on those qualities in this brief. HUD recognizes the need for guidance as both the process and the tools continue to evolve, so some of the qualities have remained the same, while others have had changes and additions that reflect HUD's evolving understanding of

the assessment process and what is most effective. Please refer to HUD's February 2015 report on assessment tools for further information.

At its core, the assessment process is not a one-time event to gather as much information about a person as possible. Instead, assessments are performed only when needed and only assess for information necessary to help an individual or family at that moment. Initial assessments happen as quickly as possible regardless of where households are residing—streets or in shelter, and the assessment process uses tools as a guide to start the conversation, not as a final decision-maker. Following are several principles that communities can use to ensure an effective assessment process:

- **Phased assessment**

The assessment tools are employed as a series of situational assessments that allow the assessment process to occur over time and only as necessary. For example, an assessment process may have separate tools that assess for each of the following:

- Screening for diversion or prevention
- Assessing shelter and other emergency needs
- Identifying housing resources and barriers
- Evaluating vulnerability to prioritize for assistance
- Screening for program eligibility
- Facilitating connections to mainstream resources

These assessments will likely occur over a period of days or weeks, as needed, depending on the progress a homeless household is making. The different assessments build on each other so a participant does not have to repeat their story. There will also be instances where a participant should be reassessed or reprioritized, particularly if they remain homeless for a long period of time.

- **Necessary information**

The assessment process only seeks information necessary to determine the severity of need and eligibility for housing and services and is based on evidence of the risk of becoming or remaining homeless. For example, a coordinated assessment process would only assess for a particular disability to determine if that household could be referred to a program that requires a particular disability as part of its eligibility criteria.

- **Participant autonomy**

The protocol for filling out assessment tools provides the opportunity for people receiving the assessment to freely refuse to answer questions without retribution or limiting their access to assistance.

- **Person-centered**
The assessment process provides options and recommendations that guide and inform client choices, as opposed to rigid decisions about what individuals or families need. The process also incorporates participants' strengths, goals, and protective factors to recommend options that best meet the needs and goals of the people being assessed.
- **Cultural competence**
Staff administering assessments use culturally competent practices, and tools contain culturally competent questions. For example, questions are worded to reflect an understanding of LGBTQ issues and needs, and staff administering assessments are trained to ask appropriately worded questions and offer options and recommendations that reflect this population's specific needs.
- **User-friendly**
Tools are brief, easily administered by non-clinical staff including outreach workers, minimize the time required to utilize, and easy for those being assessed to understand.
- **Privacy protections**
Privacy protections are in place to ensure proper consent and use of client information.
- **Meaningful recommendations**
Tools are designed to collect the information necessary to make meaningful recommendations and referrals to available housing and services. Participants being assessed should know exactly what program they are being referred, what will be expected of them, and what they should expect from the program. The coordinated entry process should avoid placing people on long waiting lists.
- **Written standards and policies and procedures**
The CoC has written standards describing who is prioritized for assistance and how much assistance they might receive, and the policies and procedures governing the coordinated assessment process are approved by the CoC and easily accessible to stakeholders in the community.
- **Sensitive to lived experiences**
Providers recognize that assessment, both the kinds of questions asked and the context in which the assessment is administered, can cause harm and risk to individuals or families, especially if they require people to relive difficult experiences. The tool's questions are worded and asked in a manner that is sensitive to the lived and sometimes traumatic experiences of people experiencing homelessness. The tool minimizes risk and harm, and provides individuals or families with the option to refuse to answer questions. Agencies administering the assessment have and follow protocols to address any psychological impacts caused by the assessment

and administer the assessment in a private space, preferably a room with a door, or, if outside, away from others' earshot. Those administering the tool are trained to recognize signs of trauma or anxiety.

Integrating youth into the coordinated entry process

CoCs with a network of youth serving programs should consider whether they would better serve youth by creating coordinated entry access points dedicated to underage and transition aged youth. These access points can be located in areas where homeless youth feel comfortable and safe. They can be staffed with people who specialize in working with youth. CoCs should take care to ensure that if they use separate coordinated entry points for youth that those youth can still access assistance from other parts of the homeless assistance system and that youth who access other coordinated entry points can access assistance from youth serving programs.

Regardless of whether a CoC uses youth dedicated access points, the coordinated entry process must ensure that youth are treated respectfully and with attention to their developmental needs.

Serving people fleeing domestic violence

CoCs must work with domestic violence programs in their communities to ensure that the coordinated entry process addresses the safety needs of people fleeing domestic violence. This includes providing a safe location or process for conducting assessments, a process for providing confidential referrals, and a data collection process consistent with The Violence Against Women Act (VAWA).

If the CoC's coordinated entry process uses separate access points for people fleeing domestic violence, CoCs should take care to ensure that people who use the DV coordinated entry process can access homeless assistance resources available from the non-DV portion of the coordinated entry process and vice versa. Many people experiencing homelessness have a history of domestic violence, and should be able to access appropriate DV services even if they are not accessing it through a DV coordinated entry point. Similarly, people fleeing domestic violence often have housing and homeless assistance needs that should not be limited by their decision to access a DV coordinated entry access point.

Defining coordinated entry roles in the homeless assistance system

Diverse stakeholders have different roles in a coordinated entry process. In some cases, these roles are clearly defined. Often, the roles are challenging to define and can change over time.

Homeless assistance organizations

All homeless assistance organizations should be involved in the coordinated entry process by helping people access the system and receiving referrals. Homeless assistance organizations may also provide assessments or provide space for assessments to be conducted. Emergency shelter, Transitional Housing, Rapid Rehousing, and Permanent Supportive Housing programs should only receive referrals through the coordinated entry process.

Mainstream housing and services

Affordable housing and mainstream services are crucial tools for ending homelessness and should be involved in the coordinated entry process. As a CoC's coordinated entry process is developed, mainstream providers can act as a source or receiver of referrals. For instance, sources of referrals could include mental health service providers, substance abuse service providers, Department of Veterans Affairs (VA) Medical Centers, jails, or emergency rooms. Receiving agencies could include public housing authorities, multifamily properties (like Section 8 PBRA, 811, and 202), mental health service providers, and substance abuse providers. Organizations acting as receiving agencies will determine the extent to which they will rely on referrals from the coordinated entry process. In some instances, certain services could be co-located with a physical access point, or a virtual access point, like a telephone service such as 2-1-1. The more mainstream programs and resources that are connected to your coordinated entry process through the coordination of referral, application, and eligibility determination processes, the more effectively your community can consistently connect homeless individuals with housing resources and the community-based supports that they need to maintain that housing.

How a provider or program is integrated into the coordinated entry process will depend on a number of factors including the makeup of the local homeless population, the patterns of service use in the community, and whether the coordinated entry process has been folded into an existing mainstream service system or if it stands alone. These decisions evolve as communities build their processes, and communities might decide to incorporate certain mainstream services over time—as a referral source, a receiving agency, or both.

Prevention and Diversion

There are many more people who qualify for homelessness prevention assistance than homeless assistance. In developing coordinated entry processes, CoCs should consider how much capacity they have to manage prevention assistance. At a minimum, ESG funded prevention assistance should be incorporated into the coordinated entry process. Communities should decide

to what extent they include additional non-prevention programs and how they are incorporated.

All service providers will need to work together, sharing program and client level information via shared data within HMIS, enhanced multi-disciplinary case management meetings (PTH/CES Case Conference) and by meeting established VC CoC program expectations and performance metrics. PTH/CES establishes an agreed upon level of service excellence among partner agencies (how we work together) and ultimately ensures a consistent, customer service oriented experience for the families and individuals we are charged with serving.

- **Access Points (Service Providers)**

Access may be made in person, on phone, on-line, etc. Access points are locations where people who are homeless can connect with a service provider to determine which program meets the needs of the client and to determine eligibility. All HMIS partner agencies will serve as access points and the triage assessment survey (VI-SPDAT) will be available in the standard HMIS intake.

In order to participate as an access point, agencies must have a current, signed HMIS partner agency agreement and meet the following requirements:

- Participate in HMIS and follow all HMIS user agency requirements (domestic violence victim service providers are exempt from this requirement);
- Maintain and only allow trained and authorized staff or volunteers to conduct the VI-SPDAT
- Agree to follow the community guidelines for completing the assessment and communicating about the coordinated assessment system
- Agree to provide additional referrals to other community services, as appropriate, to people completing the assessment

- **Universal Assessment**

The Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT), created by OrgCode Consulting, Inc. and Community Solutions, is to be completed by all individuals and families who are homeless under Category 1 (Literally homeless) and Category 4 (Fleeing Domestic Violence) of HUD's definition of homelessness. The VI-SPDAT will be conducted as part of the standard HMIS Intake designed to quickly determine whether a client has high, moderate, or low acuity. The VI-SPDAT identifies the best type of housing intervention and services for that household to address their situation.

There are three versions of the VI-SPDAT for different populations:

- 1) Individuals scores, 0-17
- 2) Families scores, 0-22
- 3) Transition Age Youth, scores 0-17

- **HMIS/Data- Client needs/service matching**

HMIS will store and track client-level information on the characteristics and service needs of the homeless persons entered into PTH/CES. HMIS ties together homeless data matching client needs with services to service providers within the community to help create a more coordinated and effective housing service delivery system.

The HMIS system will allow data sharing among participating agencies. Providers will enter client data in "real time" allowing providers to see information on Clients entered by another provider, reducing the need for an individual to seek assistance at every provider separately, and completing the Intake and Assessment process for every program and service.

Bed/Unit Inventory will be available to view in HMIS. A "bed count" will not be managed, but rather a "unit count", as some "units" contain more than one bed.

Data will not be entered into HMIS, for people fleeing Domestic Violence. The standard intake will be completed on paper form.

Data will be entered into HMIS, but not shared, for people who requested on the ROI that their data not be shared within HMIS.

- **PTH/CES Case Conference**

Case coordination includes communication, information sharing, and collaboration, and occurs regularly with case management and other staff serving the client within and between agencies in the community. Coordination activities may include directly arranging access; reducing barriers to obtaining services; establishing linkages; and other activities recorded in progress notes. Prior to the implementation of PTH/CES, case coordination was the extent of coordinating services for clients.

Case Conferencing differs from routine coordination. Case conferencing is a more formal, planned, and structured event separate from regular contacts. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication. Case conferences are usually interdisciplinary, and include one or multiple internal and external providers.

Case conferences can be used to identify or clarify issues regarding a client or collateral's status, needs, and goals; to review activities including progress and barriers towards goals; to map roles and responsibilities; to resolve conflicts or strategize solutions; and to adjust current service plans.

The PTH/CES Case Conferencing will be facilitated to support all services, ensuring a thorough yet expedient discussion with a goal to develop a service plan for all clients with a particular focus on those clients who are hardest to serve. The

PTH/CES Case Conference will meet once a week unless otherwise determined by the members of the PTH/CES Case Conference membership.

- **Prioritization**

HUD has determined that an effective coordinated entry process ensures that people with the greatest needs receive priority for any type of housing and homeless assistance available in the VC CoC, including PSH, Rapid Re-Housing (RRH) and other interventions. The PTH/CES process is Housing First oriented, such that people are housed quickly without preconditions or service participation requirements.

Prioritization decisions are based upon vulnerability and severity of service needs to ensure people who need assistance the most can receive it in a timely manner.

Communities may use the following to help determine severity and vulnerability:

- Significant or behavioral health challenges
- High utilization of crisis or emergency services
- Extent to which people especially youth and children, are unsheltered
- Vulnerability to illness or death
- Risk of continued homelessness

If a person is assessed as being highly vulnerable, that person may be prioritized for PSH. If PSH has a long waiting list, that person should be prioritized for other types of assistance such as RRH or TH. However, CoCs should be aware that placing a household in Transitional Housing (TH) can affect their eligibility for other programs. For example, people coming from TH are not eligible for most Rapid Re-housing funded under the ESG and CoC Programs and placement in TH can affect a person's chronic homelessness status.

- **Referrals**

The coordinated entry process makes referrals to all projects receiving Emergency Solutions Grants (ESG) and CoC Program funds, including emergency shelter, Rapid Re-housing (RRH), Permanent Supportive Housing (PSH), and Transitional Housing (TH), as well as other housing and homelessness projects.

REFERENCE / Appendix A: PTH/CES Case Conference Charter

REFERENCE / Appendix B: PTH/CES Workflow

REFERENCE / Appendix C: PTH/CES Workflow (in Text format)

REFERENCE / Appendix D: PTH/CES Standardized Assessment Form

CONFIDENTIALITY/DATA SECURITY

HMIS Release of Information (ROI) - The ROI authorizes VC CoC partner agencies to conduct the HMIS Intake and the VI-SPDAT, enter the information in HMIS, and share the individual's or household's information with other participating organizations in order to facilitate connecting the household with housing and services. The ROI must be completed and uploaded into HMIS before any information, including the VI-SPDAT, can be entered into HMIS.

Individuals/households complete and sign the HMIS Release of information (ROI) form to grant consent for their personal information to be entered into HMIS and used for coordinated assessment. Signing the release of information is not required to participate in coordinated assessment and receive referrals for housing; however, it is required for information to be entered into HMIS. Data will not be entered into HMIS for people who requested on the ROI that their data not be shared within HMIS.

- **Data Management-HMIS Functionality**

When using an HMIS or any other data system to manage coordinated entry data, CoC ensures adequate privacy protections of all participant information per the HMIS Data and Technical Standards at (CoC Program interim rule) 24 CFR 578.7(a)(8). HMIS Functionality includes prioritization list management, and eligibility determination.

