

**HOMELESS SERVICES OVERSIGHT COUNCIL (HSOC)**  
**Coordinated Entry Committee Meeting Agenda**

March 26, 2025, 11am

**Committee members must participate in person** (except for just cause reasons, or for emergency reasons approved by the HSOC):

**Room 356, County of San Luis Obispo Department of Social Services**  
**3433 South Higuera Street, San Luis Obispo**

Members with approved just cause reasons and the public may participate by  
Zoom video call:

<https://us06web.zoom.us/j/85169558254?pwd=BtEiQhKNMwQizmdIzY576Z3RS2LjHX.1>

Or dial in

+1 669 444 9171 US

Meeting ID: 851 6955 8254

Passcode: 910183

1. Call to Order and Introductions
2. Public Comment
3. Consent: Approval of Minutes
4. Action/Information/Discussion
  - 4.1. Information Item: Coordinated Entry Ongoing Report & Activity
  - 4.2. Information Item: Updated Coordinated Entry Guidance
  - 4.3. Action Item: Approve CES Prioritization and Referral Policies
  - 4.4. Discussion Item: CES Immigration Policy
  - 4.5. Discussion Item: Housing Inventory and Community Queue
5. Future Discussion/Report Items

6. Next Regular Meeting: April 23, 2025

7. Adjournment

The full agenda packet for this meeting is available on the SLO County HSOC web page:

<https://www.slocounty.ca.gov/departments/social-services/homeless-services-division/homeless-services-oversight-council>

**HOMELESS SERVICES OVERSIGHT COUNCIL (HSOC)  
COORDINATED ENTRY COMMITTEE MEETING MINUTES**

**Date**

January 22, 2025

**Time**

11:04am-12:25pm

**Location**

Room 356, Department of Social Services, 3433 S. Higuera St., San Luis Obispo, CA 93401

**Members Present**

Jack Lahey  
Lawren Ramos  
Linda Belch  
Liz Smith  
Morgan Torell  
Michael Azevedo (alternate for Janna Nichols)

**Members Absent**

Janna Nichols  
Lisa Fraser  
Mark Lamore  
Scott Collins  
Wendy Blacker  
Wendy Lewis

**Staff and Guests**

Austin Solheim  
Carrie Collins  
Crystal Racicot  
Hayley Spyksma  
Kate Bourne  
Laurel Weir  
Merlie Livermore  
Nathan Rubinoff  
Ranel Porter  
Russ Francis  
Sheena Luten (ICA/HMIS)

**1. Call to Order and Introductions**

Jack called the meeting to order at 11:04am. Nathan introduced Hayley as CAPSLO's new Coordinated Entry Systems Specialist.

## **2. Public Comment**

Linda shared that Welcome Home Village was approved for the smaller footprint last week. There will be 54 additional units, 40 units set aside for Permanent Supportive Housing and 14 units for the Interim Supportive Housing, and will be located on the parking lot close to the Johnson Avenue site in San Luis Obispo. The team is currently working through all the layouts and design. Construction is set to start in April/May and will hopefully be ready for occupancy by November.

Liz of Peoples' Self-Help Housing reported that Motel 6 project in Calle Joaquin, San Luis Obispo is scheduled to be ready for occupancy in May.

Jack mentioned that there is a City of San Luis Obispo Planning Commission meeting this evening. In partnership with the City of San Luis Obispo, he shared that they are applying for conditional use permits for 5 safe parking sites in a rotating model.

## **3. Consent: Approval of Minutes**

No quorum. Saved for the next meeting.

## **4. Action/Information/Discussion**

### **4.1. Information Item: Coordinated Entry Ongoing report & Activity**

Nathan presented a dashboard overview of CE enrollment data currently on a Community Queue.

### **4.2. Discussion Item: Updated Coordinated Entry Guidance**

Nathan mentioned that the CAPSLO SSVF (Supportive Services for Veteran Families) team is accepting Rapid Rehousing program referrals through Coordinated Entry. He showed the steps on how an outreach/case worker would refer a client to a Veteran project.

### **4.3. Guidance on Facilitating Transfers Within Permanent Housing**

Jack shared that Nathan is going to look at what they are seeing in the referral and matching process and identify the gaps in referrals to permanent housing.

Nathan presented tables highlighting some identified inefficiencies of the CE referral process.

### **4.4. Discussion Item: Prioritization and referral Policies**

Reserved for the next meeting. Jack will provide attachment for next agenda packet.

## **5. Future Discussion/Report Items**

- Homeless prevention services data integration into CE system
- Longer discussion on guidance on facilitating transfers to permanent housing
- Prioritization and referral discussion

## **6. Next Regular Meeting: February 26, 2025**

## **7. Adjournment**

Jack adjourned the meeting at 12:25pm.

