

## Mendocino County Homeless Services Continuum of Care

### Coordinated Entry Household with Children Screening Packet

#### FACESHEET: PRE-SCREENING

Head of Household (HOH) Name (first middle last):		Date:	
Also known as (nickname, alias, etc.):		Phone Number:	
What is the best way to reach you? <i>(message somewhere, phone, email, please include details like best time, location to find them, etc.)</i>			
Social Security Number:	Date of Birth:	Age:	<b>If either adult is 60 or older: add +1</b>
Is there a second adult in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name: _____ Please complete an <i>Additional Household Member</i> form	Date of Birth:	Age:	
What language are you best able to express yourself in? HOH: _____ Adult #2: _____			
<b>Are you currently safe?</b> <input type="checkbox"/> Yes (if yes, continue with interview) <input type="checkbox"/> No (if no, please ask them more questions about why they say they are not safe. Refer them to the appropriate agency (law enforcement, hospital, Crisis, Project Sanctuary, etc.) Referred to: _____			
Interviewer's Name:	Time of Screening:	Location	

**PLEASE TELL THE APPLICANT THE FOLLOWING:**

*The questions in this interview are to gather information so we can best help you and your family. Coordinated Entry is set up to help connect you with resources that could address your situation and assess your eligibility for various programs. I know that people often want to show their best selves in an interview and may be hesitant to share information about substance use or other challenges. The more honest you are with us the better we'll be able to help you, so please answer the questions as best you can. We encourage you to answer all the questions, so we can best assist you. But you can also skip any question. The questions in this interview ask for some personal information and I know you may be tempted to share more of your history. However, we ask that you only answer "yes", "no", or with a short one to two-word answer. Please keep your answers to the questions short. It should take less than 15 minutes to gather the information we need.*

- **Do you consent to going through this screening interview?**  Yes  No  
(If yes, please continue. If no, stop. We are unable to enroll people in Coordinated Entry without doing this interview.)

*The information gathered in this interview will be stored in a locked cabinet and, with your permission, will be entered into our secure database (the Homeless Management Information System – HMIS). This database is used by the Mendocino County Homeless Services Continuum of Care to:*

- *Keep track of who is homeless in Mendocino County*
- *Collect demographic information and other data to better understand what our homelessness situation looks like in Mendocino County*
- *Track how successful our programs are*
- *Track how things are going with you*
- *Connect you with housing programs you may be eligible for.*

*In addition, the CoC holds Housing Navigation meetings regularly where community providers collaborate to best connect people like you with housing resources. With your permission, your information could be shared during those meetings. Your information is only shared with those organizations who have signed confidentiality agreements to protect your information. Denying us permission will not keep you from being enrolled in Coordinated Entry.*

- **Do you consent to your information being shared in HMIS and in our Housing Navigation meetings?**  Yes  No  
**Please have the applicant sign the MCHSCoC HMIS Consent on page 3 of this packet if they consent to their information being shared. Each person older than 18 in the household must sign their own consent form. Children must be listed on the head of household's or the custodial parent's consent form.**

Coordinated Entry Household with Children Screening Packet

Homeless Management Information System (HMIS)  
Informed Consent & Release of Information Authorization Form

**IMPORTANT:** Do not enter personally identifying information into HMIS for clients who are: 1) in Domestic Violence Agencies or; 2) currently fleeing or in danger from a domestic violence, dating violence or sexual assault or stalking situation. If this applies to you, STOP – DO NOT sign this form.

This Agency participates in the Mendocino County Homeless Services Continuum of Care, a collaborative group of partner agencies working together to provide services to individuals and families in Mendocino County who are homeless or at risk of becoming homeless. To provide the most effective services in moving people from homelessness to permanent housing, we need an accurate count of all people experiencing homelessness in Mendocino County.

- Information collected includes: name, social security number, date of birth, race, ethnicity, gender, veteran status, address history, program entry and exit dates, length of time homeless, housing status, income and sources, non-cash benefits, physical or developmental disability, chronic health condition, HIV/AIDS, behavioral health, substance abuse, health insurance, domestic violence, services provided, and residential move-in date.
- The data provided will be combined with data from the Department of Health and Human Services for the purposes of: (a) providing individual case management including participation in Case Conferencing for individuals participant needs; (b) producing reports to analyze utilization of services; (c) tracking individual outcomes; (d) providing accountability for individuals and entities that provide funds for use in Mendocino County; (e) identifying homeless service needs and plan for the provision of new services; (f) allocating resources among agencies engaged in the provision of services in and around Mendocino County; and (g) for all other purposes deemed appropriate by \_\_\_\_\_.
- Your name and other identifying information will not be included in any reports or publications. Only a limited number of staff members employed by agencies participating in the Mendocino County Homeless Services Continuum of Care who have signed confidentiality agreements will have access to this information. Your information will not be used to determine eligibility for programs. Only Mendocino County HMIS System Administrators have full access to all information in HMIS.
- Your decision to participate in HMIS will not affect the quality or quantity of services you are eligible to receive from this Agency and will not be used to deny outreach, assistance, shelter, or housing. However, if you do choose to participate, services in the region may improve if we have accurate information about homeless individuals and the services they need. Furthermore, some funders MAY require that you consent to your information being entered in HMIS for you to receive services from that funding source.
- We will guard this information with strict policies to protect your privacy. Our computer system is highly secure and uses up-to-date protection features, such as data encryption, passwords, and identity checks required for each system user. If you ever suspect the data in HMIS has been misused, immediately contact the HMIS System Administrator at: 747 S. State St, Ukiah, CA 95482; 707-463-7900; fax 707-463-7979.

Coordinated Entry Household with Children Screening Packet

Homeless Management Information System (HMIS)
Informed Consent & Release of Information Authorization Form

Initials

I understand the above statements and consent to the inclusion of personal information in HMIS about me and any dependents listed below, and authorize information collected to be shared with partner agencies. I understand that my personal information will not be made public and will only be used with strict confidentiality. I also understand that I may withdraw my consent at any time by supplying a written request form to this Agency.

Federal laws and regulations do not protect any information about suspected child or elder abuse or neglect from being reported under state law to appropriate state or local authorities. (See 42 USC 290dd-2 for federal law and 42CFR Part 2 for federal regulations.)

I understand and acknowledge that the data pertaining to the services provided to me by the Agency and the records maintained by the Agency may include medical/health and other information, the privacy of which may be protected by federal and/or California law, and expressly consent to the release of such information as well as the information expressed in the sections above regarding crimes and child abuse/neglect.

I understand this authorization will remain in effect unless revoked in writing to this Agency. If I revoke my authorization, all information about me already in the database will remain but will become invisible to partner agencies.

Specify data (if any) you wish to restrict from entry into the HMIS:

Two horizontal lines for specifying restricted data.

Dependent children under age 18 in household, if any (please print first and last names):

Three horizontal lines for listing dependent children.

Participant Print Name

Staff Printed Name

X Participant Signature (Parent/Guardian)

X Staff Signature

Date

Date

(Each adult age 18 years and older must sign a separate release form)

## Mendocino County Homeless Services Continuum of Care

### Coordinated Entry Household with Children Screening Packet

#### HEAD OF HOUSEHOLD DEMOGRAPHIC INFORMATION

What is your race/ethnicity? (check all that apply):

- Hispanic/Latino  
  American Indian or Alaska Native  
  Asian  
  Black/African American  
  Hawaiian/Pacific Islander  
  White  
  Other: \_\_\_\_\_  
  Doesn't Know  
  Refused  
  Not Coll.

What is your gender:  Male  Female  TG-MtF  TG-FtM  
 Other: \_\_\_\_\_  Refused  Not Collected

Do you identify as LGBTQ+?  Yes  No  Refused

Do you have a disabling condition:  Yes  No  Unkn  Refused

Are you a veteran?  Yes  No  Refused

#### CHILDREN INFORMATION

1. How many children under the age of 18 are currently with you? \_\_\_\_\_  Refused
2. How many children under the age of 18 are NOT currently with your family, but you have reason to believe they will be joining you when you get housed? \_\_\_\_\_  Refused
3. Is any member of the family currently pregnant?  YES  No  Refused (If YES, who: \_\_\_\_\_ due date: \_\_\_\_\_)

**Please complete an *Additional Household Members* form for the additional members of the household.**

4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SINGLE PARENT HOUSEHOLD: IF THEY HAVE 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY: SCORE +1 FOR FAMILY SIZE**  
**TWO PARENT HOUSEHOLD: IF THEY HAVE 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY: SCORE +1 FOR FAMILY SIZE**

#### A. HISTORY OF HOUSING & HOMELESSNESS

5. Where do you and your family sleep most frequently?  Shelter  Trans Housing  Safe Haven  Outdoors  Other (specify): \_\_\_\_\_  Refused

**IF THEY ANSWER "OUTDOORS", "OTHER", or "REFUSED": ADD +1**

\*\*\*NOTE: if they answered "hotel" that is counted as "Shelter". The "Other" spot is for things like couch-surfing, vehicle, hospital, jail, etc. If the family has been stably housed and this is their first day homeless, ask where they will sleep tonight. If they are STILL stably housed, this screening is not for them. Coordinated Entry is for people who are CURRENTLY homeless.