REFERENCE / Appendix I: HMIS Release of Information (ROI)

REFERENCE / Appendix E: PTH/CES HMIS Desk Guide

REFERENCE/ APPENDIX F: Entry, Eligibility, referral, Exit HMIS Procedures

REFERENCE/APPENDIX G: Prioritization Procedures

REFERENCE/ APPENDIX H: Data Management Procedures

PERFORMANCE MEASURES

The ultimate goal of the PTH/CES approach is to move those who are homeless out of homelessness as quickly as possible while providing holistic, comprehensive, caring support for each household. In order to meet this goal, service level agreements and performance measures were established. VC CoC Alliance PTH/CES Service Providers will be required to deliver services adhering to the following practices:

- **Consumer Choice:** Consumers will be given information about the programs available to them and have some degree of choice about which programs they want to participate in. They will also be engaged as key and valued partners in the implementation and evaluation of coordinated assessment through forums, surveys, and other methods designed to obtain their thoughts on the effectiveness of the coordinated assessment process.
- **Collaboration:** Because coordinated assessment is being implemented system wide, it requires a great deal of collaboration between the CoC, providers, mainstream assistance agencies (e.g., Department of Social Services, hospitals, and jails), funders, and other key partners. This spirit of collaboration will be fostered through open communication, transparent work by a strong governing council (the Coordinated Assessment Committee), consistently scheduled meetings between partners, and consistent reporting on the performance of the coordinated assessment process.
- **Accurate Data:** Data collection on people experiencing homelessness is a key component of the coordinated assessment process. Data from the assessment process that reveals what resources consumers need the most will be used to assist with reallocation of funds and other funding decisions. To capture this data accurately, all assessment staff and providers must enter data into HMIS (with the exception of some special populations; e.g. people fleeing domestic violence) and other cases) in a timely fashion. Consumers' rights around data will always be made explicit to them, and no person / household will be denied services for refusing to share their data.
- **Performance-Driven Decision Making:** Decisions about and modifications to the coordinated assessment process will be driven primarily by the need to improve the performance of the homelessness assistance system on key outcomes. These outcomes include reducing new entries into homelessness, reducing lengths of episodes of homelessness, and reducing repeat entries into homelessness.
- Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of waiting time for an assessment.

Housing First: Coordinated assessment will support a housing first approach, and will thus work to connect households with the appropriate permanent housing opportunity, as well as any necessary supportive services, as quickly as possible.

- **Prioritizing the Hardest to House:** Coordinated assessment referrals will prioritize those households that appear to be the hardest to house or serve for program beds and services. This approach will ensure an appropriate match between the most intensive services and the people least likely to succeed with a less intensive intervention, while giving people with fewer housing barriers more time to work out a housing solution on their own. This approach is most likely to reduce the average length of episodes of homelessness and result in better housing outcomes for all.
- **Adherence to following and/or utilizing the following:**
 - HMIS CES workflow
 - Standardized assessment
 - Proper referral and prioritization procedures
 - Priority list management
 - Participation in the PTH/CES Case Conferencing Meeting
- **Data entry time frames –The following are the data entry timeframes agreed upon:**
 - Providers will enter client data in “**real time**” allowing providers to see information on Clients entered by another provider,
 - VI-SPDAT assessments will be recorded **within 2 business days** survey is completed,
 - Providers will enter client data on individuals/families **by 12pm on Wednesdays** for consideration and discussion at weekly case conferencing meeting **the following Monday**.

ADMINISTRATIVE STRUCTURE/GOVERNANCE

PTH/CES is built on a strategic agreement by all homeless services, housing providers and stakeholders to coordinate services to those clients most in need in the most expedient fashion. In order to do this, all service providers will need to work together, sharing program and client information via shared data within HMIS, enhanced multi-disciplinary case management meetings and by meeting established VC CoC program expectations and performance metrics. Finally, PTH/CES establishes an agreed upon level of service excellence amongst partner agencies (how we work together) and ultimately ensuring a consistent, customer service oriented experience for the families and individuals we are charged with serving.

As such, service providers will be supported and monitored for adherence to policies and procedures and performance measures (as discussed in the section, "Performance Measures" (previous section). Oversight and monitoring will be administered as follows:

Pathways to Home/Coordinated Entry System Overarching Oversight

- All VC CoC Service Providers must participate in the PTH/CES.
- All PTH/CES Policies and Procedures as part of the overarching participation in the VC CoC Alliance will be adhered to.
- Please refer to the VC CoC Alliance MOU and Policies and Procedures

System Oversight

- Access to the VC HMIS
Service Providers, the VC CoC Alliance Staff and the VC HMIS Team are the only entities authorized to access VC HMIS. Service Providers seeking access must request access via the VC CoC Alliance Staff. Access to the VC HMIS requires the execution of a Memorandum of Understanding between the Service Provider and the VC HMIS Administrator. All VC HMIS Users will pay an annual licensing fee (and an initial implementation fee for the first year).
- Data integrity
The VC HMIS Administrator will run a quarterly Data Integrity Report for all VC HMIS Users. The data quality for each provider will be provided a quality data "report card" and technical support as needed in order to address any data issues.
- Program updates (eligibility/services available)

All VC CoC Service Providers must report changes to services provided and eligibility requirements as soon as possible to ensure uninterrupted matching of clients to appropriate services via the PTH/CES and the VC HMIS system.

GRIEVANCE PROCESS

Grievances involving coordinated entry filed by individuals being assessed will be resolved at the lowest level possible and be handled within the agency, according to the agency's grievance policy. If the grievance requires another level of consideration, the grievance will be reviewed and determined via the PTH/CES Case Conference.

REVISIONS TO POLICIES AND PROCEDURES

The PTH/CES policies and procedures are approved by the VC CoC. The policies and procedures will be reviewed annually and will be updated as needed.

Note on future Guidance

The VC CoC Alliance and the VC HMIS Administrators will continue to look to HUD and other communities and proven successful subject matter experts to ensure the PTH/CES approach remains dynamic and up to date.

As our community via the VC CoC Alliance implement coordinated entry and more research on the topic is conducted and the VC CoC gain more experience and feedback from its service providers, the VC CoC and the VC HMIS will continually modify its guidance and recommendations to our service providers.

PTH/CES P&P Signature Page for agencies to sign and return to the VC CoC

Name of Organization: _____

Representative/Service Provider Name (printed): _____

Signature: _____

Date: _____

APPENDIX: A

CASE CONFERENCE CHARTER

Ventura County Continuum of Care

Pathways to Home Case Conferencing

I. Introduction:

Pathways to Home is the Ventura County Continuum of Care's (VC CoC) Coordinated Entry System (CES). A Coordinated Entry System is a system that allows individuals and families to access services needed to move them away from or out of a state of homelessness as efficiently as possible as it relates to accessing available services.

Pathways to Home is built on a strategic agreement by all homeless services, housing providers and stakeholders to coordinate services for those clients most in need in the most expedient fashion. In order to do this, all service providers are engaged in enhanced, multi-disciplinary **Pathways to Home Case Conferencing** meetings.

II. Purpose of the Case Conferencing

Case coordination includes communication, information sharing, and collaboration, and occurs regularly with case management and other staff serving the clients within and between agencies in the community. Coordination activities may include directly arranging access; reducing barriers to obtaining services; establishing linkages; and other activities recorded in progress notes.

Case Conferencing differs from routine coordination. Case conferencing is a more formal, planned, and structured event separate from regular contacts. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication. Case conferences are usually interdisciplinary, and include one or multiple internal and external providers.

Case conferences can be used to identify or clarify issues regarding a client's status, needs, and goals; to review activities including progress and barriers towards goals; to map roles and responsibilities; to resolve conflicts or strategize solutions; and to adjust current service plans.

III. VC CoC Pathways to Home Case Conferencing Process

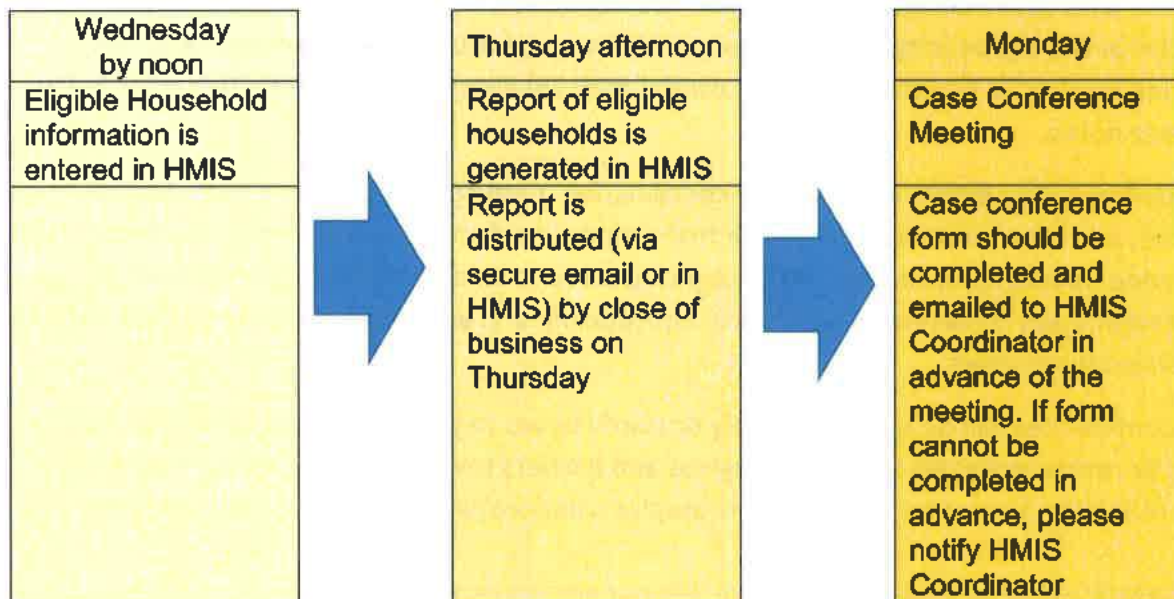
Pathways to Home is built on a foundation of trauma-informed and person-centered service delivery. These principle-based approaches ensure clients are treated with respect, empathy and sensitivity. In addition, this approach is based on a collaborative relationship between the service provider and the client, where clients are engaged in the development of their plan to achieve the goals they establish for themselves as it relates to avoiding or ending their state of homelessness.

The Pathways to Home Case Conferencing will be facilitated to support all services, ensuring a thorough yet expedient discussion with a goal to develop a service plan for all clients with a particular focus on those clients with the most significant barriers to housing.

The Pathways to Home Case Conference will meet once a week unless otherwise determined by the members of the Pathways to Home Case Conference membership.

A Pathways to Home Case Conference Form will be available for all Providers and it should be completed and ready to share in the meetings. This format serves to identify needs, strengths, plans and action items. This also serves to structure the case conference and make efficient use of time.

A report of eligible households, with VI-SPDAT scores will be distributed (or available in HMIS) by close of business, at least 2 days before the Case Conference meeting, and will be based on information entered in to HMIS up until 24 hours before the report is run to establish the list. For example, households entered by noon on Wednesday will be eligible for a list distributed by 5:00 pm on Thursday for a Case Conference meeting held on Monday morning.



IV. Confidentiality and Purpose

All information discussed at Case Conferencing is confidential as indicated in our VC CoC Memorandum of Understanding (MOU).

From time to time, guests who have information about a case and meet the criteria for membership may be invited to attend. Guests are bound by the same confidentiality as regular members.

Pathways to Home Case Conference Form

Date presented:		Date entered in to PTH:	
Presenter Name:		Agency:	
Household Demographics	Clients Name:	Age of Client:	HMIS #:
	Previous HMIS #:		
	Household size: #	<input type="checkbox"/> Single <input type="checkbox"/> Couple/Adults Only <input type="checkbox"/> Household with children <input type="checkbox"/> TAY (18-24) <input type="checkbox"/> Pregnant Due date: Reunification <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Spouse /Partner Name:	Age of Spouse/Partner:	HMIS #:
	Previous HMIS #:		
Number of children:		Ages of Children:	
City Identified:			

HMIS Eligibility	Eligibility Module ran?	VI-SPDAT score:
	<input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:	Date (last time VI-SPDAT was ran):
	Client is eligible for: <input type="checkbox"/> PSH <input type="checkbox"/> TH <input type="checkbox"/> RRH <input type="checkbox"/> HPRP <input type="checkbox"/> ES <input type="checkbox"/> Safe Haven <input type="checkbox"/> CHSP <input type="checkbox"/> SSVF <input type="checkbox"/> Other:	
	Client referred to: <input type="checkbox"/> PSH <input type="checkbox"/> TH <input type="checkbox"/> RRH <input type="checkbox"/> HPRP <input type="checkbox"/> ES <input type="checkbox"/> Safe Haven <input type="checkbox"/> CHSP <input type="checkbox"/> SSVF <input type="checkbox"/> Other:	
	VCBH Connected <input type="checkbox"/> Yes Which Clinic: Case Manager: Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Date:	
	Outside Psychiatrist / Clinician : <input type="checkbox"/> Yes Which Clinic: Name: Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Date:	
	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No Discharge Status: <input type="checkbox"/> Honorable <input type="checkbox"/> Other: VASH referral sent: <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain why veteran is ineligible to VASH:	
	Current Household Income:	Source(s):
	Any known <u>current</u> case involvement with Child and Family Services or Adult Protective Services? <input type="checkbox"/> No <input type="checkbox"/> Yes Name of Social Worker and department:	
	Any known <u>current</u> case involvement with the Department of Justice? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Restraining order <input type="checkbox"/> Court Dates:	
Potential Family Reunification: <input type="checkbox"/> No <input type="checkbox"/> Yes Foster Care <input type="checkbox"/> No <input type="checkbox"/> Yes Family/Friend <input type="checkbox"/> No <input type="checkbox"/> Yes		

Pathways to Home Case Conference Form

Homeless Status	Homeless Category: Length of time Homeless: <input type="text"/> <input type="checkbox"/> Literally Homeless <input type="checkbox"/> At Risk <input type="checkbox"/> Attempting to Flee DV Where is the person or household currently staying (shelter, streets, RV, car, transitional housing, etc.)? <input type="text"/>
	Chronic Homeless documents submitted/approved? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you requesting Feedback / Consultation? <input type="checkbox"/> Disability verification <input type="checkbox"/> Chronic Homeless Status <input type="checkbox"/> Supportive documentation <input type="checkbox"/> Length of time
Additional Information	Severity of Service Needs: (must be applicable to one) 1. History of High utilization of crisis services (Jail, hospital)? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="text"/> 2. Significant Health or behavioral health challenges / substance abuse or F (x) impairments? <input type="checkbox"/> Yes <input type="checkbox"/> No 3. For youth or DV, high risk of continued trauma or high risk of harm or exposure to dangerous living situations? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Referral to Whole Person Care? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Working with other Agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No List agencies involved: <input type="text"/> <input type="text"/>
	Observations: (Including observations of risk and vulnerability not reflected in VI-SPDAT score) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Health Observations (Physical, Mental Health, Developmental) <input type="text"/> <input type="text"/> <input type="text"/>
	Safety Concerns: <input type="text"/> <input type="text"/> <input type="text"/>
Housing Barriers	Evictions:
	Criminal History:
	Others:

Household Analysis

Briefly describe Household goals at present:

1. _____
2. _____
3. _____

Strengths:

1. _____
2. _____
3. _____

Are there any linkages that you feel are needed and not currently in place? Immediate Needs?