## **HOMELESS SERVICES OVERSIGHT COUNCIL (HSOC) COORDINATED ENTRY COMMITTEE MEETING MINUTES**

### **Date**

December 11, 2024

### **Time**

11:05am-12:38pm

### **Location**

Room 356, Department of Social Services, 3433 S. Higuera St., San Luis Obispo, CA 93401

### **Members Present**

Jack Lahey  
Janna Nichols  
Lawren Ramos (Zoom)  
Linda Belch  
Lisa Fraser (Zoom)  
Liz Smith  
Susan Lamont

### **Members Absent**

Mark Lamore  
Morgan Torell  
Scott Collins  
Wendy Blacker  
Wendy Lewis

### **Staff and Guests**

Chanda Miller  
Crystal Racicot  
Eva Tagle  
Kari Howell  
Laurel Weir  
Lupe Terrones  
Merlie Livermore  
Nathan Rubinoff  
Nicole Bennett  
Ranel Porter  
Russ Francis  
Sheena Luten (ICA)

### **1. Call to Order and Introductions**

Jack called the meeting to order at 11:05am.

## **2. Public Comment**

None presented.

## **3. Consent: Approval of Minutes**

Janna made a motion to approve the minutes, seconded by Lawren. The motion passed via voice vote. Linda and Susan abstained.

## **4. Action/Information/Discussion**

### **4.1. Information Item: Coordinated Entry Guidance Updates**

Nathan mentioned that for the past month, the Coordinated Entry program has helped with the leasing up of the Tiburon and Anderson Place properties. He also presented a dashboard overview of CE enrollment data currently on a Community Queue.

### **4.2. Discussion Item: Update on Current Coordinated Entry System Activities**

Due to time constraint, Jack briefly talked about the guidance for Coordinated Entry System transfers. A more thorough presentation is slated for the next meeting.

## **5. Future Discussion/Report Items**

- Homeless prevention services data integration into CE system
- Longer discussion on guidance on facilitating transfers to permanent housing
- Prioritization and referral discussion