Where did you all sleep last night? \_\_\_\_\_ How long have you slept in that location? \_\_\_\_\_

6. How long has it been since you and your family lived in permanent stable housing? \_\_\_\_\_ Years \_\_\_\_\_ Months  Refused

7. In the last three (3) years, how many times have you and your family been homeless? (# of separate episodes of homelessness) \_\_\_\_\_  Refused

**IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS AND/OR 4+ EPISODES OF HOMELESSNESS: ADD +1**

When did you are your family become homeless THIS time? (estimate start date) \_\_\_\_\_ Total time homeless in last 3 years: \_\_\_\_\_

What do you see as the MAIN reason you and your family are homeless? \_\_\_\_\_

What county were you all living in the last time you were in secure housing? \_\_\_\_\_

What kind of housing were you and your family last securely housed in? (Check all that apply)

- Owned  
  Rental  
  Apartment  
  House  
  Trailer  
  w/ family  
  w/ friends  
  in foster care  
  Other: \_\_\_\_\_

How long have you been in Mendocino County THIS time? \_\_\_\_\_ Length of time TOTAL in whole life: \_\_\_\_\_

What brought you (HOH) to Mendocino County? \_\_\_\_\_

Where did you (HOH) grow up? \_\_\_\_\_ What town or area have you lived the longest in? \_\_\_\_\_

## Mendocino County Homeless Services Continuum of Care

### Coordinated Entry Household with Children Screening Packet

#### B. RISKS

8. In the past six (6) months (count back 6 months \_\_\_\_\_), how many times have you or ANYONE in your family...
- a. Received health care at an emergency room? \_\_\_\_\_  Refused
  - b. Taken an ambulance to the hospital? \_\_\_\_\_  Refused
  - c. Been hospitalized as an inpatient? \_\_\_\_\_  Refused
  - d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? \_\_\_\_\_  Refused
  - e. Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime, or because the police told you that you must move along? \_\_\_\_\_  Refused
  - f. Stayed one or more nights in a holding cell, jail, or prison, whether that was a short-term stay like a drunk tank, a longer stay for a more serious offence, or anything in between? \_\_\_\_\_  Refused

**#4 = IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE: SCORE +1 FOR EMERGENCY SERVICE USE**

Have you (HOH) ever been incarcerated or detained by the police?  Yes  No  Unkwn | Convicted?  Yes  No  Unkwn

9. Have you or anyone in your family been attacked or beaten up since becoming homeless?  YES  no  Refused
10. Have you or anyone in your family threatened to or tried to harm themselves or anyone else in the last year?  YES  no  Refused

**IF "YES" TO EITHER 9 OR 10: ADD +1 FOR RISK OF HARM**

11. Do you or anyone in your family have any legal stuff going on right now that may result in them being locked up, having to pay fines, or that make it more difficult to rent a place to live?  YES  no  Refused

**IF "YES" TO 11: ADD +1 FOR LEGAL ISSUES**

12. Does anyone force you or trick you or anyone in your family to do things that you do not want to do?  YES  no  Refused
13. Do you or anyone in your family ever do things that may be considered to be risky, like exchange sex for money, run drugs for someone, have unprotected sex with someone they don't know, share a needle, or anything like that?  YES  no  Refused

**IF "YES" TO EITHER 12 OR 13: ADD +1 FOR RISK OF EXPLOITATION**

#### C. SOCIALIZATION & DAILY FUNCTIONING

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owes them money?  YES  no  Refused
15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?  yes  NO  Refused

**IF "YES" TO question 14 OR "NO" to question 15: ADD +1 FOR MONEY MANAGEMENT**

If YES to 15: Where do you/family get income or assistance from? (Please check all that apply and list the amount they receive)

<input type="checkbox"/> Employment \$ _____/mo	<input type="checkbox"/> SSI \$ _____/mo	<input type="checkbox"/> Worker's Comp \$ _____/mo
<input type="checkbox"/> CalFresh (Food Stamps) \$ _____/mo	<input type="checkbox"/> SSDI Disability \$ _____/mo	<input type="checkbox"/> Retirement \$ _____/mo
<input type="checkbox"/> General Assistance \$ _____/mo	<input type="checkbox"/> Vet. Ben. \$ _____/mo	<input type="checkbox"/> Sp Sup Nut Pr \$ _____/mo
<input type="checkbox"/> TANF \$ _____/mo	<input type="checkbox"/> Child Support \$ _____/mo	<input type="checkbox"/> Other \$ _____/mo

Are you (HOH) currently employed?  Yes  No  Refused | If no, last job you held: WHERE \_\_\_\_\_ WHEN \_\_\_\_\_

Where did you (HOH) go to high school? \_\_\_\_\_ | Did you complete high school?  Yes  No  Refused

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?  yes  NO  Refused

**IF "NO" TO 16: ADD +1 FOR MEANINGFUL DAILY ACTIVITY**

17. Is everyone in your family CURRENTLY able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water, and other things like that?  yes  NO  Refused

**IF "NO" TO 17: ADD +1 FOR SELF-CARE**

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?  YES  no  Refused

**IF "YES" TO 18: ADD +1 FOR SOCIAL RELATIONSHIPS**

Have you (HOH) ever experienced domestic violence?  Yes  No  Refused | (If YES) When was the most recent occurrence? \_\_\_\_\_ | Are you currently fleeing from domestic violence?  Yes  No  Refused

**\*\*\*For clients who are currently fleeing from domestic violence: please refer to Project Sanctuary (462-9196).**

## Mendocino County Homeless Services Continuum of Care

### Coordinated Entry Household with Children Screening Packet

#### D. WELLNESS

Do you (HOH) have health insurance?  Yes  No  Doesn't Know  Refused      Insurance Provider: \_\_\_\_\_

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family? \_\_\_\_\_  YES  no  Refused

20. Do you or anyone in your family have any chronic health issues with their liver, kidneys, lungs, or heart? \_\_\_\_\_  YES  no  Refused

Do you (HOH) have any other chronic health conditions?  Yes  No

21. If there was space available in a program that specifically assisted people who live with HIV or AIDS, would that be of interest to you or anyone in your family? \_\_\_\_\_  YES  no  Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard for you to live independently because you'd need help? \_\_\_\_\_  YES  no  Refused

Do you (HOH) have any other physical disabilities?  Yes  No

23. When someone in your family is sick or not feeling well, do you avoid getting help? \_\_\_\_\_  YES  no  Refused

**IF "YES" TO ANY OF THE ABOVE (19 - 23): SCORE +1 FOR PHYSICAL HEALTH**

Do you (HOH) consider yourself to be an alcoholic?  Yes  No      Are you receiving treatment for alcohol dependence?  Yes  No

Do you (HOH) have challenges with substance use?  Yes  No      Are you receiving treatment for substance abuse?  Yes  No

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past? \_\_\_\_\_  YES  no  Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing? \_\_\_\_\_  YES  no  Refused

**IF "YES" TO ANY OF THE ABOVE (24 - 25): SCORE +1 FOR SUBSTANCE USE**

Do you (HOH) think you have a mental illness? Or have you ever been diagnosed with a mental illness?  Yes  No      Are you currently receiving treatment?  Yes  No      If yes, where? \_\_\_\_\_

Do you (HOH) think you have a developmental or learning disability or have you ever been diagnosed with a developmental or learning disability?  Yes  No

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program, or other place you were staying because of:

a. A mental health issue or concern? \_\_\_\_\_  YES  no  Refused

b. A past head injury? \_\_\_\_\_  YES  no  Refused

c. A learning disability, developmental disability, or other impairment? \_\_\_\_\_  YES  no  Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because you'd need help? \_\_\_\_\_  YES  no  Refused

**IF "YES" TO ANY OF THE ABOVE (26a – 26c AND/OR 27): SCORE +1 FOR MENTAL HEALTH**

28. **IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:** Does any single member of your household have a medical condition, mental health concerns, AND experience with problematic substance use?  YES  no  Refused

**IF "YES" to 28: ADD +1 FOR TRI-MORBIDITY**

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, you are NOT taking?  YES  no  Refused

30. Are there any medications, like painkillers, that you or anyone in your family don't take the way the doctor prescribed or where you sell the medication?  YES  no  Refused

**IF "YES" TO EITHER 29 OR 30: ADD +1 FOR MEDICATIONS**

31. **YES OR NO ONLY:** Has your family's current period of homelessness been caused by an experience of emotional, physical, sexual, or other type of abuse, or by any other trauma you or anyone in your family has experienced?  YES  no  Refused

**IF "YES" TO 31: ADD +1 FOR ABUSE AND TRAUMA**

#### E. FAMILY UNIT

32. Are there any children that have been removed from the family by a child protective service within the last 180 days  YES  no  Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?  YES  no  Refused

**IF "YES" TO 32 OR 33: ADD +1 FOR FAMILY LEGAL ISSUES**

## Mendocino County Homeless Services Continuum of Care

### Coordinated Entry Household with Children Screening Packet

#### E. FAMILY UNIT CONTINUED

<p><b>34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?</b> <input type="checkbox"/> YES <input type="checkbox"/> no <input type="checkbox"/> Refused</p> <p><b>35. Has any child in the family experienced abuse or trauma in the last 180 days?</b> <input type="checkbox"/> YES <input type="checkbox"/> no <input type="checkbox"/> Refused</p> <p><b>36. IF THERE ARE SCHOOL-AGED CHILDREN: Do your children attend school more often than not each week?</b> <input type="checkbox"/> yes <input type="checkbox"/> NO <input type="checkbox"/> Refused</p>	<p><b>IF "YES" TO EITHER 34 OR 35, OR "NO" TO 36: ADD +1 FOR NEEDS OF CHILDREN</b></p>	
<p><b>37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?</b> <input type="checkbox"/> YES <input type="checkbox"/> no <input type="checkbox"/> Refused</p> <p><b>38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?</b> <input type="checkbox"/> YES <input type="checkbox"/> no <input type="checkbox"/> Refused</p>	<p><b>IF "YES" TO 37 OR 38: ADD +1 FOR FAMILY LEGAL ISSUES</b></p>	
<p><b>39. Do you have two or more planned activities each week as a family, such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?</b> <input type="checkbox"/> yes <input type="checkbox"/> NO <input type="checkbox"/> Refused</p> <p><b>40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...</b></p> <p>a. 3 or more hours per day for children aged 13 or older? <input type="checkbox"/> YES <input type="checkbox"/> no <input type="checkbox"/> Refused</p> <p>b. 2 or more hours per day for children aged 12 or younger? <input type="checkbox"/> YES <input type="checkbox"/> no <input type="checkbox"/> Refused</p> <p><b>41. IF THERE ARE CHILDREN BOTH 12 AND UNDER AND 13 AND OVER: Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?</b> <input type="checkbox"/> yes <input type="checkbox"/> NO <input type="checkbox"/> Refused</p>	<p><b>IF "NO" TO 39, OR "YES" TO EITHER 40 OR 41: ADD +1 FOR PARENTAL ENGAGEMENT</b></p>	