1. _____
2. _____
3. _____

Services / Notes

Please list services that have already been provided to the family:

--

☐ None for this individual

Notes: _____

[illegible]

FOR HMIS/ CoC Staff

Date Presented:

Client ID:

Provider:

Social Worker:

VI-SPDAT Score:

Current Living Situation:

Recommended Next Steps:

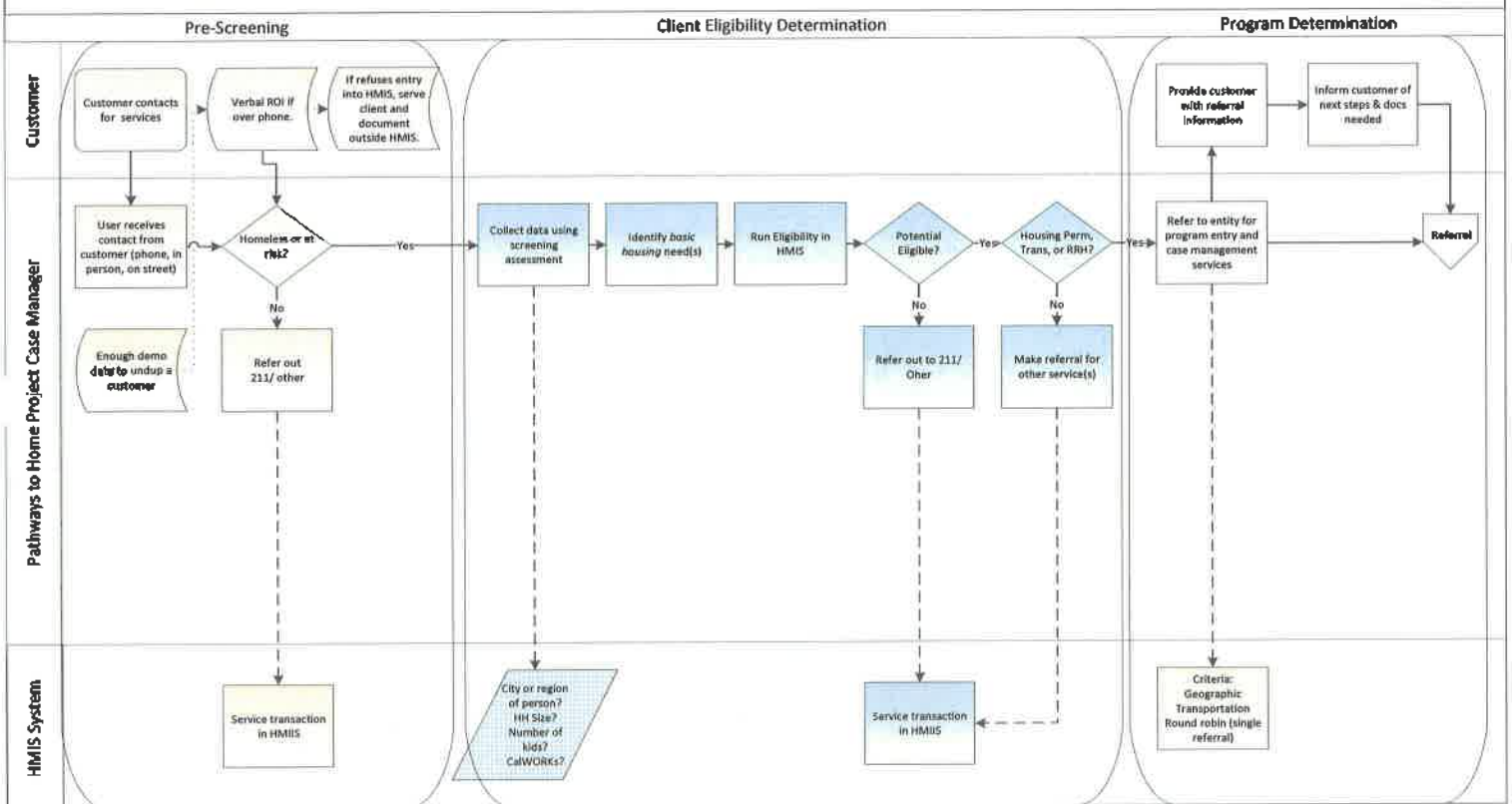
Referrals Type:

Household Size:

APPENDIX: B

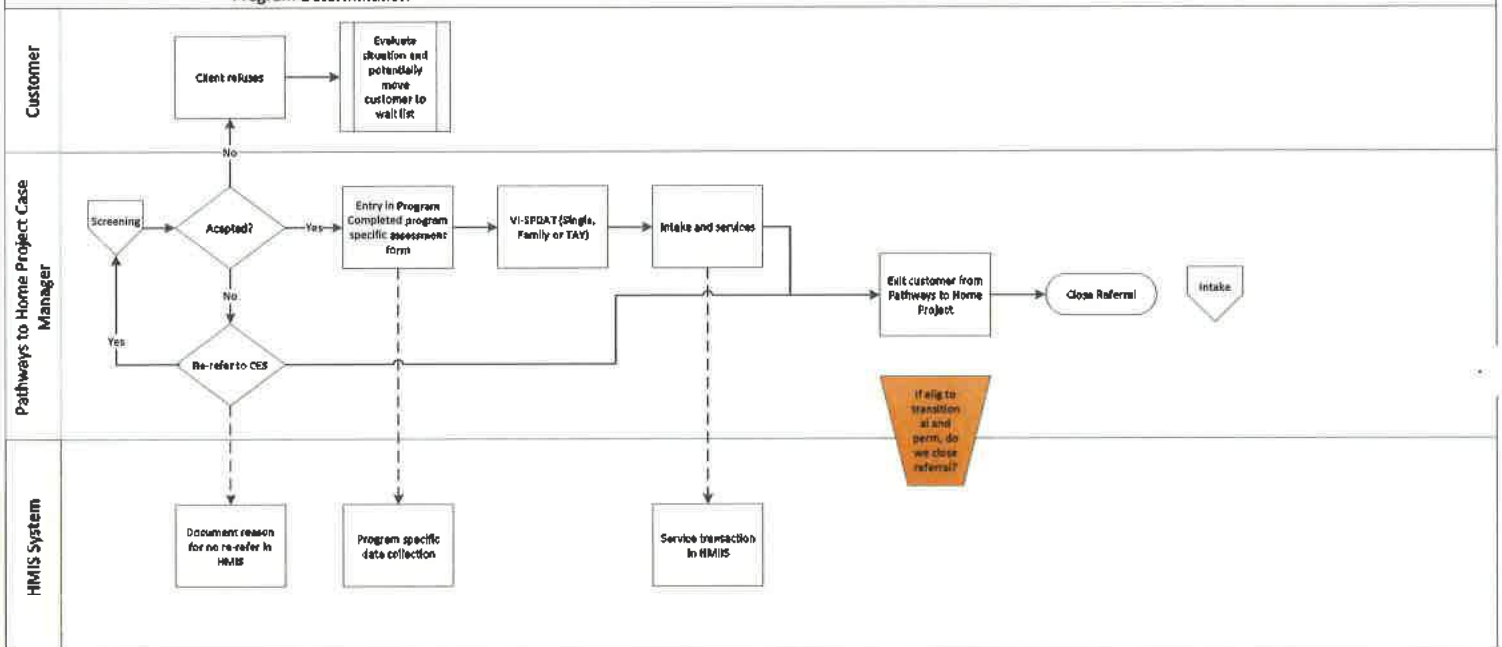
PTH/CES WORKFLOW

Screening - Initial Contact with Customer

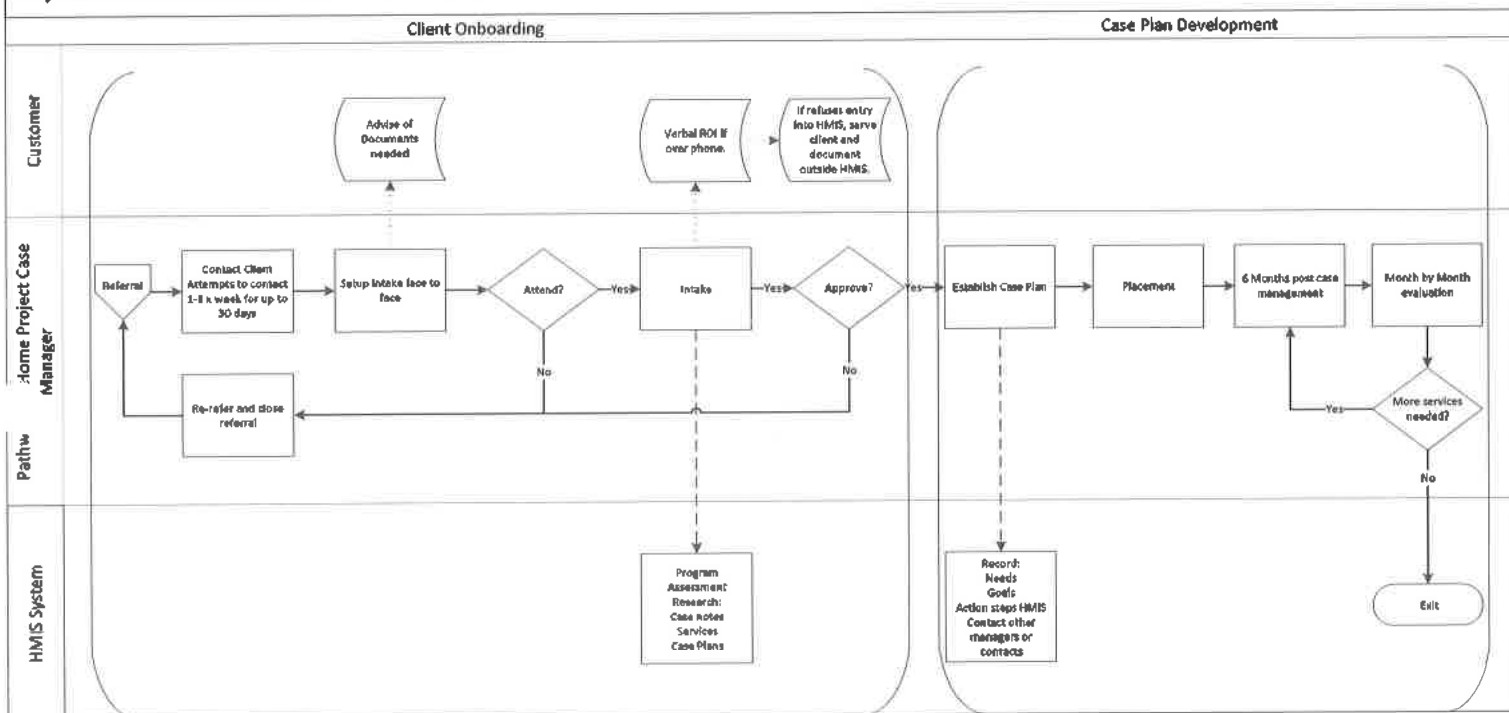


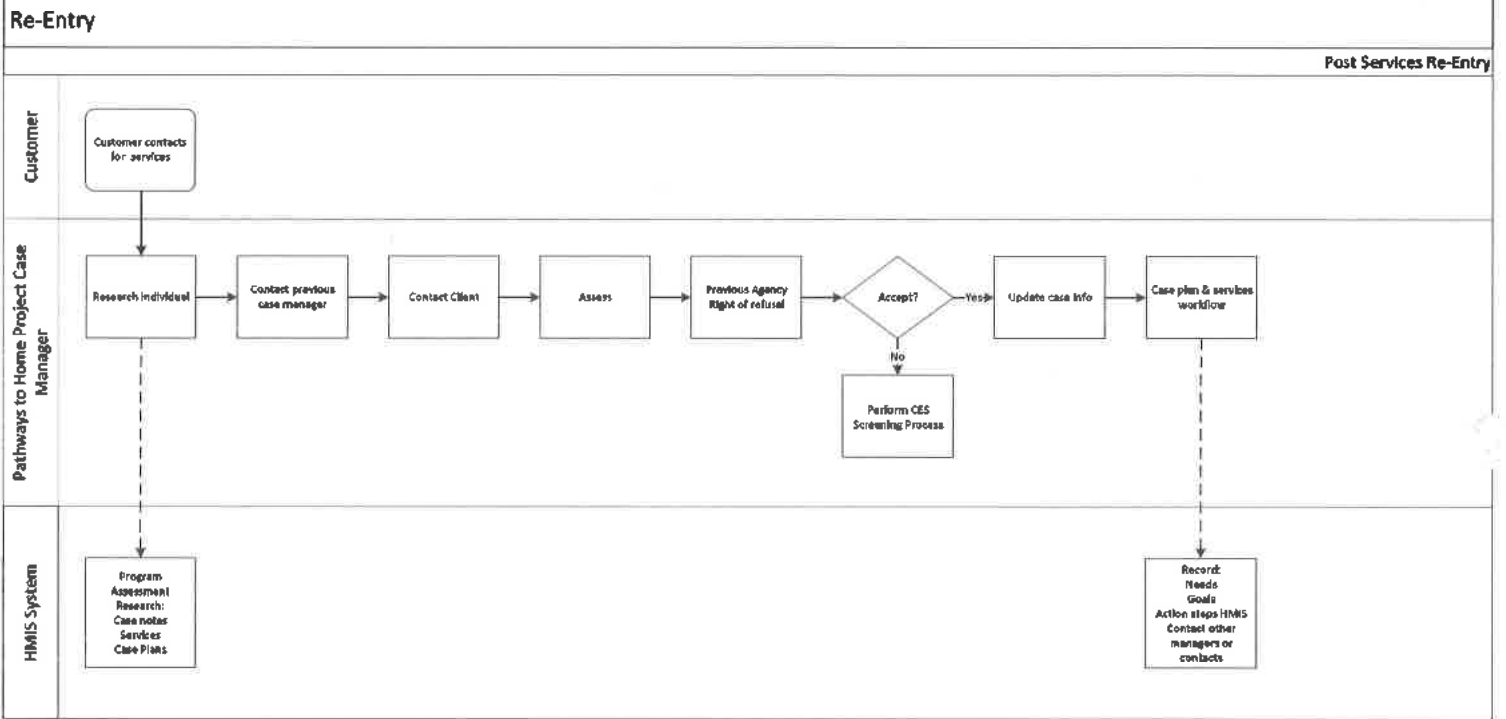
Referral - Initial Contact with Customer, part 2

Program Determination



Project Intake and Services - Case Management Activities





APPENDIX: C

PTH/CES WORKFLOW SAMPLE

(In TEXT format)

PATHWAYS to HOME CES WORKFLOW SAMPLE

Participating Agency's Pathways to Home Project Case Manager Workflow

Contact may be made with customer and any participating agency's Pathways to Home Project Case Manager either by phone or in person. The Agency Pathways to Home Project Case Manager will follow the Coordinated Entry Process Approach Workflow:

First Contact / Referring Agency Pathways to Home Project Case Manager Process

Initial Pre-Screening Process

1. Initial Contact:

- Conduct pre-screening either by phone or in person.
 - Collect demographic information to identify unduplicated customer.
 - Completes ROI by phone or in person. If Client refuses entry into HMIS, case manager will maintain documentation outside HMIS. Indicate that the ROI was collected verbally in HMIS.