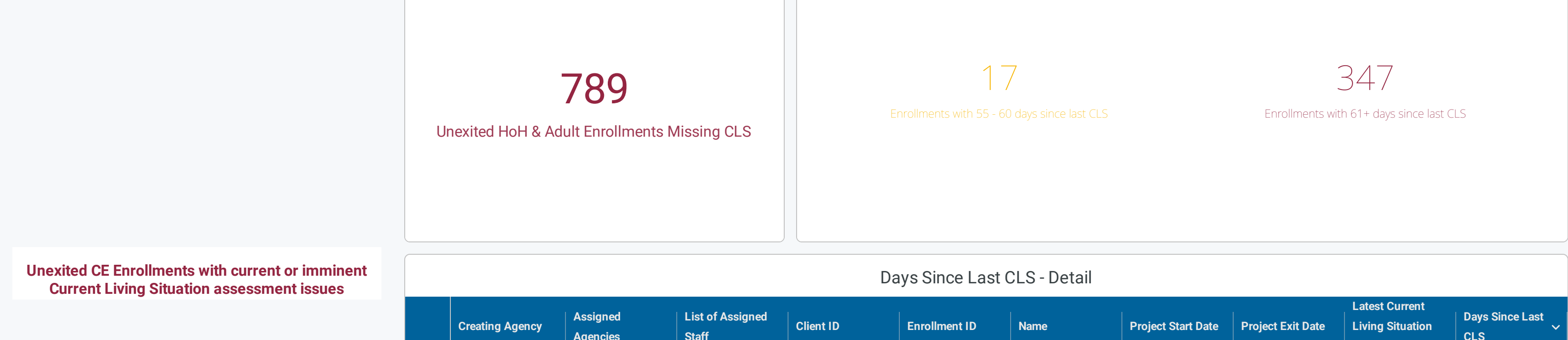
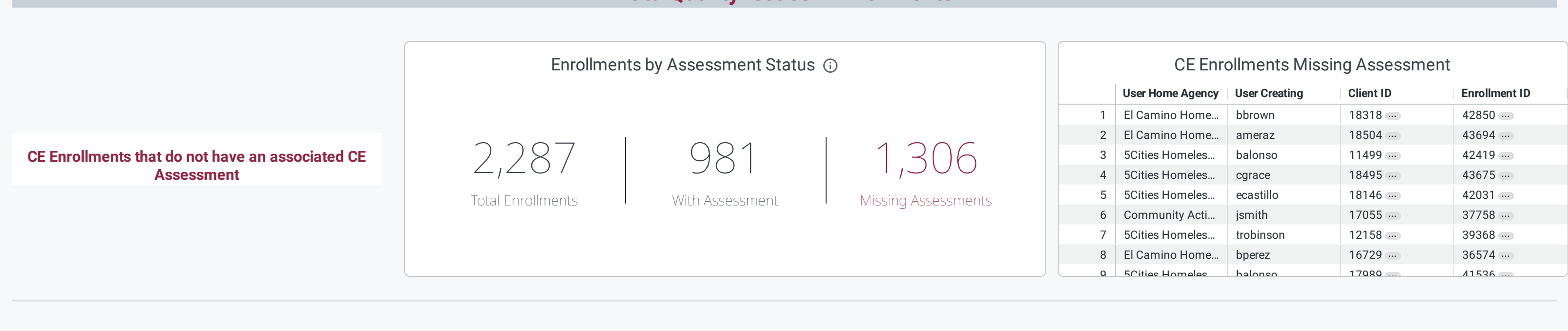
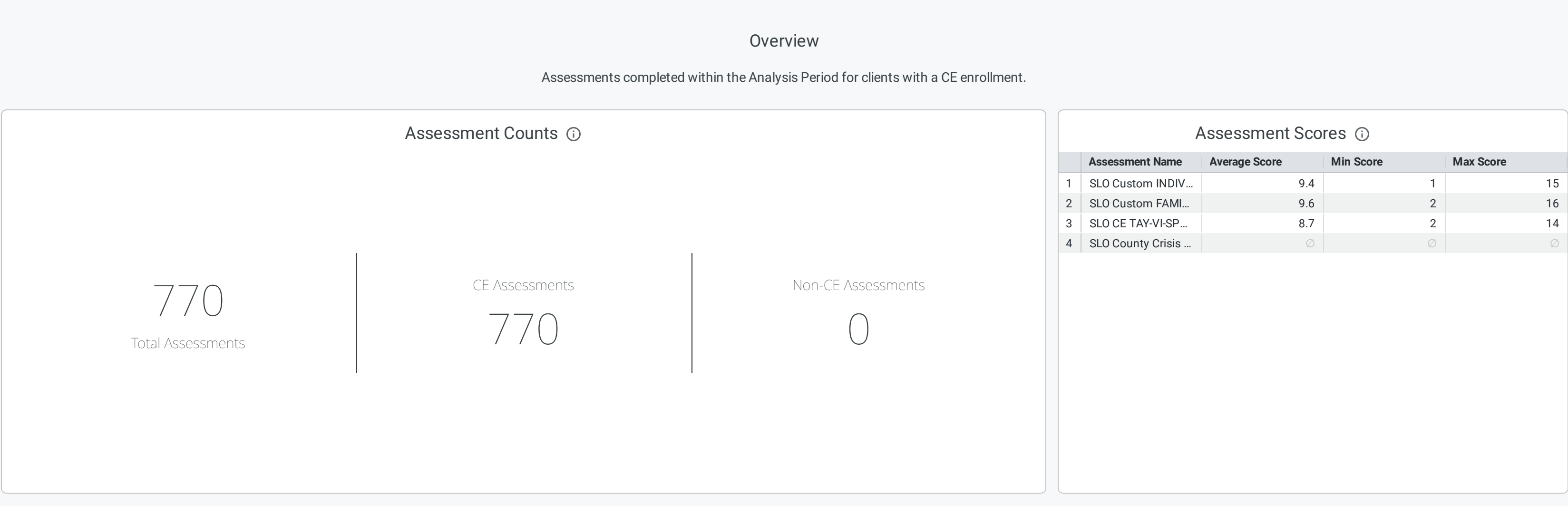
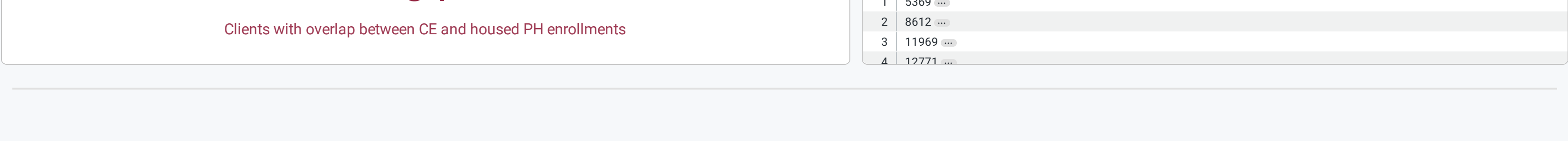