#### ADDITIONAL HOUSEHOLD MEMBERS DATA

**Household Member #2** (if there is a second adult in the household, please put their info first)

Name (first middle last):	Social Security Number:
Head of Household Name:	Relationship to HOH:
What is their race/ethnicity? <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Coll.	
What is their gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TG-MtF <input type="checkbox"/> TG-FtM <input type="checkbox"/> Other: _____ <input type="checkbox"/> Refused <input type="checkbox"/> Not Collected	Do they identify as LGBTQ+? <input type="checkbox"/> Yes <input type="checkbox"/> No
Last night, did they sleep in the same location as the HOH? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, where did they sleep: _____
Have they been homeless the same amount of time as the HOH? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, how long have they been homeless? _____)	
Have they ever experienced domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	(If YES) When was the most recent occurrence? _____
Are they currently fleeing from domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
Do they have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused	Insurance Provider: _____
If over 18: Are they employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did they complete high school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are they a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are they attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Where are they going to school: _____
Do they have a disabling condition: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Refused	
Do they have any chronic health conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do they have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do they have challenges with alcohol abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has this been a long-term problem? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do they have challenges with substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has this been a long-term problem? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do they think they have, or have they ever been diagnosed with a mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are they receiving treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where: _____	
Do they think they have, or have they ever been diagnosed with a developmental or learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Mendocino County Homeless Services Continuum of Care

### Coordinated Entry Household with Children Screening Packet

#### ADDITIONAL HOUSEHOLD MEMBERS DATA

**Household Member #3**  n/a

Name (first middle last):		Social Security Number:	
Head of Household Name:		Relationship to HOH:	
What is their race/ethnicity? <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Coll.			
What is their gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TG-MtF <input type="checkbox"/> TG-FtM <input type="checkbox"/> Other: _____ <input type="checkbox"/> Refused <input type="checkbox"/> Not Collected		Do they identify as LGBTQ+? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last night, did they sleep in the same location as the HOH? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, where did they sleep:	
Have they been homeless the same amount of time as the HOH? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, how long have they been homeless? _____)			
Have they ever experienced domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		(If YES) When was the most recent occurrence? _____	
		Are they currently fleeing from domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	
Do they have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused		Insurance Provider:	
<i>If over 18:</i>	Are they employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did they complete high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are they a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are they attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Where are they going to school:	
Do they have a disabling condition: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Refused			
Do they have any chronic health conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do they have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do they have challenges with alcohol abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has this been a long-term problem? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do they have challenges with substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has this been a long-term problem? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do they think they have, or have they ever been diagnosed with a mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are they receiving treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where: _____			
Do they think they have, or have they ever been diagnosed with a developmental or learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**If there are more than 2 additional household members, please use a separate "Additional Household Members Screening Form" to gather their information and attach it to this packet.**

#### SCREENING SUMMARY

**Closing the screening interview:**

*Please thank them for their time and let them know that they will be enrolled in Coordinated Entry. If they are eligible for any housing programs such as Permanent Supportive Housing, Rapid Re-Housing, Transitional Housing, and other housing resources, they could be contacted by those programs when they are being considered for housing. Please let them know to stay in touch and keep checking in. This screening needs to be redone every 6 months for the client to remain enrolled in Coordinated Entry.*

**FOR STAFF INFORMATION ONLY. PLEASE DO NOT SHARE SCORE WITH THE FAMILY.**

DOMAIN	SUBTOTAL	
<b>FACESHEET: PRE-SCREENING (page 1)</b>	<b>/2</b>	<b>Supporting documents to collect</b> <input type="checkbox"/> Copy of valid identification for all adult household members  <b>To do to enroll in Coordinated Entry:</b> <input type="checkbox"/> Client enrolled in Coordinated Entry on HMIS with all household members entered <input type="checkbox"/> Family VI-SPDAT entered on HMIS (all the bolded questions on this screening interview)
<b>A. HISTORY OF HOUSING &amp; HOMELESSNESS (page 4)</b>	<b>/2</b>	
<b>B. RISKS (pages 4 &amp; 5)</b>	<b>/4</b>	
<b>C. SOCIALIZATION &amp; DAILY FUNCTIONS (page 5)</b>	<b>/4</b>	
<b>D. WELLNESS (pages 5 &amp; 6)</b>	<b>/6</b>	
<b>E. FAMILY UNIT (page 6 &amp; 7)</b>	<b>/4</b>	
<b>GRAND TOTAL:</b>	<b>/22</b>	

**Mendocino County Homeless Services Continuum of Care**

<b>Coordinated Entry Household with Children Additional Household Members Screening Form</b>			
Name (first middle last):		Social Security Number:	
Head of Household Name:		Relationship to HOH:	
What is their race/ethnicity? <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Coll.			
What is their gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TG-MtF <input type="checkbox"/> TG-FtM <input type="checkbox"/> Other: _____ <input type="checkbox"/> Refused <input type="checkbox"/> Not Collected		Do they identify as LGBTQ+? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last night, did they sleep in the same location as the HOH? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, where did they sleep:	
Have they been homeless the same amount of time as the HOH? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, how long have they been homeless? _____)			
Have they ever experienced domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		(If YES) When was the most recent occurrence? _____	Are they currently fleeing from domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Do they have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused		Insurance Provider:	
Do they have a disabling condition: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Refused			
Do they have any chronic health conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do they have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do they have challenges with alcohol abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has this been a long-term problem? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do they have challenges with substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has this been a long-term problem? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do they think they have, or have they ever been diagnosed with a mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are they receiving treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where: _____			
Do they think they have, or have they ever been diagnosed with a developmental or learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are they attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Where are they going to school:	
<i>If over 18:</i>	Are they employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did they complete high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are they a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name (first middle last):		Social Security Number:	
Head of Household Name:		Relationship to HOH:	
What is their race/ethnicity? <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Coll.			
What is their gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TG-MtF <input type="checkbox"/> TG-FtM <input type="checkbox"/> Other: _____ <input type="checkbox"/> Refused <input type="checkbox"/> Not Collected		Do they identify as LGBTQ+? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last night, did they sleep in the same location as the HOH? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, where did they sleep:	
Have they been homeless the same amount of time as the HOH? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, how long have they been homeless? _____)			
Have they ever experienced domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		(If YES) When was the most recent occurrence? _____	Are they currently fleeing from domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Do they have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused		Insurance Provider:	
Do they have a disabling condition: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Refused			
Do they have any chronic health conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do they have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do they have challenges with alcohol abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has this been a long-term problem? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do they have challenges with substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has this been a long-term problem? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do they think they have, or have they ever been diagnosed with a mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are they receiving treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where: _____			
Do they think they have, or have they ever been diagnosed with a developmental or learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are they attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Where are they going to school:	
<i>If over 18:</i>	Are they employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did they complete high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are they a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Mendocino County Homeless Services Continuum of Care

<b>Coordinated Entry Household with Children Additional Household Members Screening Form</b>			
Name (first middle last):		Social Security Number:	
Head of Household Name:		Relationship to HOH:	
What is their race/ethnicity? <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Coll.			
What is their gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TG-MtF <input type="checkbox"/> TG-FtM <input type="checkbox"/> Other: _____ <input type="checkbox"/> Refused <input type="checkbox"/> Not Collected		Do they identify as LGBTQ+? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last night, did they sleep in the same location as the HOH? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, where did they sleep:	
Have they been homeless the same amount of time as the HOH? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, how long have they been homeless? _____)			
Have they ever experienced domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		(If YES) When was the most recent occurrence? _____	Are they currently fleeing from domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Do they have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused		Insurance Provider:	
Do they have a disabling condition: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Refused			
Do they have any chronic health conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do they have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do they have challenges with alcohol abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has this been a long-term problem? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do they have challenges with substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has this been a long-term problem? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do they think they have, or have they ever been diagnosed with a mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are they receiving treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where: _____	
Do they think they have, or have they ever been diagnosed with a developmental or learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are they attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Where are they going to school:	
<i>If over 18:</i>	Are they employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did they complete high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are they a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name (first middle last):		Social Security Number:	
Head of Household Name:		Relationship to HOH:	
What is their race/ethnicity? <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused <input type="checkbox"/> Not Coll.			
What is their gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TG-MtF <input type="checkbox"/> TG-FtM <input type="checkbox"/> Other: _____ <input type="checkbox"/> Refused <input type="checkbox"/> Not Collected		Do they identify as LGBTQ+? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last night, did they sleep in the same location as the HOH? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, where did they sleep:	
Have they been homeless the same amount of time as the HOH? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, how long have they been homeless? _____)			
Have they ever experienced domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		(If YES) When was the most recent occurrence? _____	Are they currently fleeing from domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
Do they have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Doesn't Know <input type="checkbox"/> Refused		Insurance Provider:	
Do they have a disabling condition: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Refused			
Do they have any chronic health conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do they have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do they have challenges with alcohol abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has this been a long-term problem? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do they have challenges with substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has this been a long-term problem? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do they think they have, or have they ever been diagnosed with a mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are they receiving treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where: _____	
Do they think they have, or have they ever been diagnosed with a developmental or learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are they attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		Where are they going to school:	
<i>If over 18:</i>	Are they employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did they complete high school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are they a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Mendocino County Homeless Services Continuum of Care

### Coordinated Entry Single Adult Screening Packet

#### FACESHEET: PRE-SCREENING

Name (first middle last):		Date:	
Also known as (nickname, alias, etc.):		Phone Number:	
What is the best way to reach you? <i>(message somewhere, phone, email, please include details like best time, location to find them, etc.)</i>			
Social Security Number:	Date of Birth:	Age:	If 60 or older: add +1
What language are you best able to express yourself in? _____			
<b>Are you currently safe?</b> <input type="checkbox"/> Yes (if yes, continue with interview) <input type="checkbox"/> No (if no, please ask them more questions about why they say they are not safe. Refer them to the appropriate agency (law enforcement, hospital, Crisis, Project Sanctuary, etc.) Referred to: _____			
Interviewer's Name:	Time of Screening:	Location	