2. Determination of Homelessness or Imminent Risk of Homelessness:

- If it is determined the Client is not homeless, or at imminent risk of homelessness, follow Agency regular procedures and refer out to 211 and/or other resources.
 - Enter action documentation in to HMIS; unless customer refused entry into HMIS.
- If it is determined the Client is homeless; or at imminent risk of homelessness, continue with "Eligibility Determination Process".

Client Eligibility Determination Process

1. Screening Assessment

- Utilize the Pathways to Home screening assessment, collecting data such as:
 - City or region or customer
 - Household Size
 - Number of children
 - Whether household receiving CalWORKs benefits
- Identify basic housing needs
- Run eligibility module in HMIS
- If it is determined the Client is **not** potentially eligible:
 - Refer out to 211 and/or other resources.
 - Enter action documentation into HMIS; unless customer refused entry into HMIS. If customer refused entry into HMIS document outside HMIS.
- If it is determined the Client **is** potentially eligible:
 - Determine whether Client is potentially eligible to Permanent, Transitional, or Rapid Re-Housing.

PATHWAYS to HOME CES WORKFLOW SAMPLE

- If Client is **Not** potentially eligible to Permanent, Transitional, or Rapid Re-Housing:
 - Refer out to 211 and/or other resources.
 - Enter action documentation into HMIS; unless customer refused entry into HMIS. If customer refused entry into HMIS document outside HMIS.
- If Client **Is** potentially eligible to Permanent, Transitional, or Rapid Re-Housing:
 - Complete appropriate VI SPDAT for prioritizing and determining level of vulnerability and severity of need.
 - Continue with "Program Determination and Referral Process".

Program Determination and Referral Process

1. Referring Pathways to Home Case Manager Referral Process

- Refer to Entity identified for program entry and case management services; including referrals within Agency's own programs.
(Note: When making referral to Entity identified for program entry; criteria to keep in mind when making referral are geographic area and transportation availability)
- Provide Client with following referral information:
 - Information on program to which the Client is being referred
 - Next steps for Client
 - What documents Client must provide to program to which customer is being referred

2. Receiving Pathways to Home Project Case Manager Referral Process

- Acknowledge receipt of the referral (within 24 hours)
- Identify Client's potential eligibility to their program services
- If Client is **Not** potentially eligible to their program:
 - Inform referring entity
- If Client **Is** potentially eligible to their program:
 - Identify whether Client accepts entry into Program
- If Client refuses entry into Program:
 - Inform referring entity or re-run Eligibility and offer other referrals.
 - Evaluate situation and if appropriate move customer to wait list
 - Enter action documentation into HMIS
- (Note: If at any time during process Client refuses referral; re-refer to beginning of CES process again. If not referred to beginning of process again, document reason in HMIS).
- If Client accepts entry into Program:
 - Complete Program specific assessment form
 - Complete appropriate VI-SPDAT for the Client's situation (Single, Family or TAY)
 - Enter program specific data collection into HMIS
 - Exit Client from Pathways to Home Project
 - Close referral
 - Continue with "Project Intake and Services Process, Case Management Activities"

PATHWAYS to HOME CES WORKFLOW SAMPLE

Project Intake and Services Process

Client Onboarding Process with Receiving Agency Pathways to Home Project Case Manager Process

1. Initial Contact with Client

- Attempt to contact Client 1- 3 times per week up to 30 days?
- If contact is **Not** made, inform referring case manager
- If contact **is** made, continue with "Intake Process"
- Set up Intake Face-to-Face Interview;
 - Inform Client of documents customer needs to provide for interview
- If Client does **Not** attend Intake Face-to-Face Interview:
 - Inform referring agency and close referral
- If Client **Does** attend Intake Face-to-Face Interview:
 - Continue with "Intake Process"

2. Intake Process

- Complete ROI by phone or in person.
 - If Client refuses entry into HMIS, case manager will enter documentation outside HMIS.
- Enter Program Assessment Research into HMIS:
 - Case Notes
 - Services
 - Case plans
- If services **not** approved;
 - Inform referring agency , (Do not close referral)
 - Re-refer to CES Process "Program Determination Process, Program Eligibility Determination Interview Process, pg. 2
- If services **are** approved;
 - Close CES referral; and
 - Continue with "Case Plan Development Process"

PATHWAYS to HOME CES WORKFLOW SAMPLE

3. Case Plan Development Process

- Establish Case Plan
- Enter Documentation into HMIS:
 - Needs
 - Goals
 - Action Steps
- Contact and inform other Managers / Contacts of Placement
- Complete Placement process
- Provide 6 Months Post-Case Management
 - Complete Month by Month Evaluation
- If at end of six-month, customer **needs** more services:
 - Provide another 6 Months Post-Case Management
- If at end of six-month, customer does **not** need more services:
 - Exit from program
- Enter Exit Documentation into HMIS

Re-Entry of Customer Known to Pathways to Home Process

- Contact made by customer
- Research Individual / Head of Household
- Enter Program Assessment Research into HMIS:
 - Case Notes
 - Services
 - Case plans
- Contact previous Case Manager
- Contact Customer
- Complete Assessment
- If previous Agency refuses to accept customer and resume services:
 - Return and repeat ***"First Contact / Referring Agency Case Manager Process initial Pre-Screening Process" Pg. 1***
- If previous Agency accepts customer to resume services:
 - Update case information
 - Return and repeat ***"Receiving Agency Case Manager Process- Case Plan Development Process" Pg.2***
 - Enter Documentation into HMIS:
 - Needs
 - Goals
 - Action Steps

APPENDIX: D

**PTH/CES
STANDARDIZED
ASSESSMENT FORM**

PATHWAYS TO HOME SCREENING ASSESSMENT (A)

Date: _____

Person completing this form (Case Mgr / SW): _____

Client Name: _____

DOB: _____

Date of Birth Type:

- ☐ Full DOB Reported (HUD)
- ☐ Approximate or Partial DOB Reported (HUD)
- ☐ Client doesn't know (HUD)
- ☐ Client refused (HUD)
- ☐ Data not collected (HUD)

Primary Race:

- ☐ American Indian or Alaska Native (HUD)
- ☐ Asian (HUD)
- ☐ Black or African American (HUD)
- ☐ Native Hawaiian or Other Pacific Islander (HUD)
- ☐ White (HUD)
- ☐ Client doesn't know (HUD)
- ☐ Client refused (HUD)
- ☐ Data not collected (HUD)

Secondary Race:

- ☐ American Indian or Alaska Native (HUD)
- ☐ Asian (HUD)
- ☐ Black or African American (HUD)
- ☐ Native Hawaiian or Other Pacific Islander (HUD)
- ☐ White (HUD)
- ☐ Client doesn't know (HUD)
- ☐ Client refused (HUD)
- ☐ Data not collected (HUD)

Ethnicity:

- ☐ Non-Hispanic / Non-Latino (HUD)
- ☐ Hispanic / Latino (HUD)
- ☐ Client doesn't know (HUD)
- ☐ Client refused (HUD)
- ☐ Data not collected (HUD)

Gender:

- ☐ Female

PATHWAYS TO HOME SCREENING ASSESSMENT (A)

- ☐ Male
- ☐ Transgender male to female
- ☐ Transgender female to male
- ☐ Doesn't identify as male, female, or transgender
- ☐ Client doesn't know (HUD)
- ☐ Client refused (HUD)
- ☐ Data not collected (HUD)

Phone #1: _____

Phone #1 Information: (who does phone number belong to?) _____

Phone #2: _____

Phone #2 Information: (who does phone number belong to?) _____

E-mail Address: _____

Relationship to Head of Household:

- ☐ Self (head of household)
- ☐ Head of household's child
- ☐ Head of household's spouse or partner
- ☐ Head of household's other relation member (other relation to head of household)
- ☐ Other: non-relation member
- ☐ Data not collected

Household Type:

- ☐ Household with adults and children under 18
- ☐ Household with adults only
- ☐ Household with only children
- ☐ Single adult

Adults in Household: _____

Children in Household: _____

City, Self-Identified:

- ☐ Camarillo
- ☐ El Rio
- ☐ Fillmore

PATHWAYS TO HOME SCREENING ASSESSMENT (A)

- ☐ Foster Park
- ☐ Meiners Oaks
- ☐ Moorpark
- ☐ Newbury Park
- ☐ Oak Park
- ☐ Oak View
- ☐ Ojai
- ☐ Oxnard
- ☐ Piru
- ☐ Port Hueneme
- ☐ Santa Paula
- ☐ Saticoy
- ☐ Simi Valley
- ☐ Somis
- ☐ Thousand Oaks
- ☐ Ventura
- ☐ Westlake Village
- ☐ Not Ventura County

Below indicate where the client spent the night prior to entering your program

Residence prior to Project Entry: (Choose **ONLY** One)

- ☐ Place not meant for habitation (HUD)
- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher (HUD)
- ☐ Safe Haven (HUD)

PATHWAYS TO HOME SCREENING ASSESSMENT (A)

- ☐ Interim Housing
- ☐ Foster care home or foster care group home (HUD)
- ☐ Hospital or other residential non-psychiatric medical facility (HUD)
- ☐ Jail, prison or juvenile detention facility (HUD)
- ☐ Long-term care facility or nursing home (HUD)
- ☐ Psychiatric hospital or other psychiatric facility (HUD)
- ☐ Substance abuse treatment facility or detox center (HUD)
- ☐ Hotel or motel paid for without emergency shelter voucher (HUD)
- ☐ Owned by client, no ongoing housing subsidy (HUD)
- ☐ Owned by client, with ongoing housing subsidy (HUD)
- ☐ Permanent housing for formerly homeless persons (HUD)
- ☐ Rental by client, no ongoing housing subsidy (HUD)
- ☐ Rental by client, with VASD subsidy (HUD)
- ☐ Rental by client, with GPD TIP subsidy (HUD)
- ☐ Rental by client, with other ongoing housing subsidy (HUD)
- ☐ Residential project or halfway house with no homeless criteria (HUD)
- ☐ Staying or living in a family member's room, apartment or house (HUD)
- ☐ Staying or living in a friend's room, apartment or house (HUD)
- ☐ Transitional housing for homeless persons (including homeless youth) (HUD)
- ☐ Client doesn't know (HUD)
- ☐ Client refused (HUD)
- ☐ Data not collected (HUD)
- ☐ Subsidized housing

Length of Stay in Previous Place:

- ☐ One night or less
- ☐ Two to six nights
- ☐ One week or more, but less than one month
- ☐ One month or more, but less than 90 days
- ☐ 90 days or more, but less than one year
- ☐ One year or longer (HUD)
- ☐ Client doesn't know (HUD)
- ☐ Client refused (HUD)
- ☐ Data not collected (HUD)

Did you stay less than 90 days? ☐ Yes ☐ No

Did you stay less than 7 nights? ☐ Yes ☐ No

On the night before did you stay on the streets, Emergency Shelter or Supportive Housing? ☐ Yes ☐ No

Approximate date homelessness started: _____

Regardless of where they stayed last night – Number of times the client has been on the streets, in Emergency Shelter or Supportive Housing in the past three years, including today:

- ☐ One time (HUD)
- ☐ Two times (HUD)
- ☐ Three times (HUD)

PATHWAYS TO HOME SCREENING ASSESSMENT (A)

- ☐ Four times (HUD)
- ☐ Client doesn't know (HUD)
- ☐ Client refused (HUD)
- ☐ Data not collected (HUD)

Total number of months homeless on the street, in Emergency Shelter or Supportive Housing in the past three years:

- ☐ One month (this is the first month) (HUD)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6
- ☐ 7
- ☐ 8
- ☐ 9
- ☐ 10
- ☐ 11
- ☐ 12
- ☐ More than 12 months (HUD)
- ☐ Client doesn't know (HUD)
- ☐ Client refused (HUD)
- ☐ Data not collected (HUD)

Zip Code of Last Permanent Address: _____

Client Location: CA-611 (default)

If you are not homeless, are you or your family in danger of losing your primary nighttime residence?