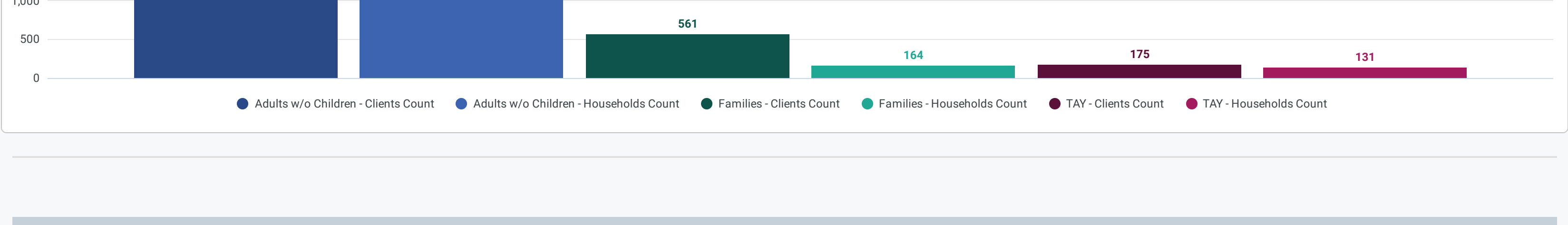
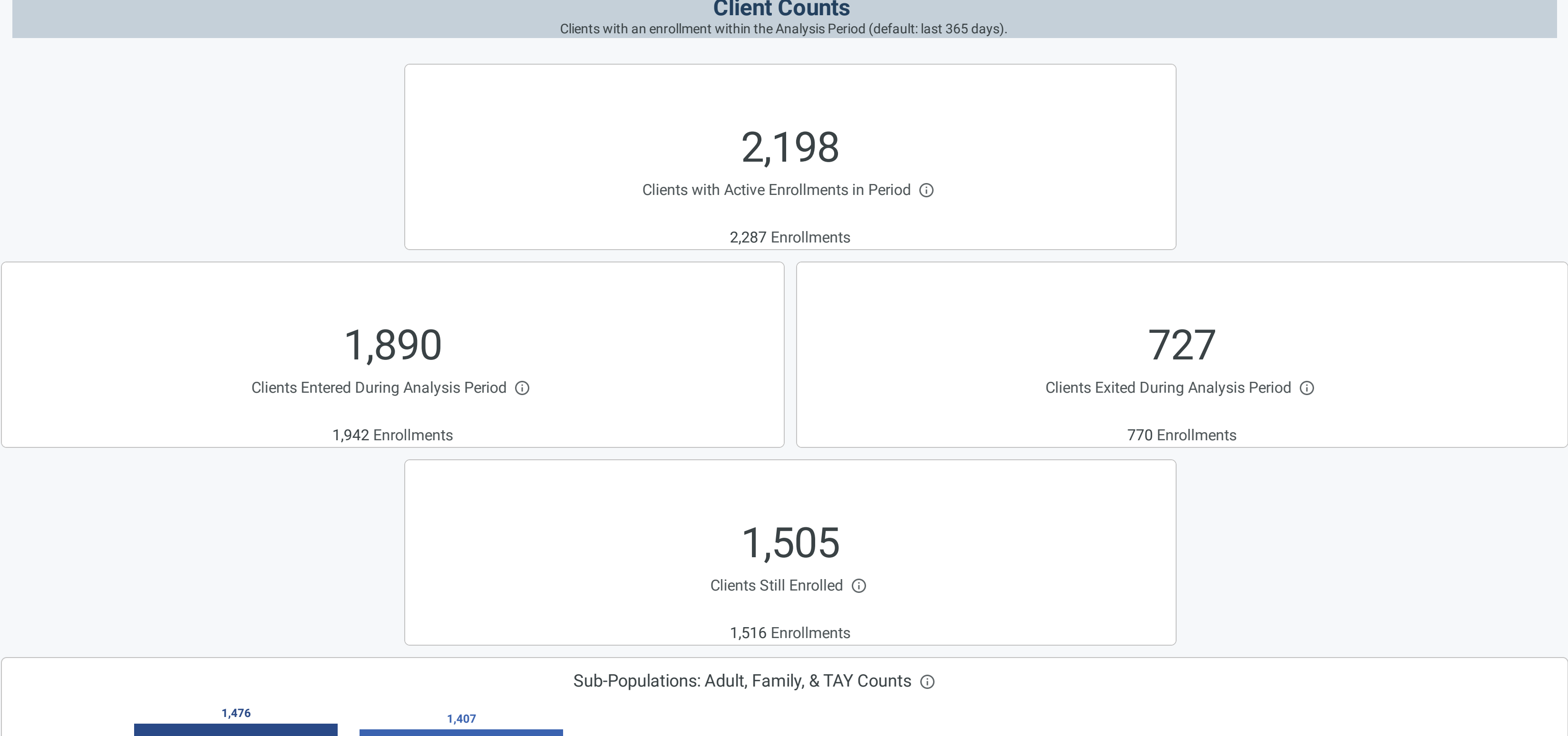
## **6. Next Regular Meeting: January 22, 2025**