**PLEASE TELL THE APPLICANT THE FOLLOWING:**

*The questions in this interview are to gather information so we can best help you. Coordinated Entry is set up to help connect you with resources that could address your situation and assess your eligibility for various programs. I know that people often want to show their best selves in an interview and may be hesitant to share information about substance use or other challenges. The more honest you are with us the better we'll be able to help you, so please answer the questions as best you can. We encourage you to answer all the questions, so we can best assist you. But you can also skip any question. The questions in this interview ask for some personal information and I know you may be tempted to share more of your history. However, we ask that you only answer "yes", "no", or with a short one to two-word answer. Please keep your answers to the questions short. It should take less than 15 minutes to gather the information we need.*

➤ **Do you consent to going through this screening interview?**  Yes  No

*(If yes, please continue. If no, stop. We are unable to enroll people in Coordinated Entry without doing this interview.)*

*The information gathered in this interview will be stored in a locked cabinet and, with your permission, will be entered into our secure database (the Homeless Management Information System – HMIS). This database is used by the Mendocino County Homeless Services Continuum of Care to:*

- *Keep track of who is homeless in Mendocino County*
- *Collect demographic information and other data to better understand what our homelessness situation looks like in Mendocino County*
- *Track how successful our programs are*
- *Track how things are going with you*
- *Connect you with housing programs you may be eligible for.*

*In addition, the CoC holds Housing Navigation meetings regularly where community providers collaborate to best connect people like you with housing resources. With your permission, your information could be shared during those meetings. Your information is only shared with those organizations who have signed confidentiality agreements to protect your information. Denying us permission will not keep you from being enrolled in Coordinated Entry.*

➤ **Do you consent to your information being shared in HMIS and in our Housing Navigation meetings?**  Yes  No

**Please have the applicant sign the MCHSCoC HMIS Informed Consent on page 3 of this packet if they consent to their information being shared.**

Coordinated Entry Single Adult Screening Packet

Homeless Management Information System (HMIS)  
Informed Consent & Release of Information Authorization Form

**IMPORTANT:** Do not enter personally identifying information into HMIS for clients who are: 1) in Domestic Violence Agencies or; 2) currently fleeing or in danger from a domestic violence, dating violence or sexual assault or stalking situation. If this applies to you, STOP – DO NOT sign this form.

This Agency participates in the Mendocino County Homeless Services Continuum of Care, a collaborative group of partner agencies working together to provide services to individuals and families in Mendocino County who are homeless or at risk of becoming homeless. To provide the most effective services in moving people from homelessness to permanent housing, we need an accurate count of all people experiencing homelessness in Mendocino County.

- Information collected includes: name, social security number, date of birth, race, ethnicity, gender, veteran status, address history, program entry and exit dates, length of time homeless, housing status, income and sources, non-cash benefits, physical or developmental disability, chronic health condition, HIV/AIDS, behavioral health, substance abuse, health insurance, domestic violence, services provided, and residential move-in date.
- The data provided will be combined with data from the Department of Health and Human Services for the purposes of: (a) providing individual case management including participation in Case Conferencing for individuals participant needs; (b) producing reports to analyze utilization of services; (c) tracking individual outcomes; (d) providing accountability for individuals and entities that provide funds for use in Mendocino County; (e) identifying homeless service needs and plan for the provision of new services; (f) allocating resources among agencies engaged in the provision of services in and around Mendocino County; and (g) for all other purposes deemed appropriate by \_\_\_\_\_.
- Your name and other identifying information will not be included in any reports or publications. Only a limited number of staff members employed by agencies participating in the Mendocino County Homeless Services Continuum of Care who have signed confidentiality agreements will have access to this information. Your information will not be used to determine eligibility for programs. Only Mendocino County HMIS System Administrators have full access to all information in HMIS.
- Your decision to participate in HMIS will not affect the quality or quantity of services you are eligible to receive from this Agency and will not be used to deny outreach, assistance, shelter, or housing. However, if you do choose to participate, services in the region may improve if we have accurate information about homeless individuals and the services they need. Furthermore, some funders MAY require that you consent to your information being entered in HMIS for you to receive services from that funding source.
- We will guard this information with strict policies to protect your privacy. Our computer system is highly secure and uses up-to-date protection features, such as data encryption, passwords, and identity checks required for each system user. If you ever suspect the data in HMIS has been misused, immediately contact the HMIS System Administrator at: 747 S. State St, Ukiah, CA 95482; 707-463-7900; fax 707-463-7979.

Coordinated Entry Single Adult Screening Packet

Homeless Management Information System (HMIS)
Informed Consent & Release of Information Authorization Form

Initials

I understand the above statements and consent to the inclusion of personal information in HMIS about me and any dependents listed below, and authorize information collected to be shared with partner agencies. I understand that my personal information will not be made public and will only be used with strict confidentiality. I also understand that I may withdraw my consent at any time by supplying a written request form to this Agency.

Federal laws and regulations do not protect any information about suspected child or elder abuse or neglect from being reported under state law to appropriate state or local authorities. (See 42 USC 290dd-2 for federal law and 42CFR Part 2 for federal regulations.)

I understand and acknowledge that the data pertaining to the services provided to me by the Agency and the records maintained by the Agency may include medical/health and other information, the privacy of which may be protected by federal and/or California law, and expressly consent to the release of such information as well as the information expressed in the sections above regarding crimes and child abuse/neglect.

I understand this authorization will remain in effect unless revoked in writing to this Agency. If I revoke my authorization, all information about me already in the database will remain but will become invisible to partner agencies.

Specify data (if any) you wish to restrict from entry into the HMIS:

Two horizontal lines for specifying restricted data.

Dependent children under age 18 in household, if any (please print first and last names):

Two columns of three horizontal lines each for listing dependent children.

Participant Print Name

Staff Printed Name

X Participant Signature (Parent/Guardian)

X Staff Signature

Date

Date

(Each adult age 18 years and older must sign a separate release form)

# Mendocino County Homeless Services Continuum of Care

## Coordinated Entry Single Adult Screening Packet

### DEMOGRAPHIC INFORMATION

What is your race/ethnicity? (check all that apply):

- Hispanic/Latino  
  American Indian or Alaska Native  
  Asian  
  Black/African American  
  Hawaiian/Pacific Islander  
  White  
  Other: \_\_\_\_\_  
  Doesn't Know  
  Refused  
  Not Coll.

What is your gender:  Male  Female  TG-MtF  TG-FtM

- Other: \_\_\_\_\_  Refused  Not Collected

Do you identify as LGBTQ+?  Yes  No  Refused

Do you have a disabling condition:  Yes  No  Unkn  Refused

Are you a veteran?  Yes  No  Refused

### A. HISTORY OF HOUSING & HOMELESSNESS

**1. Where do you sleep most frequently?**  Shelters  Transitional housing  
 Safe Haven  **Outdoors**  **Other (specify):** \_\_\_\_\_  Refused

**IF THE PERSON ANSWERS "OUTDOORS", "OTHER", or "REFUSED": ADD +1**

\*\*\*NOTE: if they answered "hotel" that is counted as "Shelter". The "Other" spot is for things like couch-surfing, vehicle, hospital, jail, etc. If the person has been stably housed and is still stably housed, this screening is not for them. Coordinated Entry is for people who are CURRENTLY homeless.

Where did you sleep last night?

How long have you slept in that location?

**2. How long has it been since you lived in permanent stable housing?**  
 \_\_\_\_\_ Years \_\_\_\_\_ Months  Refused

**IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS AND/OR 4+ EPISODES OF HOMELESSNESS: ADD +1**

**3. In the last three (3) years, how many times have you been homeless?**  
 (# of separate episodes of homelessness) \_\_\_\_\_  Refused

When did you become homeless THIS time? (estimate start date)

Total time homeless in last 3 years:

What do you see as the MAIN reason you are homeless?

What county or town were you living in the last time you were in secure housing?

What kind of housing was your last secure housing situation? (Check all that apply)

- Owned  
  Rental  
  Apartment  
  House  
  Trailer  
  w/ family  
  w/ friends  
  in foster care  
  Other: \_\_\_\_\_

How long have you been in Mendocino County THIS time?

Length of time TOTAL in whole life:

What brought you to Mendocino County?

Where did you grow up?

What town or area have you lived the longest in?