- ☐ Yes (HUD)
- ☐ No (HUD)
- ☐ Client doesn't know (HUD)
- ☐ Client refused (HUD)
- ☐ Data not collected (HUD)

If yes, residence will be lost within 14 days of today?

- ☐ Yes (HUD)
- ☐ No (HUD)

PATHWAYS TO HOME SCREENING ASSESSMENT (A)

- ☐ Client doesn't know (HUD)
- ☐ Client refused (HUD)
- ☐ Data not collected (HUD)

If yes, do you have an alternative plan for housing (family, friends, or otherwise)?

- ☐ Yes (HUD)
- ☐ No (HUD)
- ☐ Client doesn't know (HUD)
- ☐ Client refused (HUD)
- ☐ Data not collected (HUD)

Does client have a disabling condition?

- ☐ Yes (HUD)
- ☐ No (HUD)
- ☐ Client doesn't know (HUD)
- ☐ Client refused (HUD)
- ☐ Data not collected (HUD)

Is your disability related to substance abuse? ☐ Yes ☐ No

Is your disability related to a mental illness? ☐ Yes ☐ No

Disability Type:

Alcohol Abuse (HUD) ☐ YES ☐ NO ☐ Client Doesn't know ☐ Client refused ☐ Data not collected

Both Alcohol and Drug Abuse (HUD) ☐ YES ☐ NO ☐ Client Doesn't know ☐ Client refused ☐ Data not collected

Chronic Health Condition (HUD) ☐ YES ☐ NO ☐ Client Doesn't know ☐ Client refused ☐ Data not collected

Developmental (HUD) ☐ YES ☐ NO ☐ Client Doesn't know ☐ Client refused ☐ Data not collected

Drug Abuse (HUD) ☐ YES ☐ NO ☐ Client Doesn't know ☐ Client refused ☐ Data not collected

HIV / AIDS (HUD) ☐ YES ☐ NO ☐ Client Doesn't know ☐ Client refused ☐ Data not collected

Mental Health Problem (HUD) ☐ YES ☐ NO ☐ Client Doesn't know ☐ Client refused ☐ Data not collected

Physical (HUD) ☐ YES ☐ NO ☐ Client Doesn't know ☐ Client refused ☐ Data not collected

Income from any source:

- ☐ Yes (HUD)
- ☐ No (HUD)
- ☐ Client doesn't know (HUD)
- ☐ Client refused (HUD)
- ☐ Data not collected (HUD)

Total Monthly Income: _____

Percentage of AMI:

- ☐ Less than 30%

PATHWAYS TO HOME SCREENING ASSESSMENT (A)

- ☐ 30% to 50%
- ☐ Greater than 50%

Source of Income:

Alimony or Other Spousal Support (HUD) ☐ YES ☐ NO ☐ Data not collected

Child Support (HUD) ☐ YES ☐ NO ☐ Data not collected

Earned Income (HUD) ☐ YES ☐ NO ☐ Data not collected

General Assistance (HUD) ☐ YES ☐ NO ☐ Data not collected

Other (HUD) ☐ YES ☐ NO ☐ Data not collected

Pension of Retirement Income from Another Job (HUD) ☐ YES ☐ NO ☐ Data not collected

Private Disability Insurance (HUD) ☐ YES ☐ NO ☐ Data not collected

Retirement Income from Social Security (HUD) ☐ YES ☐ NO ☐ Data not collected

SSDI (HUD) ☐ YES ☐ NO ☐ Data not collected

SSI (HUD) ☐ YES ☐ NO ☐ Data not collected

TANF (HUD) ☐ YES ☐ NO ☐ Data not collected

Unemployment Insurance (HUD) ☐ YES ☐ NO ☐ Data not collected

VA Non-Service Connected Disability Pension (HUD) ☐ YES ☐ NO ☐ Data not collected

VA Service Connected Disability Pension (HUD) ☐ YES ☐ NO ☐ Data not collected

Worker's Compensation (HUD) ☐ YES ☐ NO ☐ Data not collected

Non-Cash Benefit from any source:

- ☐ Yes (HUD)
- ☐ No (HUD)
- ☐ Client doesn't know (HUD)
- ☐ Client refused (HUD)
- ☐ Data not collected (HUD)

Source of Non-Cash Benefit:

Supplemental Nutrition Assistance Program (Food Stamps) (HUD) ☐ YES ☐ NO ☐ Data not collected

Special Supplemental Nutrition Program for WIC (HUD) ☐ YES ☐ NO ☐ Data not collected

TANF Child Care Services (HUD) ☐ YES ☐ NO ☐ Data not collected

TANF Transportation Services (HUD) ☐ YES ☐ NO ☐ Data not collected

PATHWAYS TO HOME SCREENING ASSESSMENT (A)

Other TANF-Funded Services (HUD) ☐ YES ☐ NO ☐ Data not collected

Section 8, Public Housing, or other ongoing rental assistance (HUD) ☐ YES ☐ NO ☐ Data not collected

Other Source (HUD) ☐ YES ☐ NO ☐ Data not collected

Temporary rental assistance (HUD) ☐ YES ☐ NO ☐ Data not collected

Covered by Health Insurance:

- ☐ Yes (HUD)
- ☐ No (HUD)
- ☐ Client doesn't know (HUD)
- ☐ Client refused (HUD)
- ☐ Data not collected (HUD)

Health Insurance Type:

Medicaid ☐ YES ☐ NO ☐ Data not collected

Medicare ☐ YES ☐ NO ☐ Data not collected

State Children's Health Insurance Program ☐ YES ☐ NO ☐ Data not collected

Veteran's Administration (VA) Medical Services ☐ YES ☐ NO ☐ Data not collected

Employer – Provided Health Insurance ☐ YES ☐ NO ☐ Data not collected

Health Insurance obtained through COBRA ☐ YES ☐ NO ☐ Data not collected

Private Pay Health Insurance ☐ YES ☐ NO ☐ Data not collected

State Health Insurance for Adults ☐ YES ☐ NO ☐ Data not collected

Indian Health Services Program ☐ YES ☐ NO ☐ Data not collected

Other ☐ YES ☐ NO ☐ Data not collected

Domestic Violence Victim / Survivor:

- ☐ Yes (HUD)
- ☐ No (HUD)
- ☐ Client doesn't know (HUD)
- ☐ Client refused (HUD)
- ☐ Data not collected (HUD)

If yes, for domestic violence victim / survivor, when experience occurred:

- ☐ Within the past three months (HUD)
- ☐ Three to six months ago (HUD)
- ☐ From six to twelve months ago (HUD)
- ☐ More than a year ago (HUD)
- ☐ Client doesn't know (HUD)
- ☐ Client refused (HUD)
- ☐ Data not collected (HUD)

PATHWAYS TO HOME SCREENING ASSESSMENT (A)

If yes, for domestic violence victim / survivor, are you fleeing?

- ☐ Yes (HUD)
- ☐ No (HUD)
- ☐ Client doesn't know (HUD)
- ☐ Client refused (HUD)
- ☐ Data not collected (HUD)

Do you have, or are you able to obtain, a government issued ID? ☐ Yes ☐ No

For Permanent and Transitional Programs, please complete the following:

Have you ever been convicted of a misdemeanor or felony? ☐ Yes ☐ No

If yes, was it a crime against a child? ☐ Yes ☐ No

If yes, was it a sex offense? ☐ Yes ☐ No

If yes, was it arson? ☐ Yes ☐ No

If yes, was it a violent crime? ☐ Yes ☐ No

Outreach:

Date of Contact: _____

Start Date: _____

Location:

- ☐ Place not meant for habitation
- ☐ Service setting, non-residential
- ☐ Service setting, residential

End Date: _____

Date of Engagement: _____

PATHWAYS TO HOME SCREENING ASSESSMENT (A)

Residential Move-in Date: _____

Name of Assessing Agency: _____

Agency Telephone Number: _____

APPENDIX: E

HMIS RELEASE OF INFORMATION (ROI)

Ventura County Homeless Management Information System (VCHMIS)

Participant Acknowledgement of and Authorization for Information Collection and Sharing with Partner Agencies

The _____ is a Partner Agency in the Ventura County Homeless Management Information System (VCHMIS). The U.S. Department of Housing and Urban Development (HUD) requires participant's personal information be collected and entered into VCHMIS in order for Ventura County to be eligible to receive HUD funding. VCHMIS and its Partner Agencies can then share client information electronically to collaborate more efficiently and effectively provide appropriate and coordinated service for the homeless and low-income households at risk of homelessness in Ventura County.

As a participant in our program, the information you provide will be collected and entered into VCHMIS and shared with Partner Agencies to provide services to help you achieve your goals. Please note that only authorized staff of Partner Agencies will be able to see your information. Staff members of those agencies have signed agreements to maintain the confidentiality of your information. VCHMIS has many security protections to ensure confidentiality of participant information from all but authorized staff of VCHMIS and staff of the Partner Agencies. (Partner Agencies are listed on reverse side.)

You may refuse to provide information about yourself, and you may cancel this authorization to share information at any time by completing a Client Revocation of Consent to release information to VCHMIS. Refusing to share data will not prevent you from receiving services but may delay your access to some programs within the community service system.

Please initial one of the following levels of consent which will be valid for one year from date signed:

_____ I give authorization on behalf of me and my dependents for protected personal and relevant information to be entered into the VCHMIS and shared between partner agencies.

_____ I give authorization on behalf of me and my dependents for personal and relevant information to be entered into VCHMIS, but not shared between partner agencies.

_____ I do not consent to the entry of personal information about me and any dependents into VCHMIS.

NAME of Client/Guardian (printed)

Signature of Client or Guardian

Date -expiration (one year from date signed)

Witnessed by (Print Staff Member's Name)

Staff Member's Signature

Date

VCHMIS Participating Agencies

- County of Ventura Human Services Agency, Homeless Services
- County of Ventura Human Services Agency, VCHMIS
- County of Ventura Human Services Agency, RAIN Transitional Living Center
- Housing Authority of the City of San Buenaventura
- Many Mansions
- The Salvation Army Southern California Division, Ventura
- Turning Point Foundation
- County of Ventura Healthcare Agency/Behavioral Health
- Community Action of Ventura County
- Lutheran Social Services
- Project Understanding
- Samaritan Center
- Society of St. Vincent de Paul of Los Angeles—Ventura County Center
- Kingdom Center
- Ventura County Continuum of Care Updated 12/20/2016
- Salvation Army, Supportive Services for Veteran Families (SSVF)
- County of Ventura Healthcare Agency/One Stop Program

VCHMIS Client Revocation of Consent

I hereby revoke permission for this Participating Agency _____ to share my personal and household information in the Ventura County Homeless Information Management System (VCHMIS), a project of the Ventura County Continuum of Care (VCCOC).

I understand that the information will remain in the HMIS, but the information will no longer be available to any other participating agency.

Name of Client/Guardian (printed)

Signature of Client/Guardian

Date signed

Sistema de Administración de Información de Personas sin Hogar del Condado de Ventura (VCHMIS)

Reconocimiento y Autorización del Participante para Obtener e Intercambiar Información con las Agencias Asociadas

_____ es una agencia asociada en el Sistema de Información de Personas sin Hogar del Condado de Ventura (VCHMIS). El Departamento de Vivienda y Desarrollo Urbano (HUD) de los E.U. requiere que información personal del participante sea recogida e ingresada en VCHMIS a fin de que el condado de Ventura sea elegible para recibir fondos de HUD. VCHMIS y sus Agencias Asociadas pueden compartir la información del cliente por vía electrónica para colaborar de forma más rápida y eficiente para proporcionar servicios integrales y coordinarlos para las familias de bajos ingresos, sin hogar y en riesgo de quedarse sin hogar en el condado de Ventura.

Como participante en nuestro programa, la información que usted nos da será recogida e ingresada en VCHMIS y será compartida con las Agencias Asociadas para proporcionar los servicios y ayudarle a usted a alcanzar sus metas. Sin embargo, sólo el personal autorizado de las Agencias Asociadas será capaz de ver su información, y aquellos miembros del personal han firmado acuerdos para mantener la confidencialidad de su información. VCHMIS tiene muchas protecciones de seguridad para garantizar la confidencialidad de la información personal del participante de toda persona, menos aquel personal autorizado de VCHMIS y de las Agencias Asociadas (las Agencias Asociadas están anotadas al otro lado de esta hoja).

Usted puede negarse a proporcionar información acerca de usted, y puede cancelar esta autorización para compartir información en cualquier momento llenando una Revocación del Consentimiento del Cliente VCHMIS. Si se niega a compartir su información no previene que usted reciba servicios, pero puede retrasar su acceso a algunos programas dentro del sistema de servicio comunitario.

Favor de poner sus iniciales en uno de los siguientes niveles de consentimiento, el cual será vigente por un año desde la fecha en que se firma:

___ Doy autorización de parte de mí y mis dependientes para que información protegida personal y relevante sea ingresada en el VCHMIS y compartida entre las agencias asociadas.

___ Doy autorización de parte de mí y mis dependientes para que información protegida personal y relevante sea ingresada en el VCHMIS pero no compartida entre las agencias asociadas.

___ No doy autorización para que se ingrese información personal acerca de mí y mis dependientes en VCHMIS.

Nombre del Cliente / Guardián (en letra de molde)

Firma del Cliente o Guardián

Fecha (vence un año de la fecha firmada)

Atestiguado por (Nombre del Miembro del Personal en letra de molde) Firma del Miembro del Personal Fecha

Las Agencias Asociadas con VCHMIS

- County of Ventura Human Services Agency, Homeless Services
- County of Ventura Human Services Agency, VCHMIS
- County of Ventura Human Services Agency, RAIN Transitional Living Center
- Housing Authority of the City of San Buenaventura
- Many Mansions
- The Salvation Army Southern California Division, Ventura
- Turning Point Foundation
- County of Ventura Healthcare Agency/Behavioral Health
- Community Action of Ventura County
- Lutheran Social Services
- Project Understanding
- Samaritan Center
- Society of St. Vincent de Paul of Los Angeles—Ventura County Center
- Kingdom Center
- Ventura County Continuum of Care Updated 12/20/2016
- Salvation Army, Supportive Services for Veteran Families (SSVF)
- County of Ventura Healthcare Agency/One Stop Program

Revocación del Consentimiento del Cliente VCHMIS

Por la presente revoco el permiso para que esta Agencia Participante _____ comparta mi información personal y del hogar en el Sistema de Administración e Información de Personas sin Hogar del Condado de Ventura (VCHMIS), un proyecto de Atención Continua del Condado de Ventura (VCCOC).