## **7. Adjournment**

Jack adjourned the meeting at 12:38pm.

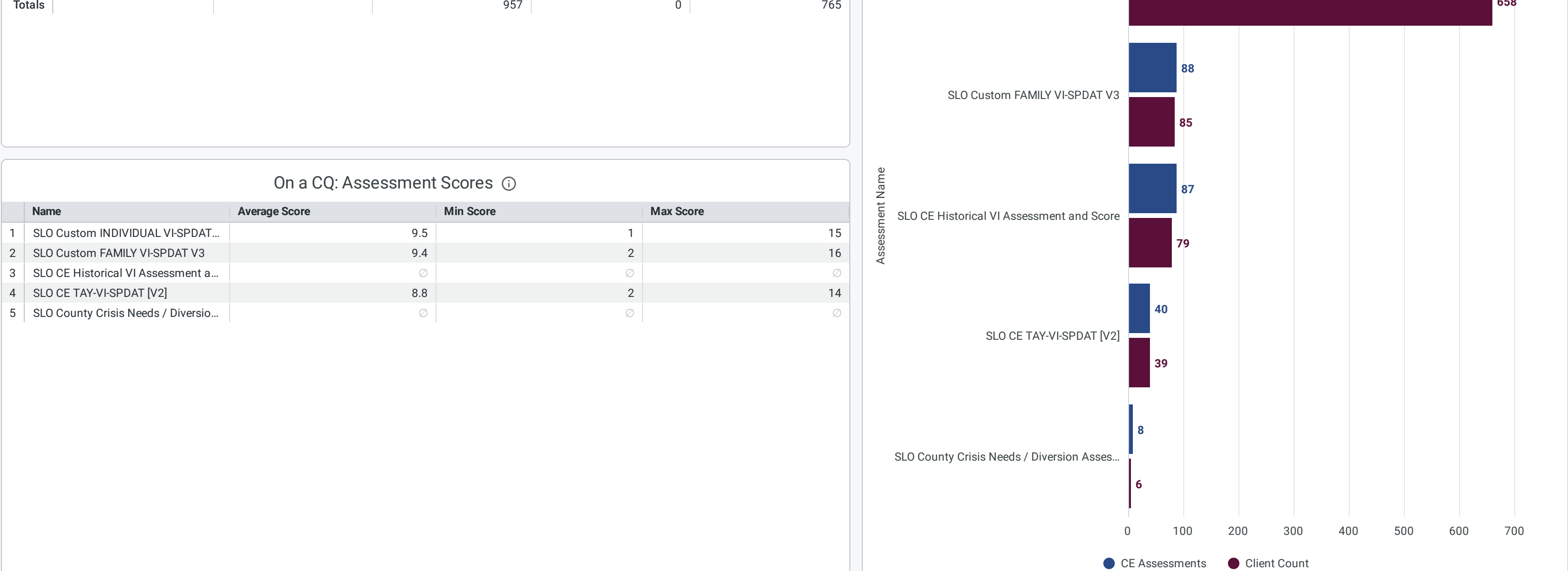
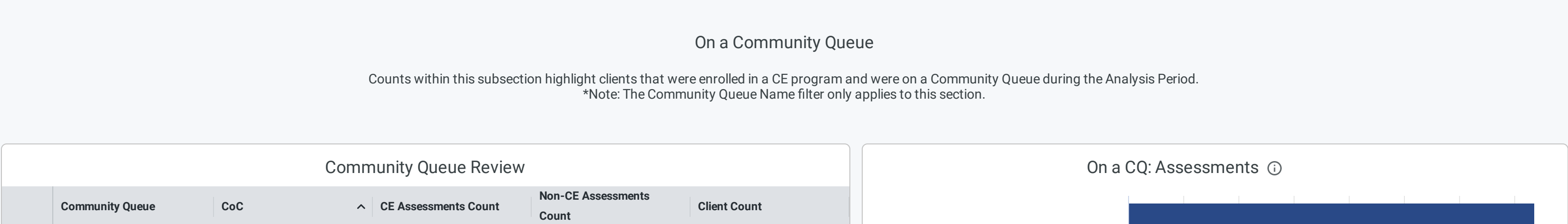
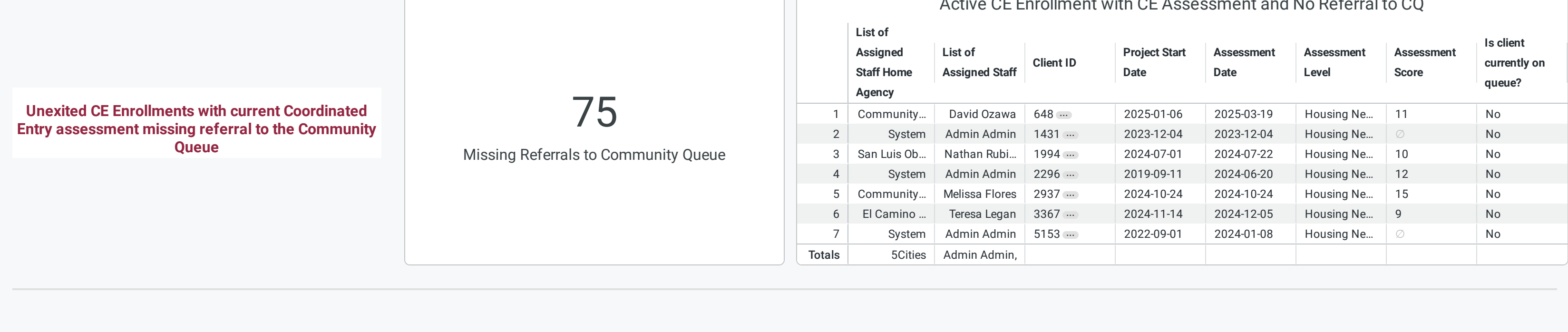
Coordinated Entry: Enrollment Overview

This dashboard contains information about historic Coordinated Entry enrollments.  
For more information about this dashboard, please review the [Coordinated Entry: Enrollment Overview](#) dashboard article and the info bubbles throughout the dashboard.