### B. RISKS

**4. In the past six (6) months** (count back 6 months \_\_\_\_\_), **how many times have you...**

- a. Received health care at an emergency room? \_\_\_\_\_  Refused
- b. Taken an ambulance to the hospital? \_\_\_\_\_  Refused
- c. Been hospitalized as an inpatient? \_\_\_\_\_  Refused
- d. Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? \_\_\_\_\_  Refused
- e. Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime, or because the police told you that you must move along? \_\_\_\_\_  Refused
- f. Stayed one or more nights in a holding cell, jail, or prison, whether that was a short-term stay like a drunk tank, a longer stay for a more serious offence, or anything in between? \_\_\_\_\_  Refused

**#4 = IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE: SCORE +1 FOR EMERGENCY SERVICE USE**

Have you ever been incarcerated or detained by the police?  Yes  No  Unknown

Convicted?  Yes  No  Unknown

**5. Have you been attacked or beaten up since you've become homeless?**

- YES  no  Refused

**IF "YES" TO EITHER 5 OR 6: ADD +1 FOR RISK OF HARM**

**6. Have you threatened to or tried to harm yourself or anyone else in the last year?**

- YES  no  Refused

## Mendocino County Homeless Services Continuum of Care

### Coordinated Entry Single Adult Screening Packet

#### B. RISKS CONTINUED

<b>7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?</b> <input type="checkbox"/> YES <input type="checkbox"/> no <input type="checkbox"/> refused	<b>IF "YES" to 7: ADD +1 FOR LEGAL ISSUES</b>
<b>8. Does anyone force you or trick you to do things that you do not want to do?</b> <input type="checkbox"/> YES <input type="checkbox"/> no <input type="checkbox"/> Refused	<b>IF "YES" TO EITHER 8 OR 9: ADD +1 FOR RISK OF EXPLOITATION</b>
<b>9. Do you ever do things that may be considered to be risky, like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?</b> <input type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> Refused	

#### C. SOCIALIZATION & DAILY FUNCTIONING

<b>10. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?</b> <input type="checkbox"/> YES <input type="checkbox"/> no <input type="checkbox"/> Refused	<b>IF "YES" TO question 10 OR "NO" to question 11: ADD +1 FOR MONEY MANAGEMENT</b>	
<b>11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?</b> <input type="checkbox"/> yes <input type="checkbox"/> NO <input type="checkbox"/> Refused		
<i>If YES to 11: Where do you get income or assistance from? (Please check all that apply and list the amount they receive)</i>		
<input type="checkbox"/> Employment \$ _____/mo	<input type="checkbox"/> SSI \$ _____/mo	<input type="checkbox"/> Worker's Comp \$ _____/mo
<input type="checkbox"/> CalFresh (Food Stamps) \$ _____/mo	<input type="checkbox"/> SSDI Disability \$ _____/mo	<input type="checkbox"/> Retirement \$ _____/mo
<input type="checkbox"/> General Assistance \$ _____/mo	<input type="checkbox"/> Vet. Ben. \$ _____/mo	<input type="checkbox"/> Sp Sup Nut Pr \$ _____/mo
<input type="checkbox"/> TANF \$ _____/mo	<input type="checkbox"/> Child Support \$ _____/mo	<input type="checkbox"/> Other \$ _____/mo

Are you currently employed?  Yes  No  Refused | If no, last job you held: WHERE \_\_\_\_\_ WHEN \_\_\_\_\_

Where did you go to high school? \_\_\_\_\_ Did you complete high school?  Yes  No  Refused

<b>12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?</b> <input type="checkbox"/> yes <input type="checkbox"/> NO <input type="checkbox"/> Refused	<b>IF "NO" to 12: ADD +1 FOR MEANINGFUL DAILY ACTIVITY</b>
<b>13. Are you CURRENTLY able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water, and other things like that?</b> <input type="checkbox"/> yes <input type="checkbox"/> NO <input type="checkbox"/> Refused	<b>IF "NO" to 13: ADD +1 FOR SELF-CARE</b>

<b>14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted?</b> <input type="checkbox"/> YES <input type="checkbox"/> no <input type="checkbox"/> Refused	<b>IF "YES" to 14: ADD +1 FOR SOCIAL RELATIONSHIPS</b>	
Have you ever experienced domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	(If YES) When was the most recent occurrence? _____	Are you currently fleeing from domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused
<b>***For clients who are currently fleeing from domestic violence: please refer to Project Sanctuary (462-9196).</b>		

#### D. WELLNESS

Do you have health insurance?  Yes  No  Doesn't Know  Refused | Insurance Provider: \_\_\_\_\_

<b>15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?</b> _____	<input type="checkbox"/> YES <input type="checkbox"/> no <input type="checkbox"/> Refused
<b>16. Do you have any chronic health issues with your liver, kidneys, lungs, or heart?</b> _____ Do you have any other chronic health conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> no <input type="checkbox"/> Refused
<b>17. If there was space available in a program that specifically assisted people who live with HIV or AIDS, would that be of interest to you?</b> _____	<input type="checkbox"/> YES <input type="checkbox"/> no <input type="checkbox"/> Refused
<b>18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard for you to live independently because you would need help?</b> _____ Do you have any other physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> no <input type="checkbox"/> Refused
<b>19. When you are sick or not feeling well, do you avoid getting help?</b> _____	<input type="checkbox"/> YES <input type="checkbox"/> no <input type="checkbox"/> Refused
<b>20. Are you currently pregnant? (IF YES – due date: _____)</b>	<input type="checkbox"/> YES <input type="checkbox"/> no <input type="checkbox"/> Refused

**IF "YES" TO ANY OF THE ABOVE (15 - 20): SCORE +1 FOR PHYSICAL HEALTH**

Do you consider yourself to be an alcoholic? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you receiving treatment for alcohol dependence? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have challenges with substance use? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you receiving treatment for substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Mendocino County Homeless Services Continuum of Care

### Coordinated Entry Single Adult Screening Packet

#### D. WELLNESS CONTINUED

21. Has drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? \_\_\_\_\_  YES  no  Refused

22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? \_\_\_\_\_  YES  no  Refused

**IF "YES" TO ANY OF THE ABOVE (21 - 22): SCORE +1 FOR SUBSTANCE USE**

Do you think you have a mental illness? Or have you ever been diagnosed with a mental illness?  Yes  No      Are you currently receiving treatment?  Yes  No      If yes, where? \_\_\_\_\_

Do you think you have a developmental or learning disability or have you ever been diagnosed with a developmental or learning disability?  Yes  No

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program, or other place you were staying because of:

a. A mental health issue or concern? \_\_\_\_\_  YES  no  Refused

b. A past head injury? \_\_\_\_\_  YES  no  Refused

c. A learning disability, developmental disability, or other impairment? \_\_\_\_\_  YES  no  Refused

24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? \_\_\_\_\_  YES  no  Refused

**IF "YES" TO ANY OF THE ABOVE (23a – 23c AND/OR 24): SCORE +1 FOR MENTAL HEALTH**

**IF THE RESPONDENT SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH: SCORE +1 FOR TRI-MORBIDITY**

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are NOT taking?  YES  no  Refused

**IF "YES" TO EITHER 25 OR 26: ADD +1 FOR MEDICATIONS**

26. Are there any medications, like painkillers, that you don't take the way the doctor prescribed or where you sell the medication?  YES  no  Refused

27. **YES OR NO ONLY:** Has your current period of homelessness been caused by an experience of emotional, physical, sexual, or other type of abuse, or by any other trauma you have experienced?  YES  no  Refused

**IF "YES" to 27: ADD +1 FOR ABUSE AND TRAUMA**

#### SCREENING SUMMARY

**Closing the screening interview:**

*Please thank them for their time and let them know that they will be enrolled in Coordinated Entry. If they are eligible for any housing programs such as Permanent Supportive Housing, Rapid Re-Housing, Transitional Housing, and other housing resources, they could be contacted by those programs when they are being considered for housing. Please let them know to stay in touch and keep checking in. This screening needs to be redone every 6 months for the client to remain enrolled in Coordinated Entry*

DOMAIN	SUBTOTAL	
<b>FACESHEET: PRE-SCREENING (page 1)</b>	<b>/1</b>	<b>Supporting documents to collect</b> <input type="checkbox"/> Copy of valid identification <b>To do to enroll in Coordinated Entry:</b> <input type="checkbox"/> Client enrolled in Coordinated Entry on HMIS <input type="checkbox"/> VI-SPDAT entered on HMIS (all the bolded questions on this screening interview)
<b>A. HISTORY OF HOUSING &amp; HOMELESSNESS (page 4)</b>	<b>/2</b>	
<b>B. RISKS (pages 4 &amp; 5)</b>	<b>/4</b>	
<b>C. SOCIALIZATION &amp; DAILY FUNCTIONS (page 5)</b>	<b>/4</b>	
<b>D. WELLNESS (pages 5 &amp; 6)</b>	<b>/6</b>	
<b>GRAND TOTAL:</b>	<b>/17</b>	

**Mendocino County**  
**Homeless Services Continuum of Care**  
**Coordinated Entry Process**  
**Policies and Procedures Manual**

Adopted: June 27, 2016  
by the Mendocino County Homeless Services Continuum of Care Governing Board  
Modified:  
January 23, 2017  
January 22, 2018

# Mendocino County Homeless Services Continuum of Care Coordinated Entry Process Policies and Procedures Manual

## Contents

<b>PURPOSE AND BACKGROUND.....</b>	<b>3</b>
<b>DEFINITIONS AND KEY TERMS .....</b>	<b>6</b>
AUTHORIZED USER AGENCIES .....	6
BY-NAME LIST:.....	6
DEVELOPMENTAL DISABILITY (24 CFR §578.3.) .....	6
DISABILITY (24 CFR §583.5):.....	7
DIVERSION.....	7
FRONT DOORS.....	7
HEARTH ACT .....	7
HOMELESS (24 CFR 578.3) .....	8
1. <i>Chronically Homeless:</i> .....	8
2. <i>Literally Homeless (Category 1):</i> .....	8
3. <i>At imminent risk of homelessness (Category 2)</i> .....	9
4. <i>Homeless under other Federal statutes (Category 3)</i> .....	9
5. <i>Fleeing domestic abuse or violence (Category 4)</i> .....	9
HOMELESS MANAGEMENT INFORMATION SYSTEM .....	10
HOUSING NAVIGATOR.....	10
RECEIVING PROGRAM .....	10
SCREENER.....	10
SCREENING .....	10
VI-SPDAT.....	11
<b>PROCESS OVERVIEW AND WORKFLOW.....</b>	<b>12</b>
SUMMARY OF CEP STEPS .....	12
CEP: IN DEPTH.....	12
STEP 1: <i>Connecting to the CEP</i> .....	12
STEP 2: <i>Pre-Screening</i> .....	14
STEP 3: <i>Coordinated Entry Screening</i> .....	14
STEP 4: <i>Service Referral</i> .....	16
STEP 5: <i>Housing Matching</i> .....	16
STEP 6: <i>Housing Referral</i> .....	18
<b>EXITING HOUSEHOLDS FROM THE CEP.....</b>	<b>20</b>
<b>FAIR HOUSING AND TENANT SELECTION .....</b>	<b>21</b>
<b>EVALUATING AND UPDATING THE CEP .....</b>	<b>21</b>