Yo entiendo que la información permanecerá en el HMIS, pero la información ya no estará disponible para ninguna otra agencia participante.

Nombre del Cliente / Guardián (en letra de molde)

Firma del Cliente o Guardián

Fecha firmada

APPENDIX: F

Pathways to Home HMIS Desk Guide

VCCoC Pathways to Home HMIS Desk Guide



When a homeless individual presents for services (walks/calls, or during outreach):

- **Initial Triage** – resolve immediate crisis needs
- **Diversion/Prevention** – examination of existing resources and options instead of emergency shelter




If unable to resolve, proceed with Coordinated Entry System:

Run a search for client record in HMIS, *if a new client* or existing client, **Enter Data As (EDA)** under **Pathways to Home CES**:

- **Record PTH** project entry: Complete an entry/exit for homeless individual (Pathways to Home CES assessment) and enter Client Profile information.
- **Run Eligibility Module in HMIS** click **Service Transactions, Eligibility Search, Add all Eligibility Terms:**
If eligible for Permanent Supportive Housing or Transitional Housing complete a Vulnerability Index (*located on PTH assessment tab*), to be completed by Wednesday Noon of the week prior to presentation
 - Complete a Case Conference Form, Submit Form to HMIS Program Coordinator via email (begin gathering Chronic Homeless Documentation as soon as possible for those eligible for PSH (available on the Ventura County Continuum of Care Website)

A direct referral via Eligibility module can be initiated (*no case conference is necessary*) for emergency shelter including *Safe Haven*, Rapid Re-Housing, Homeless Prevention and Street Outreach:

- Click Green Cross on **Eligibility Search Criteria Results to eligible provider**
- Click **Continue**
- Send direct referral (click **box** to notify receiving agency)

<div>  Post Case Conference Referrals </div>	<p>Once a case is conferenced for Permanent Supportive Housing or Transitional Housing a direct referral via HMIS can be initiated:</p> <p>Return to Service Transactions</p> <ul style="list-style-type: none"> • Click Eligibility Search, Under Eligibility Service Code Quick List, Click add All Eligibility Terms • Click on Housing Type(PSH or TH) • In Eligibility Search Criteria Results, Click the Green Cross on the Eligible Provider, Click Continue • Send direct referral (click box to notify receiving agency) In Eligibility Search Criteria Results, Click the Green Cross on the Eligible Provider, Click Continue, Send direct referral (click box to notify receiving agency) <p>The Receiving Agency:</p> <ul style="list-style-type: none"> • Return to Service Transactions, View Entire Service History, Click on Referral tab, click on the referral pencil • Under Referral Data, click in Referral Ranking box and click acknowledged within 24 hours • The Receiving Agency has 3-5 days to accept/decline referral (Click in Referral Data, click in Referral Outcome and click Accepted or Declined) • Document justification why a referral has been declined. Follow-up with agency/ case manager working with client to communicate regarding decline • Re-refer client • *Recommendation: On the HMIS Dashboard, click My Referrals to track incoming or outgoing referrals
<div>  <div>  </div> </div> <p>Prior to Entry into New Project</p> <p>Exit Client from CES Pathways to Home</p>	<p>Once a client is successfully referred to the new agency, accepted and met eligibility criteria::</p> <ol style="list-style-type: none"> 1. Return to Entry/Exit Tab, Click Exit pencil from Pathways to Home Entry/ Exit: 2. Complete Exit Assessment <p>Reason for Leaving options to use ONLY:</p> <ol style="list-style-type: none"> a. Completed Program (only if the client was directly housed in Permanent Housing or Permanent supportive Housing) b. Death c. Unknown/Disappeared d. Other (if other specify via text): <ul style="list-style-type: none"> o Service type referred to: RRHP/HRP/CHSP • Destination: OTHER: Transitional Housing for homeless persons, substance abuse TX facility, Safe Haven or Emergency Shelter

APPENDIX: G

HIMS Entry, Eligibility, Referral, And Exit Procedures

Policy: Coordinated Entry System HMIS Entries	Date Issued: 3/29/17
Procedures: HMIS CES Entry, Assessment, Referral and Exit	Effective Date: July 25, 2017
	Review Date: July 25, 2018

Printed copies are for reference only.
Please refer to electronic copy for the latest version

BACKGROUND

In 2012, the US Department of Housing and Urban Development required every Continuum of Care to implement a Centralized or Coordinated Entry System. With guidance from the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act), Housing and Urban Development (HUD) guidelines, regulations, and strategic agreement amongst partner agencies, the Ventura County Continuum of Care, Coordinated Entry System- Pathways to Home was designed.

POLICY

Provisions in the CoC Program interim rule at 24 CFR 578.7(a) (8) require that CoCs establish a Centralized or Coordinated Assessment System. Coordinated Entry must be easy for people to access services, it must also identify and assess their needs, and makes prioritization decisions based upon needs.

KEY TERMS

1. Housing First:

A model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions for entry (such as sobriety or a minimum income threshold). HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable.

2. Chronically Homeless:

The definition of "chronically homeless", as stated in Definition of Chronically Homeless final rule is: (a) A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who: i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and ii. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility; (b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility; (c) 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 paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

3. Severity of Service Needs

This Notice refers to persons who have been identified as having the most severe service needs. (a) For the purposes of this Notice, this means an individual for whom at least one of the following is true: i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or 6 ii. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing. iii. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations. iv. When applicable CoCs and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high need, high cost beneficiaries. (b) Severe service needs as defined in paragraphs i.-iv. Above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool and process and should be documented in a program participant's case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements, see 24 C.F.R. § 5.105(a).

4. Eligibility

Determining eligibility is a project level process governed by written standards as established in 24 CFR 576.400€ and 24 CFR 578.7 (a)(9). Coordinated entry processes incorporate mechanisms for determining whether potential participants meet project-specific requirements of the projects for which they are prioritized and to which they are referred.

5. Prioritization:

HUD has determined that an effective coordinated entry process ensures that people with the greatest needs receive priority for any type of housing and homeless assistance available in the VC CoC:

6. Referrals:

The coordinated entry process makes referrals to all projects receiving Emergency Solutions Grants (ESG) and CoC Program funds, including emergency shelter, Rapid Re-housing (RRH), Permanent Supportive Housing (PSH), and Transitional Housing (TH), as well as other housing and homelessness projects.

- Referral Acknowledged: The receiving provider has acknowledge the referral in the system.
 - Accepted Referrals: This means the receiving provider has accepted the
-

referral, this does not mean the client has met eligibility for the program.

- **Declined Referrals:** Recipients must ensure that referral denials are justified (case noted) and rare, and that participant(s) is/are able to identify and access another suitable project.
-

**WHEN AN
INDIVIDUAL
PRESENTS FOR
SERVICES:**

Access to coordinated entry process, whether in person, by phone, or some other method,

1. **Initial Triage** – resolve immediate crisis needs (BH, physical and/or food/shelter)
2. **Diversion/Prevention**– examination of existing resources and options instead of emergency shelter
3. **Safety Planning:** examination of safety concerns for participant currently experiencing any form of violence and provide general safety information to all participants, including referral to 211 and/or emergency service (do not enter into HMIS)

If unable to resolve item 1 and/or 2, proceed with Coordinated Entry System:

4. **Run a search** for client record in HMIS, *if a new client* or existing client, **Enter Data As (EDA)** under Pathways to Home CES.
 - a. If a new Client, enter ALL Client Profile information and click **Add New Client with This Information**.
5. **Record PTH project entry:**
 - a. Click on Entry/Exit Tab
 - b. Click on Add Entry/Exit
 - c. Complete an entry/exit for head of household only, click HUD (Pathways to Home CES assessment)

**Eligibility
Module:**

6. **Run Eligibility Module in HMIS click Eligibility Search Criteria:**
 - a. **Click Services Transaction Tab**
 - b. **Click Eligibility Search**
 - c. Under Eligibility Service Code Quick List, Click **Add all Eligibility Terms**
 - d. Client will show eligible, potentially eligible and ineligible:
 - i. Click on potentially eligible and complete assessments questions.

STOP HERE and CHECK

- e. *If eligible* for Permanent Supportive Housing or Transitional Housing complete a Vulnerability Index (*see below*)
-

**Vulnerability
Index:**

Complete a Vulnerability Index. If a client has an existing record in HMIS with a VI score completed within the last 30 days, then review the assessment and determine if anything has changed. If no changes, use the existing VI score for the case conference. If the client has had changes, complete a new VI-SPDAT.

1. **Within your projects Entry/exit Record:**

- a. Click on Entry/Exit Tab pencil
- b. Click on the appropriate VI tab (Single, Family or TAY)
- c. Complete the VI with client
- d. Click Save and Exit
- e. Review results and determine if client shows potentially eligible for Permanent Supportive Housing or Transitional Housing
 - i. Single/TAY VI Scores- 10-18 (PSH recommended)
 - 5-9 (RRHP or PSH recommended)
 - 0-4 (No Supportive Housing option recommended)
 - ii. Family VI Scores- 10-22 (PSH recommended)
 - 5-9 (RRHP or PSH recommended)
 - 0-4 (No Supportive Housing option recommended)
- f. VI-SPDAT are to be completed by Wednesday Noon in order to reflect on the upcoming Data Download
- g. Complete a Case Conference Form, Submit Form to HMIS Program Coordinator via email (begin gathering Chronic Homeless Documentation as soon as possible for those eligible for PSH (available on the Ventura County Continuum of Care Website)
- h. Case present individual or family at Case Conferencing to assure the individual/family are prioritized for PSH or TH

**DIRECT REFERRALS
FOR ES, RRHP,
HPRP or SO:**

Complete direct referral via Eligibility module can be initiated *(no case conference is necessary)* for emergency shelter including Safe Haven, Rapid Re-Housing, Homeless Prevention and Street Outreach:

- 1. Return to **Service Transactions**
- 2. Click **Eligibility Search**
 - f. (if step 5 above has not been completed) Under Eligibility Service Code Quick List, Click **Add all Eligibility Terms**
- 3. Click Green Cross on **Eligibility Search Criteria Results to eligible RRHP/HPRP/SO/ES provider**
 - a. choose program that client shows eligible for
 - If eligible for RRHP, only choose one agency to refer to
- 4. Click **Continue**
- 5. Send direct referral (click **box** to notify receiving agency)

-
6. Follow up if referral has not been acknowledged w/in 24 business hours or accepted w/in 3-5 business days
-

**POST CASE
CONFERENCE
REFERRALS FOR
PSH AND TH
ONLY:**

Complete referral once a case is conferenced for Permanent Supportive Housing or Transitional Housing:

1. Return to **Service Transactions**
 2. Click **Eligibility Search**
 3. Under **Eligibility Service Code Quick List**, Click add **All Eligibility Terms**
 4. Click on Housing Type(PSH or TH)
 5. In **Eligibility Search Criteria Results**, Click the **Green Cross on the Eligible Provider**
 6. Click **Continue**
 7. Send direct referral (click **box** to notify receiving agency)
-

**SERVICE LEVEL
COMMITMENT FOR
REFERRALS**

The Receiving Agency has 24 business Hours to Acknowledge

1. Return to **Service Transactions**, **View Entire Service History**, Click on **Referral tab**, click on the **referral pencil**
2. Under **Referral Data**, click in **Referral Ranking box** and click **acknowledged**
3. The Receiving Agency has 3-5 business days to accept/decline referral (Click in **Referral Data**, click in **Referral Outcome** and click **Accepted or Declined**)
 - a. Document justification why a referral has been declined. Follow-up with agency/ case manager working with client to communicate regarding decline
4. The Receiving Agency has 5 business days to make contact with potential client and the potential client has 3 business days to make contact with the agency. If no contact after 8 business days, the referral may be declined.
5. The Receiving Agency will change the **Outcome of Need Status** in **Services Transactions** if the need was **Fully Met**, or **Not Met** once successfully entered into the new program.
 - a. Document justification why a referral has been declined. Follow-up with agency/ case manager working with client to communicate regarding decline
6. Re-refer client

*Recommendation: On the HMIS Dashboard, click **My Referrals** to track incoming or outgoing referrals

Once a client is successfully referred to the new agency and has met eligibility:

**EXITS
FROM
CES:**

- a. Return to **Entry/Exit** Tab, Click **Exit** pencil from Pathways to Home Entry/ Exit:
 - b. Completed Program
 - c. **Reason for Leaving options to use:**
 - a. Completed Program
 - b. Criminal Activity
 - c. Death
 - d. Unknown/Disappeared
 - e. Disagreement with Rules/person
 - f. Left for Housing opportunity before completing program
 - g. Needs could not be met
 - h. Non-compliance with program
 - i. Non-payment of rent
-

FORMS:

VCCoC Chronic Homeless Documentation Packet
PTH Case Conference Form

REFERENCES

24 CFR 578.7 (a) (8)
CPD-17-11 /2017
CPD-16-11 /2016
Coordinated Entry Self-Assessment
Coordinated Entry Policy Brief/ 2015
401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9))

APPENDIX: H

Prioritization Procedures

Policy: Coordinated Entry System Prioritization	Date Issued: March 29, 2017
Procedures: Prioritization	Effective Date: July 25, 2017
	Review Date: July 25, 2018

Printed copies are for reference only.
Please refer to electronic copy for the latest version

BACKGROUND

In 2012, the US Department of Housing and Urban Development required every Continuum of Care (CoC) to implement a Centralized or Coordinated Entry System. With guidance from the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act), Housing and Urban Development (HUD) guidelines, regulations, and strategic agreement amongst partner agencies, the Ventura County Continuum of Care (VCCoC), Coordinated Entry System- Pathways to Home was designed.