Days Since Last CLS - Detail

	Creating Agency	Assigned Agencies	List of Assigned Staff	Client ID	Enrollment ID	Name	Project Start Date	Project Exit Date	Latest Current Living Situation Date	Days Since Last CLS
1	System	El Camino Hom...	Bell Perez	9942 ⓘ	19849 ⓘ	San Luis Obispo...	2023-06-01	ⓘ	2023-06-14	647
2	System	Community Acti...	Admin Admin, K...	9677 ⓘ	17938 ⓘ	San Luis Obispo...	2023-11-22	ⓘ	2023-11-29	479
3	System	System	Admin Admin	11513 ⓘ	17847 ⓘ	San Luis Obispo...	2023-11-07	ⓘ	2023-12-28	450
4	System	System	Admin Admin	10721 ⓘ	22030 ⓘ	San Luis Obispo...	2023-04-18	ⓘ	2024-02-08	468
5	System	Community Acti...	Admin Admin, J...	9786 ⓘ	21156 ⓘ	San Luis Obispo...	2024-01-17	ⓘ	2024-02-14	402
6	System	Community Acti...	Admin Admin, L...	11460 ⓘ	16383 ⓘ	San Luis Obispo...	2023-06-12	ⓘ	2024-02-14	402
7	System	Community Acti...	Kaeden North, N...	12380 ⓘ	4039 ⓘ	San Luis Obispo...	2023-10-25	ⓘ	2024-03-19	368
8	Community Actio...	Community Acti...	Jasmine Smith	16331 ⓘ	40617 ⓘ	San Luis Obispo...	2024-04-15	ⓘ	2024-04-15	341
9	Housing Authorit...	Housing Authori...	Gloria Gonzalez	16512 ⓘ	35731 ⓘ	San Luis Obispo...	2024-05-14	ⓘ	2024-05-14	312
10	Transitions Ment...	Transitions Ment...	Brooke Klavie	11003 ⓘ	35807 ⓘ	San Luis Obispo...	2024-05-16	ⓘ	2024-05-16	310
11	Community Actio...	San Luis Obispo...	Nathan Rubinfo	4624 ⓘ	35818 ⓘ	San Luis Obispo...	2024-05-17	ⓘ	2024-05-17	309
12	Community Actio...	San Luis Obispo...	Matthew Dubois	16293 ⓘ	36010 ⓘ	San Luis Obispo...	2024-06-17	ⓘ	2024-06-17	300