## PURPOSE AND BACKGROUND

The Mendocino County Homeless Services Continuum of Care (MCHSCoC) has developed the following Coordinated Entry Process (CEP) for the geographic area of Mendocino County to meet federal and state regulations. The primary goal of this CEP is that assistance be allocated as effectively as possible and be easily accessible no matter where or how people present. This CEP is mandated for all recipients of Continuum of Care (CoC) and Emergency Solutions Grant (ESG) funding and was developed in accordance with the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 and its implemented regulations. This Manual has been developed in conjunction with MCHSCoC partner agencies and other homeless service providers. 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. Accordingly, the CEP described in this Manual covers the entire geographic area of Mendocino County. It was designed with the following guiding principles:

- **Prioritization:** The CEP ensures that people with the greatest needs receive priority for any type of housing and homeless assistance available in the MCHSCoC geographic area, including permanent supportive housing (PSH), rapid re-housing (RRH), and other interventions. The CEP utilizes the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) as a screening tool for initial prioritization. For those identified for housing assistance, the most vulnerable (as identified by the VI-SPDAT) will be assisted first. Assistance is prioritized by VI-SPDAT Score. In the case of identical or equal VI-SPDAT scores, the earliest date of current enrollment in Coordinated Entry (CE) will be prioritized.
- **Low Barrier:** The CEP does not screen people out for assistance because of perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record. In addition, housing and homelessness programs lower their screening barriers in partnership with the CEP.
- **Housing First orientation:** The CEP is Housing First oriented, in such that people are housed quickly without preconditions or service participation requirements.
- **Homelessness prevention:** Under revision by the Coordinated Entry/Discharge Planning (CEDP) committee. Will be presented to the Governing Board by the March 2019 meeting....
- **Person-Centered:** The CEP incorporates participant choice, which can include location and type of housing, and the type, frequency, and level of services in which

the household participates.

- **Fair and Equal Access:** All people in the MCHSCoC's geographic area have fair and equal access to the CEP, regardless of where or how they present for services. Fair and equal access means that people can easily access the CEP, whether in person or by phone, and that the process for accessing help is known. Marketing strategies include direct outreach to people on the street and other service sites, informational flyers left at service sites and public locations, announcements during MCHSCoC or other community meetings, and educating mainstream providers. Entry points are accessible to people with disabilities and there are methods by which people can access these entry points. The CEP can serve people who speak languages commonly spoken in the community.
- **Emergency services:** The CEP does not delay access to emergency services such as shelter.
- **Standardized Access and Assessment:** All CEP locations and methods offer the same assessment approach and referrals using uniform decision-making processes. A person presenting at one CEP location is not steered towards a specific program or provider simply because they presented at that location.
- **Inclusive:** The CEP is open to all subpopulations. This includes people experiencing chronic homelessness, veterans, families, youth, and survivors of domestic violence. The MCHSCoC may adopt 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. The MCHSCoC will continuously evaluate and improve the process ensuring that all subpopulations are well served.
- **Outreach:** The CEP 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 CEP.
- **Ongoing planning and stakeholder consultation:** The MCHSCoC will engage in ongoing planning with all stakeholders participating in the CEP. This planning will include evaluating and updating the CEP at least annually. Feedback from individuals and families experiencing homelessness or recently connected to housing through the CEP will be regularly gathered through surveys, focus groups, and other means and used to improve the process.
- **Informing local planning:** Information gathered through the CEP 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 CEP implementation.

- **Safety planning:** The CEP has protocols in place to ensure the safety of the individuals seeking assistance. These protocols ensure that people fleeing domestic violence are provided safe and confidential access to the CEP and domestic violence services, and that any data collection adheres to the Violence Against Women Act (VAWA).
- **Accurate Data:** The MCHSCoC uses a Homeless Management Information System (HMIS – web-based database) to collect and manage data associated with Coordinated Entry.

The policies and procedures in this manual have been established to ensure that persons experiencing homelessness who enter programs throughout the MCHSCoC will be given similar information and support to access and maintain permanent housing. All programs that receive ESG or CoC funding are required to abide by these policies and procedures. Agency program procedures should reflect the policy and procedures described in this document. The MCHSCoC strongly encourages programs that do not receive either of these sources of funds to accept and utilize these policies and procedures. The MCHSCoC Governing Board shall review and update these policies and procedures, as needed, but at least annually.

## DEFINITIONS AND KEY TERMS

Terms used throughout this manual are defined below:

### **Authorized User Agencies**

Authorized User Agencies are housing providers who participate in the CEP. These agencies must sign and agree to the HMIS Privacy and Security Policies for HMIS database use. Any Authorized User Agency may terminate their participation in the CEP by giving written notice. Housing programs that are required to participate due to HUD guidelines will need HUD approval to terminate participation.

### **By-Name List:**

The By-Name List (BNL) is the MCHSCoC-wide “waitlist” for housing programs participating in the CEP. This list is generated by the HMIS lead agency (HMIS Administrator) based on who is enrolled in the CEP and updated regularly. It lists the households enrolled according to the prioritization policies detailed in this Manual.

### **Developmental Disability (24 CFR §578.3.)**

Developmental disability means, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 ([42 U.S.C. 15002](#)):

- (1) A severe, chronic disability of an individual that—
  - i. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
  - ii. Is manifested before the individual attains age 22;
  - iii. Is likely to continue indefinitely;
  - iv. Results in substantial functional limitations in three or more of the following areas of major life activity:
    - a. Self-care;
    - b. Receptive and expressive language;
    - c. Learning;
    - d. Mobility;
    - e. Self-direction;
    - f. Capacity for independent living;
    - g. Economic self-sufficiency.
  - v. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.
- (2) An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be

considered to have a developmental disability without meeting three or more of the criteria described in paragraphs (1)(i) through (v) of the definition of “developmental disability” in this section if the individual, without services and supports, has a high probability of meeting these criteria later in life.

**Disability (24 CFR §583.5):**

- (1) A condition that:
  - i. Is expected to be long-continuing or of indefinite duration;
  - ii. Substantially impedes the individual’s ability to live independently;
  - iii. Could be improved by the provision of more suitable housing conditions; and
  - iv. Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;
- (2) A developmental disability, as defined in this section; or
- (3) The disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV).

**Diversion**

A strategy that prevents homelessness for people seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. The main difference between diversion and other permanent housing-focused interventions centers on the point at which intervention occurs. Prevention targets people at imminent risk of homelessness, while diversion targets people as they are applying for entry into the CEP.

**Front Doors**

Agencies that serve as Front Door sites are responsible for ensuring that all households experiencing homelessness and at-risk of homelessness have prompt access to the CEP and the screening for the CEP is administered in a safe, welcoming environment. Front Door agencies are responsible for adhering to the guiding principles listed in this document, including (but not limited to) providing fair and equal access to persons who are disabled and persons who are limited English proficient.

**HEARTH ACT**

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) act of 2009 that provides regulatory and financial guidance over the Emergency Solutions Grant (ESG) and Continuum of Care (CoC) grants.

**Homeless (24 CFR 578.3)**

**1. Chronically Homeless:**

- (1) 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 (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i).
  - iii. 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 the institutional care facility;
- (2) 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 (1) of this definition, before entering that facility; or
- (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

**2. Literally Homeless (Category 1):**

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

- (1) Has a primary nighttime residence that is a public or private place not meant for human habitation;
- (2) Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
- (3) Is exiting an institution where or she has resided for 0 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution; or

**3. At imminent risk of homelessness (Category 2)**

Individual or family who will imminently lose their primary nighttime residence, provided that:

- (1) Residence will be lost within 14 days of the date of application for homeless assistance;
- (2) No subsequent residence has been identified; and
- (3) The individual or family lacks the resources or support networks needed to obtain other permanent housing; or

**4. Homeless under other Federal statutes (Category 3)**

Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:

- (1) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
- (2) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
- (3) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

**5. Fleeing domestic abuse or violence (Category 4)**

Any individual or family who:

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

- (2) Has no other residence; and
- (3) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

### **Homeless Management Information System**

A Homeless Management Information System (HMIS) is a database used to record and track client-level information on the characteristics and service needs of homeless persons. HMIS ties together homeless service providers within the community to help create a more coordinated and effective housing and service delivery system.

Mendocino County's HMIS is staffed at the Mendocino County Health and Human Services Agency (HHSA). The HMIS staff is responsible for the administration of the HMIS software and providing technical assistance to participating agencies and end-users. Agencies that participate in Mendocino County's HMIS are referred to as "participating agencies." Each participating agency needs to follow HMIS guidelines to help maintain data privacy and accuracy.

As the HMIS Lead Agency, HHSA is responsible for the day-to-day administration of the CEP including, but not limited to, the following:

- (1) Monitor HMIS data quality and provide HMIS training.
- (2) Maintain the BNL and disseminate the list to the Receiving Programs and identified members of the Coordinated Entry and Discharge Planning (CEDP) Committee.

### **Housing Navigator**

Housing navigators are service providers who focus specifically on housing with clients who are experiencing homelessness or are at risk of becoming homeless.

### **Receiving Program**

All Transitional Housing, Rapid Re-housing, and Permanent Supportive Housing programs are Receiving Programs and are responsible for reporting and pulling referrals from the BNL in compliance with the protocols described in this manual. Programs receiving referrals from the CEP are responsible for responding to those referrals.

### **Screener**

A specially trained intake worker, whose responsibility is to provide coordinated intake and screening for individuals or families seeking housing services.

### **Screening**

A process that reveals the past and current details of an individual's/household's strengths and needs, in order to match the client to appropriate services and housing. For the purpose of this document, screening will refer to a process (whether at primary

screening and intake or at entry to a housing program) that reveals a client's eligibility, needs, barriers and strengths.

**VI-SPDAT**

The VI-SPDAT (Vulnerability Index and Service Prioritization Decision Assistance Tool) is a screening tool that helps identify who should be recommended for each housing and support intervention, moving the discussion from simply who is eligible for a service intervention to who is eligible AND in greatest need of that intervention.