POLICY

CoC uses the coordinated entry process to prioritize homeless persons within the CoC's geographic area: Prioritization is based on a specific and definable set of criteria that are documented, made publicly available and applied consistently throughout the VCCoC for all populations. The VCCoC's written policies and procedures include the factors and assessment information with which prioritization decisions are made. CoC's prioritization policies and procedures are consistent with CoC and ESG written standards under 24 CFR 578(a) (9) and 24 CFR 576.4.

KEY TERMS

1. Case Conference: Weekly meetings by all homeless services, housing providers and stakeholders to coordinate services to those clients most in need in the most expedient fashion.
2. Severity of Service Needs

This definition refers to persons who have been identified as having the most severe service needs:

(a) an individual for whom at least one of the following is true: i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or 6 ii. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing. iii. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations. iv. When applicable CoCs and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high need, high cost beneficiaries.

(b) Severe service needs as defined in paragraphs i.-iv. Above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool and process and should be documented in a program participant's case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual. The determination cannot be made based on any factors that would result in a violation of

any nondiscrimination and equal opportunity requirements, see 24 C.F.R. § 5.105(a).

3. Chronically Homeless:

The definition of “chronically homeless”, as stated in Definition of Chronically Homeless final rule is:

(a) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who: i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and ii. Has been homeless and living as described in paragraph (a) (i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a) (i).

(b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility; (c) 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 paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

4. Eligibility

Determining eligibility is a project level process governed by written standards as established in 24 CFR 576.400€ and 24 CFR 578.7 (a) (9). Coordinated entry processes incorporate mechanisms for determining whether potential participants meet project-specific requirements of the projects for which they are prioritized and to which they are referred.

5. Prioritization:

HUD has determined that an effective coordinated entry process ensures that people with the greatest needs receive priority for any type of housing and homeless assistance available in the VC CoC.

CASE CONFERENCE:

People with the greatest needs receive priority for any type of supportive housing and homeless assistance available in the Ventura County Continuum of Care. Case conferencing is the forum to address those whom are most vulnerable and in need of PSH or TH.

1. Present Case for Prioritization of PSH or TH (*refer to HMIS CES Entry, Assessment, Referral and Exit procedures for Entry and eligibility steps prior to case presentation*)
 - a. Chronic Homeless Documentation should be gathered prior to presenting, however, is not required to be completed.
2. Receive recommendations on placement from the CoC. Recommendations are based off the potential of the participant meeting project-specific requirements for the project they are being referred to.

-
- a. For TH, prioritization is the next step, initiate referral via HMIS to recommended placement
 - b. For PSH, prioritization is the next step
-

**Prioritization
Process:**

The following criteria establish how homeless individuals/families will be prioritized for shelter and housing programs in Ventura County Continuum of Care: The VI-SPDAT will be used by the Coordinated Entry Assessment Sites to assess individuals experiencing homelessness. Provider points of entry will complete the Pathways to Home eligibility module to determine which programs the individual or family is for prior to complete the VI-SPDAT survey. The VI-SPDAT will be one of the prioritization criteria in determining housing placement. The following criteria will be used to prioritize placement, with the first three serving as the primary methods of ranking individuals and the remaining two prioritizations serving as tie breakers if the first three prioritization methods result in tied rankings.

- 1. Chronic Homeless Status:** This first prioritization criteria focuses on those individuals with a disability who have experienced long-term or multiple episodes of homelessness and are generally those with the highest need and vulnerability. In addition, this population has been identified as being the largest user of homeless system resources. This will be determined by the documented length of time of homelessness (episodic or continuous) and the reported service needs of individuals including chronic health, mental health, substance use or other service needs that impact vulnerability. Persons with the document longest length of time homeless and documented highest service needs will receive first priority.
- 2. VI-SPDAT Score:** This second prioritization factor targets the most vulnerable clients in the homeless system as determined by their total VI-SPDAT score. VI-SPDAT score will be utilized in determining the ranking on the prioritization list in combination with the factors in the section above.
- 3. Length of Time Homeless:** The third prioritization factor is the length of time an individual has experienced homelessness, giving priority to the person that has experienced homelessness the longest.
- 4. Service Level Needs:** The fourth prioritization factor targets individuals with medical needs who will be prioritized when they have behavioral health conditions or histories of substance use which may either mask or exacerbate medical conditions.
- 5. Date of VI-SPDAT Assessment:** The final prioritization criteria will be the date of the individual's assessment, giving priority to the earliest date of assessment.

**Levels of
Priority**

Prioritizing chronically homeless persons in CoC program-funded Permanent Supportive Housing beds dedicated or prioritized by persons experiencing chronic homelessness:

- 1 (a) First Priority—Homeless Individuals and Families with a Disability experiencing chronic homelessness that is based on the length of time in which an individual or

family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual or families' service needs.

(b) If there is not a person that meets specific program eligibility criteria of a target population (i.e.: mental illness), the agency would then accept the next prioritized person on the list. This means, if the CoC has served everyone with self-reported target disability (i.e. mental illness), the agency may be referred another person that meets the chronic homeless status (i.e. with a different disability).

Prioritizing when there are no chronically homeless individuals and families within the VCCoC's geographic area:

1. First Priority—Homeless Individuals and Families with a Disability with long-term or multiple episodes of homelessness (may not meet chronic homelessness definition) and Severe Service Needs.
2. Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs.
3. Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs
4. Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing

Rapid Re-Housing and Emergency Shelter:

Unsheltered persons receive first priority for emergency shelter and rapid re-housing.

Vacancies:

-
1. Prioritizes client on the list (Single, Family, or TAY).
 2. Reviews list each week for updates and when vacancies are reported
 3. The prioritization process is used to fill vacancies throughout the VCCoC

Referrals:

-
1. Generate a direct referral, once client has been prioritized, and recommended for housing, *(refer to HMIS CES Entry, Assessment, Referral and Exit procedures for referral steps in HMIS)*

Parallel Processes for TH:

In order to expedite referrals in placing individuals with emergent needs a direct referral can occur if:

1. There are 3 or more vacancies at Transitional Housing
 - a. HMIS entry into PTH *must occur*

-
- b. Run eligibility module, run VI-SPDAT
 - c. Refer via HMIS to TH
 - d. Case update at next Case Conference Meeting
-

Forms

VCCoC Chronic Homeless Documentation Packet (VCCoC Website)

References

24 CFR 578.7 (a) (8)

CPD-17-01 /2017; CPD-16-11 /2016

APPENDIX: I

Data Management Procedures

Policy: Coordinated Entry System Data Management	Date Issued: 3/29/17
Procedures: HMIS Data Management	Effective Date: July 25, 2017
	Review Date: July 25, 2018

Printed copies are for reference only.
Please refer to electronic copy for the latest version

BACKGROUND In 2012, the US Department of Housing and Urban Development required every Continuum of Care to implement a Centralized or Coordinated Entry System. With guidance from the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act), Housing and Urban Development (HUD) guidelines, regulations, and strategic agreement amongst partner agencies, the Ventura County Continuum of Care, Coordinated Entry System- Pathways to Home was designed.

POLICY When using an HMIS or any other data system to manage coordinated entry data, CoC ensures adequate privacy protections of all participant information per the HMIS Data and Technical Standards at (CoC Program interim rule) 24 CFR 578.7(a)(8).

KEY TERMS

1. **Data Management::** CoC uses HMIS as part of its coordinated entry process, collecting, using, storing, sharing, and reporting participant data associated with the coordinated entry process.
2. **VI-SPDAT Master List:** Community-wide list of VI scores generated during the prioritization process, which helps effectively manage an accountable and transparent referral process
3. **Inactive List No Contact:** individuals or families with no contact after 90 days, can be reinstated
4. **Inactive List:** Housed or Placed in TH
5. **Closed List:** individuals whom have passed away or no longer within the VCCoC geographic area
6. **Prioritized list:** Individuals prioritized for Permanent Supportive Housing or Transitional Housing for singles, families or Transitional Age Youth
7. **Vacancies list:** Weekly update of vacant units with the VCCoC geographic area
8. **Data security protections:** HMIS Users will maintain the security of any client data extracted from the VC HMIS and stored locally, including all data contained in custom reports. HMIS Users may not electronically transmit unencrypted client data across a public network.

DATA MANAGEMENT:

1. Retrieves Vulnerability Index weekly on Thursdays from ART and Report Writer
 - a. Merges Single, Family and TAY VI in the VI-SPDAT Partner Edition

-
- b. Copy/paste Family and TAY separately
 - c. Sorts records for duplicates, housed, no contact
 - d. Identifies new records and places in VI-SPDAT Master List
 - e. Updates client records with notes
-

Prioritized List:

-
1. Updates prioritized list weekly post case conference (*refer to Prioritized Policy on how to prioritize*)
-

**Inactive Lists/
Closed list:**

-
1. Removes individuals from the VI-SPDAT Master List to the Inactive List after 90 days of no contact
 2. Removes individuals from the VI-SPDAT Master List to the Inactive-Housed/Placed in TH list
 3. Removes individuals from the VI-SPDAT Partner Edition List whom are deceased or no longer within the VCCoC geographic area and move them to the Closed List
-

Vacancy List:

-
1. Update Vacancy list as vacancies are reported
-

**Data Security
Protections:**

-
1. (*Refer to HMIS Policies and Procedures Manual*)
-

Data Sharing:

-
1. *Generate weekly report to providers of VI SPDAT Partner Edition, using secure email*
-

REFERENCES

24 CFR 578.7 (a) (8)
CPD-17-01 /2017
CPD-16-11 /2016
Coordinated Entry Self-Assessment

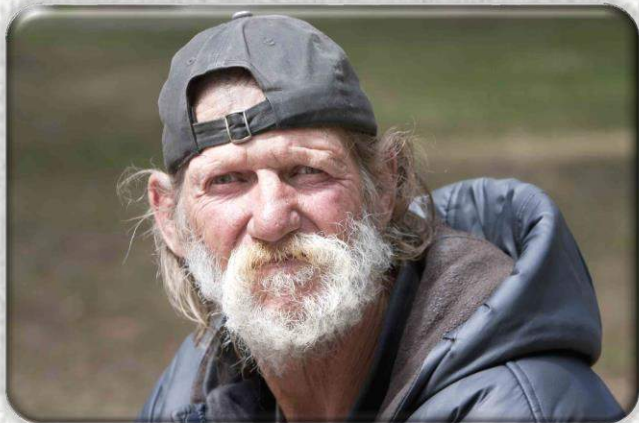


Ventura County Continuum of Care Coordinated Entry System

Pathways to Home

Serving Individuals and Families

May 10, 2018



INSTEAD THEY ASK...

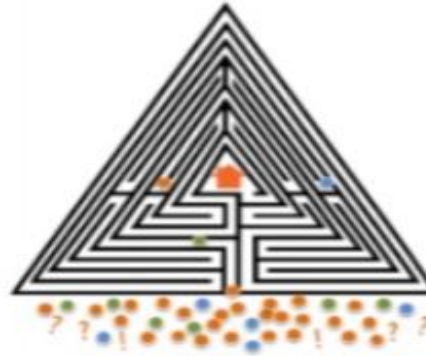
**WHAT
ASSISTANCE IS
BEST FOR THIS
PERSON?**



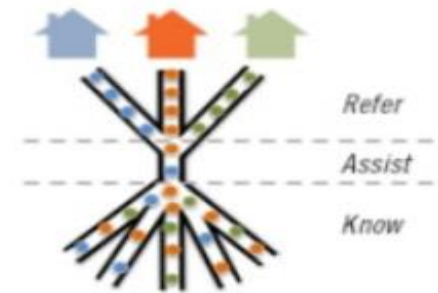
What Was it Like Before CES?

CES stitches existing programs together all across Ventura County into a no-wrong door system, connecting homeless individuals and families to the best resource for them.

Without CES



With CES



No Wrong Door

- Dead end, closed doors → Seamless connections

Assessment

- Endless intakes, applications and waiting lists → 1 intake and assessment for housing opportunities and supports

Collaboration

- Each organization doing it all → Each organization doing what they do best using a *client centric* and *trauma informed approach*

**In October 2016,
Ventura County
Continuum of Care
Coordinated Entry
System Launched**

**Serving 1541
individuals
and families**



Where Can Someone Call or Go to for Assistance?



VENTURA COUNTY
**CONTINUUM OF
CARE ALLIANCE**

ENDING HOMELESSNESS
IN VENTURA COUNTY

Pathways to Home

Starting with just one phone call, the *Pathways to Home* program allows individuals and families to access homeless services through a coordinated process. The program includes a collaborative network of service providers who coordinate and connect people to resources to meet their needs. Any of the providers listed below can assist clients with the intake assessment for referrals through HMIS (Homeless Management Information System). There's no need to call multiple agencies. A phone call to any of the providers listed below is all it takes.