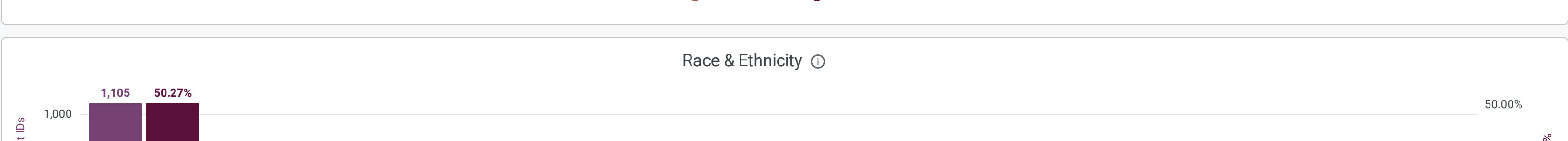
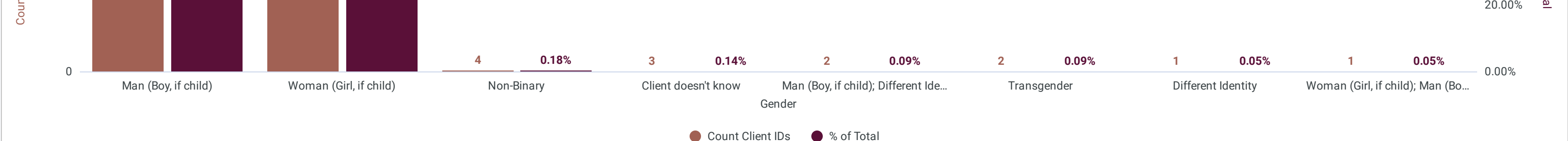
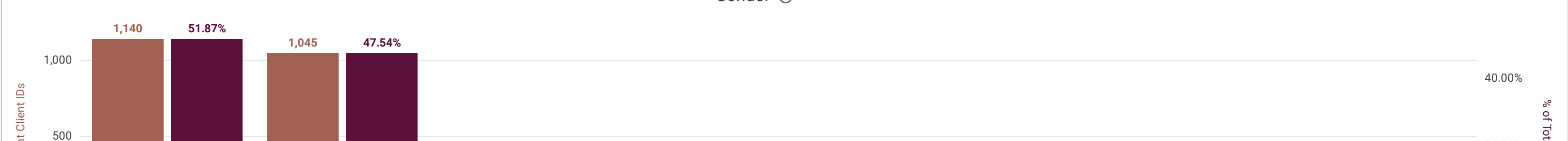
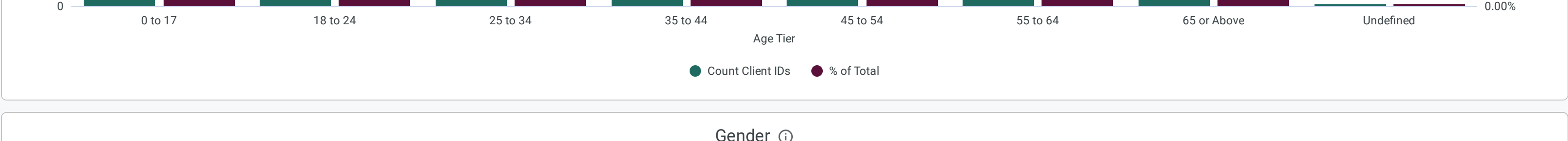
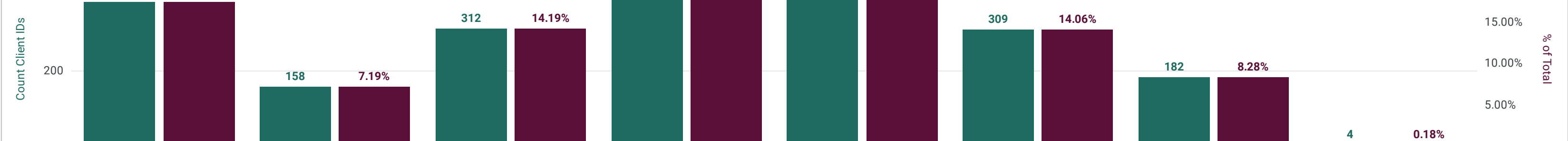
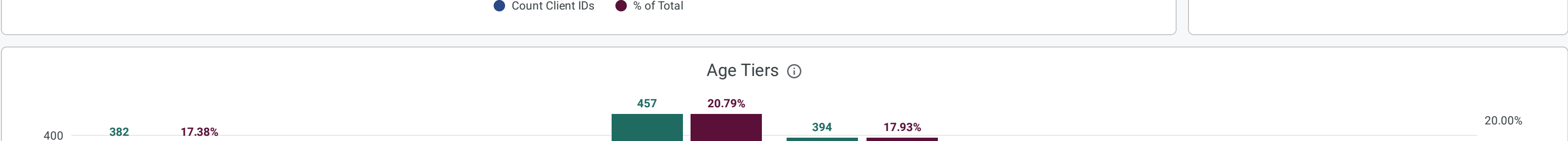
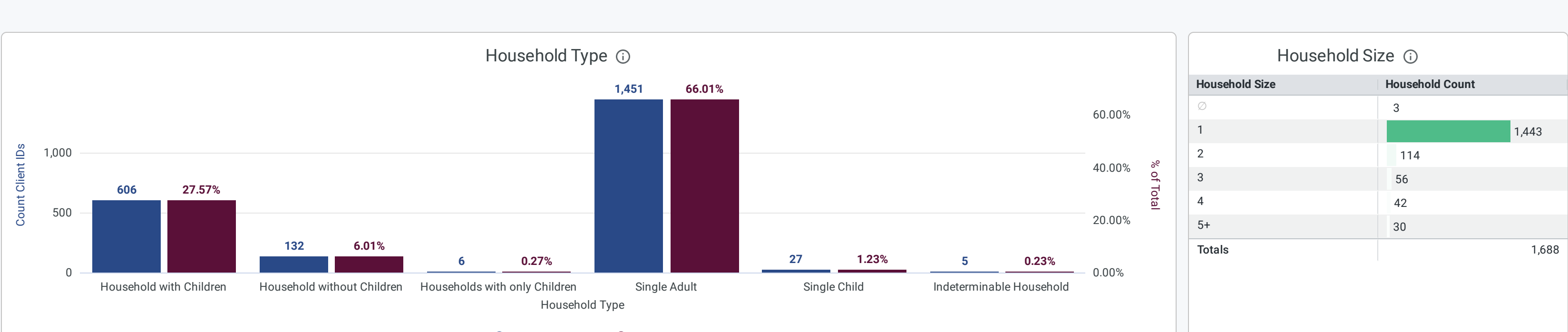
Data Quality Issues - Community Queue Referrals

Deleted Referrals with Remaining Inferred Events

	Clients Client ID	Referrals Referral Method	Referrals Deleted (Yes / No)	Coordinated Entry Event Event Type	Coordinated Entry Event Deleted (Yes / No)	Coordinated Entry Event Event Date	Coordinated Entry Event Event	Coordinated Entry Event ID	Referrals Last Updated Date	Referrals User Updated	Staff Full Name	Staff Email	Staff ID
1	15827 ⓘ	Referral from Eligibility Determination	Yes	Inferred	No	2024-04-08	Referral to PSH...	18	2024-03-14	abbyb	ⓘ	ⓘ	ⓘ
2	4570 ⓘ	Referral from Eligibility Determination	Yes	Inferred	No	2025-01-31	Referral to Other...	267	2024-04-03	abbyb	ⓘ	ⓘ	ⓘ
3	16709 ⓘ	Referral from Eligibility Determination	Yes	Inferred	No	2024-11-05	Referral to PSH...	166	2024-09-11	abbyb	ⓘ	ⓘ	ⓘ
4	14198 ⓘ	Referral from Eligibility Determination	Yes	Inferred	No	2024-11-08	Referral to PSH...	205	2024-09-11	abbyb	ⓘ	ⓘ	ⓘ
5	9334 ⓘ	Referral from Eligibility Determination	Yes	Inferred	No	2024-05-28	Referral to Other...	45	2024-09-11	abbyb	ⓘ	ⓘ	ⓘ
6	16083 ⓘ	Referral from Eligibility Determination	Yes	Inferred	No	2024-11-05	Referral to PSH...	187	2024-09-11	abbyb	ⓘ	ⓘ	ⓘ
7	16043 ⓘ	Referral from Eligibility Determination	Yes	Inferred	No	2024-09-10	Referral to Other...	107	2024-09-11	abbyb	ⓘ	ⓘ	ⓘ
8	16577 ⓘ	Referral from Eligibility Determination	Yes	Inferred	No	2024-10-15	Referral to PSH...	128	2024-09-11	abbyb	ⓘ	ⓘ	ⓘ
9	8735 ⓘ	Referral from Eligibility Determination	Yes	Inferred	No	2024-09-10	Referral to Other...	102	2024-09-11	abbyb	ⓘ	ⓘ	ⓘ