## **PROCESS OVERVIEW AND WORKFLOW**

To illustrate how the CEP functions, the following overview provides a brief description of the path a household would follow from an initial request for housing through permanent housing placement. The overview also describes roles and expectations of the key partner organizations that play a critical role in the system.

### **Summary of CEP Steps**

Step 1: Connecting to the CEP/Initial Request for Services - To ensure accessibility to households in need, the CEP provides access to services from multiple, convenient physical locations. Households in need may initiate a request for services in person through any of the designated Front Doors, by phone to the Front Doors, and/or through participating community-based service providers.

Step 2: Pre-Screening – The pre-screening consists of several questions meant to determine whether administering a screening for the CEP is appropriate or if some other alternative action is appropriate, such as a screening for Homeless Prevention.

Step 3: Coordinated Entry Screening – The CE screening includes the collection of HMIS universal data elements, as well as the use of the most appropriate VI-SDAT screening tool. All screeners must use the MCHSCoC CE Screening Packet for either single adults or families to gather the household information necessary to enroll them in the CEP.

Step 4: Service Referral – Various programs provide housing search assistance and services to address specific needs the household may have (mental health, substance abuse, medical care, etc.). Appropriate referrals may be made by the receiving program or by Coordinated Entry screeners to services to address the household's barriers to housing.

Step 5: Housing Match – Information gathered from the assessment is used to determine which housing intervention is best suited to end the household's homelessness (Permanent Supportive Housing, Transitional Housing, Rapid Re-housing, or Diversion). Scoring from the VI-SPDAT matches households to a particular housing intervention and will be reflected by the household's positioning on the BNL. Housing Match will be offered, however services are person centered. It is recognized that the initial housing match may not be appropriate for the household.

Step 6: Housing Referral – Upon identifying a program opening, Receiving Programs will pull referrals from the BNL for the next household they will serve within their eligibility criteria.

### **CEP: In Depth**

#### **STEP 1: Connecting to the CEP**

- 1.1. Locations & Hours – Screening for the CEP is conducted at designated Front

Door sites. Current Front Door locations and screening hours include:

<b>Agency</b>	<b>Location</b>	<b>Telephone</b>	<b>Hours</b>
MCAVHN	148 Clara Avenue Ukiah, CA 95482	(707) 462-1932	Drop in hours 9am-12pm M-F; appointment only 1PM -5PM M-F
The Arbor	810 N. State Street, Ukiah, CA	(707) 462-7267	10 AM-6 PM Monday - Friday
Mendocino Coast Hospitality Center	101 N Franklin St. Fort Bragg, CA	(707) 961-0172	Drop in: 9AM to Noon and 1 PM–3 PM M-F

1.2. Domestic Violence (DV) – When a homeless or at-risk individual/household is identified by the CEP to be in need of domestic violence services, that individual/household is referred to the domestic violence hotline or agency immediately. If the individual/household does not wish to seek DV specific services, the individual/household will have full access to the CEP, in accordance with all protocols described in this manual. If the DV helpline/agency determines that the individual/household seeking DV specific services is either not eligible for or cannot be accommodated by the DV specific system, the helpline/agency will refer the client to a Front Door for assessment and referral in accordance with all protocols described in this manual.

1.2.1. Domestic Violence service providers participate in the MCHSCoC and are updated regularly about the Coordinated Entry Process. When a Domestic Violence provider admits a client during a period when Coordinated Entry Front Doors are not available, the Domestic Violence provider will assist the client with accessing the CEP during normal coordinated entry business hours.

1.3. Crisis & Emergency - When a homeless or at-risk individual/household is identified by the CEP to be experiencing a mental health crisis or medical emergency, staff are to provide the appropriate response immediately by calling 911 or the Crisis Line. The individual/household may be referred back to the Front Door for screening and referral in accordance with all protocols described in this manual, when the crisis/emergency has been rectified.

1.3.1. When a service provider encounters a household experiencing homelessness outside of normal CEP service hours, that service provider

should refer the client to the CEP Front Door during their normal service hours.

- 1.4. If an individual presents as homeless outside of the normal Coordinated Entry access hours and needs immediate shelter, shelters can be accessed via direct calls to the appropriate shelter by service providers.
- 1.5. Marketing/Advertising – The MCHSCoC Governing Board will conduct marketing to promote access and availability of the information regarding the CEP.

## **STEP 2: Pre-Screening**

- 2.1. ...Under Review

## **STEP 3: Coordinated Entry Screening**

- 3.1.  Screener Roles and Responsibilities - Screeners complete the CE Screening Packet with the household. There is a packet for single adults and one for households with children. Screeners may also be trained in diversion services. The screener may connect a household with a Housing Navigator or other service providers to assist the household.
- 3.2. CE Screening Packet - The CE Screening Packet includes
  - 3.2.1. Pre-Screening Facesheet: basic client identifying information and the opening script to the CEP screening. Screeners must use the same opening script with each client they screen. This script must be used consistently by everyone conducting a screening for the CEP. As part of this opening script the household is asked if they consent to going through the screening interview. If they do not consent to completing the interview, they will not be enrolled in CE.
  - 3.2.2. HMIS Informed Consent and Release of Information: in order for client data to be shared with other organizations on HMIS and in Housing Navigation meetings or during case conferencing this form must be signed for each member of the household. The household may refuse to sign it, in which case the screening organization enrolling them in the CEP would need to restrict access on HMIS to only their organization.
  - 3.2.3. VI-SPDAT (single adult or family): these screening questions are worked in with the Universal and MCHSCoC data points. The VI-SPDAT was created by OrgCode, an organization that has requirements for how the tool may be used.
    - 3.2.3.1. OrgCode requirements and tips include:
      - 3.2.3.1.1. The tool must be administered the same way by every screener to be reliable.
      - 3.2.3.1.2. The scored questions must be asked the way they

are written. However, additional questions can also be asked to clarify or explore for more information. And additional information known by the screener and other service providers can be used to inform the screening. Please see below under MCHSCoC requirements for more details.

3.2.3.1.3. Do not refer to people as a score. Do not tell people their score. The score that comes out of the VI-SPDAT is for a moment in time and is used to start the process of matching them with available resources.

3.2.3.2. MCHSCoC requirements and tips include:

3.2.3.2.1. A VI-SPDAT score may only be changed after a case conference is conducted about the particular household and their self-reporting during the assessment. The case conference must be documented with a sign in sheet identifying participants and their respective agencies and MUST include a clinician. A written recommendation must be placed in the client's file. The HMIS lead may be requested to update/change the VI-SPDAT score upon submission of the written recommendation for that client. Case conferences can be held telephonically.

3.2.4. HMIS Universal Data: specific data required for HMIS

3.2.5. MCHSCoC data: additional data points gathered by the MCHSCoC.

These could be additional questions to determine eligibility for specific programs or if the household is established in Mendocino County.

- 3.3. Enrolling in CE on HMIS – Data collected during the screening interview should be entered into HMIS within 72 hours of collection. Entry into HMIS, enrollment into the Coordinated Entry program on HMIS, and a recent (no older than 6 months) VI-SPDAT screening puts the household on the BNL.
- 3.4. Staying enrolled in the CEP – the household will need to be re-screened at least every six (6) months to stay enrolled in the CEP.
- 3.5. Training Requirements – Screeners are trained on the CEP, HMIS data entry, and VI-SPDAT screening by trainers designated by the CEDP Committee and MCHSCoC. Screening staff will be trained on the CEP and VI-SPDAT by the CEDP Committee designated trainer prior to conducting a CE Screening

- Interview and then attend annual training refreshers. The HMIS lead will provide training for HMIS data entry requirements. Cultural competency, motivational interviewing, and trauma informed trainings will be offered to providers annually. Screeners who are not following the CEP policies will be required to receive additional training.
- 3.6. Nondisclosure of disability: Failure of a participant to disclose a disability or the specific nature of a disability does not preclude participation in the CEP.

#### **STEP 4: Service Referral**

- 4.1. Housing Navigators/Case Managers – may provide the following:
- Operate as the initial contact for the CEP
  - Complete the CE Screening Packet
  - Client notification of Eligibility and Referral Decisions
  - Provide, or refer to, diversion services where appropriate

#### **STEP 5: Housing Matching**

- 5.1. HMIS Lead Agency – HMIS Staff at Mendocino County HHSA is responsible for the daily administration of HMIS software and providing technical assistance to participating agencies and end-users. Additionally, they maintain the BNL and provide the list to all receiving programs every other week.

By Name Only List (BNL) – The BNL consists of the following:

- 5.1.1. Clients are prioritized first based on their VI-SPDAT score, second by their date of enrollment in the CEP, and third by veteran status
- 5.2. Unit Availability/Vacancy Notification –All receiving programs pull names as vacancies in programs arise.
- 5.3. Eligibility – Coordinated Entry is intended to facilitate access to the most appropriate housing intervention for each household's immediate and long- term housing needs and ensure that scarce permanent housing resources are targeted to those who are most vulnerable and/or have been homeless the longest. The CEP uses the following criteria to accurately match needs to resources:
- 5.3.1. Singles VI-SPDAT scoring matrix:
- 5.3.1.1. 0-3: no housing intervention – Diversion
  - 5.3.1.2. 4-7: an assessment for Rapid Re-Housing
  - 5.3.1.3. 8+: an assessment for Permanent Supportive Housing/Housing First
- 5.3.2. Family VI-SPDAT scoring matrix:
- 5.3.2.1. 0-3: no housing intervention – Diversion
  - 5.3.2.2. 4-8: an assessment for Rapid Re-Housing or Transitional Housing
  - 5.3.2.3. 9+: an assessment for Permanent Supportive Housing/Housing First

Mendocino County Homeless Services Continuum of Care  
Coordinated Entry Process

5.3.3. Note: the VISPDAT scores listed above do not mean a household cannot be referred to a different housing intervention. For example: if a household scores 10 on the Family VI-SPDAT, but there are no Permanent Supportive Housing slots available, the household may be referred to Transitional housing as a temporary measure if space is available.