Homeless Individuals & Families

**Community Action of
Ventura County**
(805) 436-4000
621 Richmond Avenue
Oxnard

The Kingdom Center
(805) 487-3400
1450 S. Rose Avenue
Oxnard

The Samaritan Center
(805) 579-9166
280 Royal Avenue
Simi Valley

**Health Care Agency
Homeless Services**
(805) 652-6694
3147 Loma Vista Road
Ventura

Lutheran Social Services
(805) 497-6207
80 E. Hillcrest Drive, #101
Thousand Oaks

St. Vincent de Paul
(805) 754-2089
2000 Cabot Place, Suite C
Oxnard

**Human Services Agency
Homeless Services**
(805) 385-1800
1400 Vanguard Drive
Oxnard

Project Understanding
(805) 231-2299
2734 Johnson Drive, #201
Ventura

**Turning Point
Foundation**
(805) 652-2151 ext.304
536 E. Thompson Blvd.
Ventura

**Human Services Agency
RAIN Transitional**
(805) 383-7505
Camarillo

The Salvation Army
(805) 648-4977
155 S. Oak Street
Ventura

**Ventura County
Behavioral Health**
(805) 981-6830
1911 Williams Drive
Oxnard

Homeless Veterans

**The Salvation Army
Supportive Services for
Veteran Families (SSVF)**
(805) 962-6281 ext.117

**Turning Point Foundation
Veterans Transitional
Housing Program**
(805) 321-0545

Homeless Youth

**Human Services Agency
Homeless Services**
(805) 385-1800

**Interface Children &
Family Services
Youth Outreach Line**
(805) 469-5882

**Clients may also
contact 2-1-1
to reach the
Pathways to Home
program**

All
Hands
on
Deck

Increased Partnership

CY 15/16: 16 Providers
CY 16/17: 17 Providers
CY 17/18 (YTD): 23 Providers (continuing to
onboard more)

* Some agencies have multiple
departments

Increased Collaboration

Policy development
Gap analysis
Solution oriented



Team
Success

Increased Placement into
Permanent Supportive Housing

CY 15/16: 18 Households
CY 16/17: 17 Households
CY 17/18 (YTD): 30 Households

* Increase in
PSH Housing

Decreased Length of Time from
Referral to Housing in PSH

CY 15/16: data not available
CY 16/17: 68.37 days/average
CY 17/18 (YTD): 31.16 days/average

54%↓



Direct Referrals for Seamless
Connections to housing and
services

CY 15/16: data not available
CY 16/17: 1697
CY 17/18 (YTD): 922

15-20% ↑

Rapid Re-housing Referrals

CY 15/16: data not available
CY 16/17: 72% of the 1697 referrals were RRH: 53% in housing
search and/or placed in housing
CY 17/18 (YTD): 34% of the 922 referrals are RRH : 65% in
housing search and/or placed in housing



**Call to
Action**

Participation

- Complete the Leadership Survey
- Attend the May 23rd Process Improvement Discussion Meeting



Support

- Support your staff's use of PTH/CES
- Support your staff's involvement in the activities related to the PTH/CES 2.0 review

Commitment

- Continuous process improvement to ensure we continue to serve our community the best we can



Questions?

Alicia Morales, LCSW

County of Ventura

Human Services Agency

HMIS Administration

805-477-5486

aliciax.morales@ventura.org



***Human Services Agency -
VCCoC
Coordinated Entry System-
Pathways to Home***

**Date Initiated: August 28,
2017**

Revision Date:

**Workgroup Start Date:
August 28, 2017**

**Workgroup End Date:
September 1, 2018**

Traditional Workgroup Information

Sponsors: Marissa Mach

Workgroup Lead:

Workgroup Participants:

Rebecca Evans-	VCHMIS
Tisha Maeda	VCHMIS
Alicia Morales	VCHMIS
Tara Carruth	VCCoC
Jennifer Harkey	VCCoC
Rosie Walker	HSA
Monica Ruiz	
Chris Russel	HSA

Business Case

The Human Services Agency, Ventura County Homeless Management Information System Administration (VCHMIS) in partnership with the Ventura County Continuum of Care operates the Coordinated Entry System (CES) which allows for prioritization and response to vulnerable individuals experiencing homelessness. Full implementation of Coordinated Entry System is mandated by January 23, 2018. CES was implemented in phases, including Beta Testing from August 1, 2016 to October 9, 2016. On October 10, 2016, PTH was fully implemented; focusing on prioritizing Transitional Housing and Permanent Supportive Housing with all Continuum of Care HUD funded agencies.

The community's next step is to identify areas of improvement, identify system gaps and re-examine the current HMIS workflow.

Opportunity or Problem Statement/Business Impact

The HMIS system is the key piece of infrastructure needed to track how the CES program is performing. Data will be extrapolated from the system to identify areas in need of improvement and/or provide supporting evidence of successful outcomes.

Goal Statement

The goal of conducting a CES re-review is for continuation of implementation and continuous process improvement. Additionally, the workgroup will discuss and discover solutions for various elements surrounding the current model that is utilized and review the various key elements including analysis of the CES/ HMIS data, Case Conference Meetings and identification of successful metrics/outcomes, challenges and recommendations based on provider feedback.



***Human Services Agency -
VCCoC
Coordinated Entry System-
Pathways to Home***

**Date Initiated: August 28,
2017
Revision Date:
Workgroup Start Date:
August 28, 2017
Workgroup End Date:
September 1, 2018**

Deliverables

1. Chronic Homeless Documentation- identify challenges and verify with providers when documentation should be completed
2. Prioritization Process- identify what's working and challenges
3. Case Conferencing- identify what's working, challenges and consensus regarding frequency of meetings
4. Referral Pain Points- identify challenges related to referrals sent and received in the system
5. Points of Entry and Coverage- identify No Wrong Door model, what's working, challenges and recommendations for improvement
6. Pain Points in HMIS Workflow- identify system pain points, and identify ways to improve
7. Review of VI Spreadsheet- identify reporting needs for providers (duplicates, etc)
8. Revisit Roles and Responsibilities



HUD Annual Performance Report v5.1 - HMIS

Grant: **HMIS Expansion-Coordinated Entry System Implementation - CA1521L9D111500** Type: **HMIS**

[← Back](#)[Print](#)

01. Grant Information

APR Information

Operating start date for APR.	10/1/2016
Operating end date for APR.	9/30/2017
Are the dates shown above the dates you are reporting on?	Yes
→If yes, have you completed your final draw in LOCCS?	Yes
→If yes, have you renewed this project?	Yes
Is this a final APR?	Yes
Is this an APR for a grant that received a HUD-approved grant extension?	No

02. Contact Information**Grant Contact Information**

Prefix	Ms
First Name	Rebecca
Middle Name	
Last Name	Evans
Suffix	MA
Organization	County of Ventura Human Services Agency
Department	Adult and Family Services
Title	Senior Program Manager
Street Address 1	855 Partridge Drive
Street Address 2	
City	Ventura
State / Territory	California
ZIP Code	93003
E-mail Address	rebecca.evans@ventura.org
Confirm E-mail Address	rebecca.evans@ventura.org
Phone Number	(805)477-5325
Extension	
Fax Number	(805)477-5386

Contact Information for HMIS System Administrator from Lead Agency

Prefix	Ms
First Name	Tisha
Middle Name	
Last Name	Maeda
Suffix	
Organization	County of Ventura Human Services Agency
Department	Business Technology Division
Title	Sr. Office Systems Coordinator
Street Address 1	855 Partridge Drive
Street Address 2	
City	Partridge Drive
State / Territory	California
ZIP Code	93003
E-mail Address	tisha.maeda@ventura.org
Confirm E-mail Address	tisha.maeda@ventura.org
Phone Number	(805)477-5146
Extension	
Fax Number	(805)477-5386
Check all those participating in answering the APR questions:	CoC Staff, Grantee/Fiscal Agent, HMIS Lead Staff, HMIS System Administrator

03. Implementation Information

Identify the type of implementation this grant is a part of:	Single CoC Implementation
Does the HMIS implementation use a centralized model (in which the HMIS Lead fulfills all responsibilities for system administration) or a decentralized model (in which local entities assist the HMIS Lead in fulfilling responsibilities for system administration)?	Centralized
Briefly describe the HMIS implementation:	The goal of VCHMIS is to create a comprehensive profile of the homeless population in the County of Ventura. By incorporating data from emergency shelters, transitional housing, permanent supportive housing providers, outreach programs, drop-in centers, and food pantries, HMIS Lead Agency will ensure that the County has the critical information necessary to make informed decisions regarding allocation of services and resources to assist the homeless population. The following are the services provided by the Program: • Hosting and maintaining HMIS software or data • Backing up, recovering, or repairing HMIS software or data • Upgrading, customizing, and enhancing the HMIS • Administering the HMIS • Reporting to providers, the Continuums of Care and HUD, including System Performance Measures • Conducting training in use of HMIS, HIPAA, Trauma Informed Approaches • Maintain security profiles • Help Desk Support • Data Quality Assurance • Platform that facilitates Coordinated Entry System
Does the HMIS implementation provide data to a data warehouse/data integration project?	No

04. HMIS Software Information

Identify the HMIS software in use:	Bowman Systems (Mediware) - ServicePoint
Was the software in use, identified here, the HMIS solution designated for use by the CoC?	Yes
How many years has the implementation used the current software?	6
Does the CoC have plans to change software in the next two years?	No
Identify all reports the software currently generates:	AHAR Table Shells, APR – CSV Report (as Used for Transitional Housing, Permanent Housing and Services Only), CAPER – CSV Report, Data Quality Report, PATH Report, Project Descriptor Data Report, System Performance Measures
Is the software able to generate the most recent HMIS-CSV export?	Yes
Is the software able to generate the most recent HMIS-CSV export – that is hashed (e.g. for RHY)?	Yes
Does the software support automatic exiting functionality (e.g. for night by night shelters and/or street outreach)?	Yes
→If yes, how often is it run?	Quarterly
Is the HMIS system used for Coordinated Entry?	Yes
Who completes project set up, including entering all Project Descriptor Data Elements (PDDE), in the HMIS?	HMIS Lead - System Administrator
How often are PDDE's reviewed?	Annually

05. Staff Responsibilities

Identify the organization and person responsible for performing the following activities for the HMIS implementation.

System Related

Hosts the HMIS Software on Their Server or Their Cloud Account Server	HMIS Vendor - Staff
Oversees the Security of the HMIS System	HMIS Lead - System Administrator
Backs Up the HMIS Data	HMIS Vendor - Staff

Report Related

Runs the Data Quality Report by Project	HMIS Lead - System Administrator
Monitors Data Quality	CoC Staff
Runs/Produces the AHAR Information	HMIS Lead - System Administrator
Runs/Produces the System Performance Measures	HMIS Lead - System Administrator
Compiles Data for the Housing Inventory Chart	HMIS Vendor - Staff
Generates/Compiles/Compares Data from the HMIS for the Point-in-Time Count	CoC Staff

User Support

Sets Up the Configuration and User Levels of Users in the HMIS	HMIS Lead - System Administrator
Trains New Users	HMIS Lead - System Administrator
Provides On-Going Training for Users	HMIS Lead - System Administrator
Trains HMIS Lead Agency Staff	HMIS Regional/Local - Support Staff
Provides User Support for Data Entry Issues	HMIS Lead - System Administrator
Provides User Support for HMIS Software Issues (via Telephone, Email, etc.)	HMIS Lead - System Administrator

06. Users

How many total HMIS users are there in the implementation?	106
Do all users sign a "User Agreement" that outlines basic privacy/security policies applicable to the user?	Yes
Are all users trained in the system prior to receiving their passwords/logon information into the HMIS?	Yes
Briefly describe the regular training for new users and any on-going trainings:	New user training, Case management, Reporting, Trauma Informed Services, Agency Onboarding, Site Visits for security compliance
How many new users were trained in the implementation this year?	66

07. Governance**Governance**

Is there a Governance Charter for each CoC in the HMIS implementation area?

Yes

Do the Charter(s) establish the decision making structure regarding the HMIS?

Yes

Are all CoCs in the implementation represented in the decision making structure?

N/A - Single CoC Implementation

Are the roles and responsibilities for decision making clearly defined and codified in documents such as by-laws or governance charter(s)?

Yes

Briefly describe the relationship between the CoC Board and the HMIS Lead Agency:

In the VCCoC governance structure there are 4 sub-committees and HMIS Steering Committee is one of those 4.

Standards

Has the HMIS Lead worked with all participating CoCs to develop basic technical, security, privacy and data quality standards?

Yes

Is there a process in place to update the standards?

Yes

Who is responsible for monitoring the standards to ensure they are up-to-date and enforced?

CoC Staff

What year was the HMIS Policy/Procedure Manual last updated?

2017

Does the HMIS have an "Agency Agreement" on the use of the HMIS with all agencies who have programs on the system?

Yes

Describe the timeliness standards in the implementation, how users are informed of those standards and how they are monitored:

Users are expected to enter data by the end of the month. The data quality is run the month after the quarter ends and reviews all the months in that quarter. The data quality reports are used for monitoring and are submitted to the agencies and the CoC. If an agency has a "C" or lower grade, it is expected that the CoC and the HMIS Lead Agency will devise a corrective action plan for the agency in question.

08. System Coverage

String or binary data would be truncated.

09. Financial Information**ALL FUNDS****Funding Sources (associated with this dedicated HMIS project during the operating year)**

HUD: CoC Administration/Planning/UFA Funds	0
HUD: CoC Grant (Dedicated HMIS Grants Only)	150,000.00
HUD: CoC Project Grants	0
HUD: ESG (Dedicated HMIS Grant)	0
HUD: HOPWA	0
HHS: RHY – Through RHY Grantees	0
HHS: PATH – Through PATH Grantees	0
HUD: VA Grantees – Through VA Program Grantees	0
Local Government	75,000.00
State Government	0
Private/Foundation/Fundraising	0
Participation/User Fees from Projects/Agencies	12,500.00
Other	0
Total of All Funding Sources for Operating Year	237,500.00

HUD Funds expended from this Dedicated HMIS Grant

Equipment (Server, Computers, Printers)	0
Software (Software Fees, User Licenses, Software Support)	34,087.00
Services (Training, Hosting, Programming)	0
Personnel (Costs Associated with Staff)	115,913.00
Space and Operations	0
Administration	0
Total HUD-funded Expenditures	150,000.00

Match Used for this Dedicated HMIS Grant

Cash Match	37,500.00
In-Kind Match	0
Total Match	37,500.00
Total Expenditures requiring a match	150,000.00
Percentage Match	25.00%

10. Additional Comments

Please provide any additional comments on other areas of the APR that need explanations, such as a difference in anticipated and actual program outputs or bed utilization:

Having the HMIS Expansion grant for Coordinated Entry System Implementation, also known as Pathways to Home, allowed us to bring on one additional staff and expand our user base from 62-106. Accomplishments: Updated and implemented policies and procedures for Coordinated Entry System, Implemented quarterly Provider Workshops for Coordinated Entry System HMIS users, Implemented Coordinated Entry System technical training into the existing HMIS quarterly training, Implemented weekly case conference meeting where providers review existing prioritization, re prioritize and make housing match recommendations, Developed and implemented Desk guides and handouts for Coordinated Entry system, Implemented HMIS user feedback tool for Coordinated Entry System

5