Housing Model	Population	Priority Populations
<b>Permanent Supportive Housing</b>	<ul style="list-style-type: none"> <li>• Any high needs individual with multiple barriers to housing that is literally homeless (lease-based program)</li> <li>• Specialized eligibility requirements for subsidies including veterans, disabled, long term homeless, or domestic violence</li> <li>• <b>Unique Populations:</b> Families with Children (not typically chronic; complete Family VI-SPDAT)</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals with a disability and long-term, multiple episodes of homelessness (Vulnerability Index score of 10 or higher; chronically homeless)</li> <li>• Veterans who are not eligible for VA housing subsidies</li> </ul>
<b>Rapid Re-Housing</b>	<ul style="list-style-type: none"> <li>• Literally homeless households are those residing in a place not meant for human habitation, living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant</li> </ul>	<ul style="list-style-type: none"> <li>• Households with children residing on streets or in emergency shelters</li> <li>• Veteran households with children residing on streets or in emergency shelters who are not eligible for VA-funded RRH or HUD/VASH</li> </ul>

Housing Model	Population	Priority Populations
	for human habitation immediately before entering that institution <ul style="list-style-type: none"> <li>• Households that have reasonable potential for personal sustainability post-assistance</li> </ul>	
<b>Transitional Housing</b>	<ul style="list-style-type: none"> <li>• Singles</li> <li>• Families</li> <li>• Youth (18-24)</li> <li>• Domestic violence</li> <li>• Pregnant Head of Household</li> <li>• Households with a recent change in composition (Family Reunification)</li> <li>• Those interested in substance use treatment</li> <li>• Those interested in Mental Health Recovery Treatment</li> </ul>	Single adults with mental illness and families where the adult has mental illness. For Mendocino Coast Hospitality Center Transitional Housing: the above, plus singles and families who are current or prior coastal residents

**STEP 6: Housing Referral**

5.4. The Receiving Programs receive the BNL from the HMIS lead every other week. When they have an opening in their program, they will use the most recently released BNL to identify the next household within their program criteria, using the VI-SPDAT as the primary source of prioritization, length of time enrolled in the CEP as the secondary prioritization source, and any program specific eligibility criteria as the third method for prioritization. Once a household has been identified for potential intake into the program, the following will occur:

5.4.1. Receiving Program staff will attempt to make contact with the client within ten (10) business days. These attempts must be documented. As people experiencing homelessness can sometimes be difficult to contact, Receiving Programs should utilize partner service organizations to make contact with the household, especially the organization that enrolled the household in the CEP. If the client cannot be contacted within ten (10) business days, the next client on the BNL will begin to be processed.

5.4.2. Once staff contacts the household, a program intake appointment will be scheduled and completed. If the client misses the first appointment, Receiving Programs will schedule a new intake appointment within three (3) business days and should hold the vacancy until the intake appointment is concluded. Clients may be denied entrance into the receiving program if they miss two appointments.

5.4.3. Document Requirement Updates - Receiving Programs must make eligibility determination decisions within ten (10) business days of the intake interview (or when all required application materials are complete). If a client is denied, the client must be notified in writing of the denial, the reason for the denial, and of their right to appeal, and how to do so.

5.4.3.1. Reasons for denial – Receiving Programs must follow their written policies regarding denial into their programs. These policies must be designed to screen in rather than screen out participants. Reasons for denial may include:

- there is no actual vacancy available;
- the individual or family missed two intake appointments without good cause;
- the household presents with more people than referred by the CEP Screener and the Receiving Program cannot accommodate the increase;
- certain criminal behaviors; or
- Policies and procedures of the Receiving Program have determined that the individual or family cannot be safely accommodated or cannot meet tenancy obligations with the supports provided by the program.

Programs may not deny persons with psychiatric disabilities for refusal to participate in mental health services.

The Receiving Program must enter the reason for any decision to reject a client into HMIS. Reason for denial forms must be submitted to the client the within five (5) business days.

5.4.3.2. Client Appeal – All clients have the right to appeal eligibility determinations issued by any Receiving Program. Each program is required to have an appeal process and must educate clients on this process.

5.4.4. Once the household is offered a slot in the Receiving Program, they have five (5) business days to accept or decline program enrollment. If the client accepts the unit/program slot, they move forward towards

move-in/program enrollment. If the client declines the unit, then the next client on the list will begin to be processed.

5.4.4.1. Client Choice – Clients may decline a referral because of program requirements that are inconsistent with their needs or preferences. There are no limitations on this decision. For example, clients may decline participation in programs requiring sobriety.

5.4.4.2. A client may refuse a housing unit/placement three (3) times before being removed from the BNL. At that time, the client must go through the CEP again.

5.5. Receiving Program Enrollment – If the homeless individual or family is accepted, the Receiving Program must document that acceptance in HMIS.

5.6. Referrals to and from systems not using HMIS – The CEP appropriately addresses the needs of Veterans and individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking.

5.7. Veterans—When a homeless or at-risk individual is identified by the CEP to be a Veteran, additional questions concerning service era, length of service, and discharge status will be asked. If eligible for VA services, the Veteran will be given the option of being referred to the VA Office. If the Veteran chooses that option, then that individual is referred to the VA Office immediately. If the VA Drop-In Center determines that the individual seeking veteran specific services is not eligible for such services, or if the individual has been dishonorably discharged, the client will be referred to a Front Door for assessment and referral in accordance with all protocols described in this manual.

5.7.1. When Veterans Service providers accept clients after normal Coordinated Entry service hours, the Veterans Service provider refer the client to Coordinated Entry as needed.

## **EXITING HOUSEHOLDS FROM THE CEP**

Households are exited from the CEP enrollment when any of the following occur:

1. Households must have an updated screening completed every six (6) months or they must be exited from the CEP enrollment.
2. When a household has acquired permanent housing through any means (program or personal resource, they must be exited from the CEP enrollment with an exit interview completed.
3. When a household is enrolled in a housing program, they may need to remain enrolled in the CEP. For example, if a household is enrolled in Rapid Re-Housing, they would still be homeless until they acquired housing with the RRH assistance. Once the household has acquired permanent housing, the CEP enrollment must be exited with an exit interview conducted.

4. The household is known to have left Mendocino County and will not be returning for an extended time.
5. The client no longer meets the definition of homeless as established by the MCHSCoC. For example, they will be incarcerated or in an institution for ninety (90) days or longer.
6. The client is deceased.

When a household is exited from the CEP, they must be disenrolled through HMIS by the organization that enrolled them. An exit interview should be completed with every household, unless it is not possible to contact them. This exit interview should gather data, such as where they are leaving to (housing situation, rent/own, subsidy, etc.) and other data required by the MCHSCoC.

## **FAIR HOUSING AND TENANT SELECTION**

The CEP complies with the non-discrimination requirements of the Fair Housing Act, which prohibits discrimination in all housing transactions on the basis of race, national origin, sex, color, religion, disability status and familial status. This also includes protection from housing discrimination based on source of income. Additional protected classes under state law include sexual orientation (including gender identity), marital status, military discharge status, age (40+). Agencies cannot preference any protected class unless allowed by statute/regulation, or written waiver from their funding or regulatory body (i.e. U.S. Department of Housing and Urban Development).

All Authorized User Agencies who enter into an MOU for the CEP agree to take full accountability for complying with Fair Housing and all other funding and program requirements. The MOU requires User Agencies to use the CEP in a consistent manner with the statutes and regulations that govern their housing programs.

The MCHSCoC will request from each Authorized User Agency their tenant selection plan and any funding contract that requires or allows a specific subpopulation of persons to be served. For instance, Housing Opportunities for Persons with AIDS (HOPWA) programs will show funding contract, a single-gender program must produce its HUD waiver. The MCHSCoC in accordance with the Fair Housing Act also recognizes that a housing provider may seek to fulfill its “business necessity” by narrowing focus on a subpopulation within the homeless population. The CEP may allow filtered searches for subpopulations while preventing discrimination against protected classes.

## **EVALUATING AND UPDATING THE CEP**

The implementation of the CEP necessitates significant, community-wide change. To help ensure that the Process will be effective and manageable for homeless and at-risk households and for the housing and service providers tasked with meeting their needs, particularly during the early stages of implementation, the MCHSCoC anticipates adjustments to the processes described in this manual. To inform those adjustments, the

Coordinated Entry Process will be periodically evaluated, but not less than annually, and there will be ongoing opportunities for stakeholder feedback, including but not limited to Referral and Receiving Program workgroups convened and managed by the MCHSCoC Governing Board. Specifically, the Governing Board is responsible for:

- Leading periodic evaluation efforts to ensure that the CEP is functioning as intended; such evaluation efforts shall happen at least annually.
- Leading efforts to make periodic adjustments to the CEP as determined necessary; such adjustments shall be made at least annually based on findings from evaluation efforts.
- Ensuring that evaluation and adjustment processes are informed by a broad and a representative group of stakeholders.
- Ensuring that the CEP is updated as necessary to maintain compliance with all state and federal statutory and regulatory requirements

Evaluation efforts shall be informed by metrics established annually by the CoC Governing Board, in conjunction with the CoC Strategic Planning Committee and Coordinated Entry Review Team. These metrics shall include indicators of the effectiveness of the functioning of the CEP itself, such as:

- Wait times for initial contact
- Extent to which expected timelines described in this manual are met
- Number/Percentage of referrals that are accepted by receiving programs
- Rate of missed appointments for scheduled assessments
- Number/Percentage of persons declined by more than one (1) provider
- Number/Percentages of Eligibility and Referral Decision appeals
- # of program intakes not conducted through CEP
- Completeness of data on assessment and intake forms

These metrics shall also include indicators of the impact of the CEP on system-wide Continuum of Care outcomes, such as:

- Persons referred have length of stays consistent with system guidelines
- Waiting lists are reduced for all services; eliminated for shelter
- Program components meet outcome targets
- Reductions in long term chronic homeless
- Reduction in family homelessness
- Reductions in returns to homelessness
- Reduced rate of people becoming homeless for first time