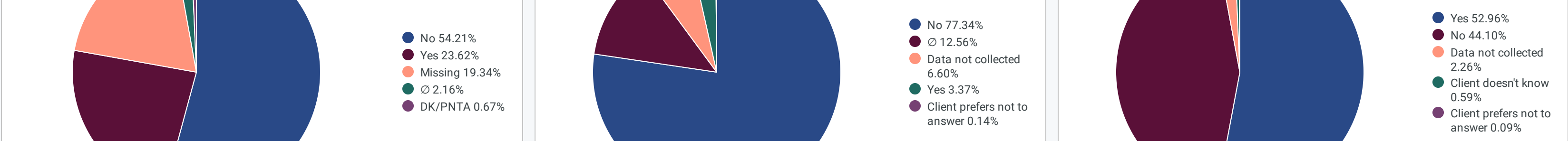
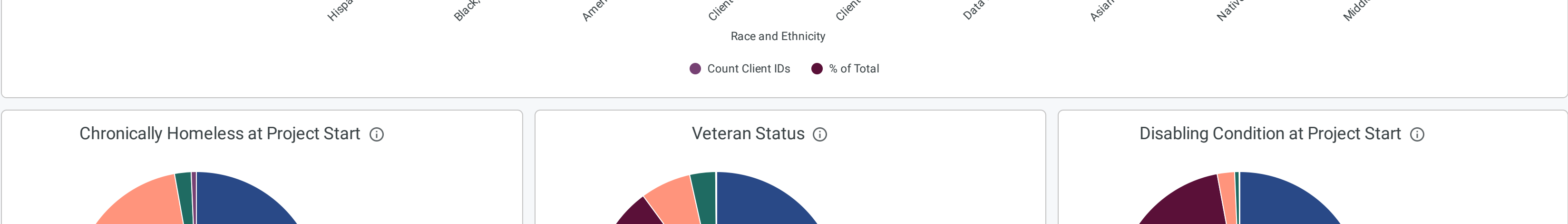
Demographics/Special Populations

Demographic and Special Population information for clients that were enrolled during the Analysis Period.  
Note: The Assessment Name filter does not apply to this section.



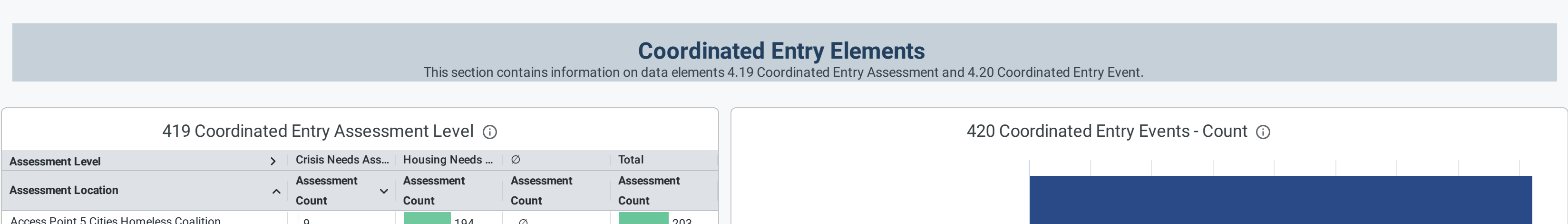
Coordinated Entry Elements

This section contains information on data elements 4.19 Coordinated Entry Assessment and 4.20 Coordinated Entry Event.



Enrollment Comparisons

Analysis Period filter does not apply to this section. This section highlights enrollment comparison counts for the year to date, and 2 years prior.  
Applicable Filters: CoC Code, Agency Name, Program Name, Household Type, Veteran Status, Chronically Homeless, Race & Ethnicity, and Gender.



## **Accessibility of Access Sites**

### **Full coverage**

San Luis Obispo County Continuum of Care's (SLO CoC) Coordinated Entry System (CES) covers SLO CoC's the entire geographic area of San Luis Obispo County.

### **Dual Model Approach**

San Luis Obispo Continuum of CoC (SLO CoC) utilizes a dual model combining multisite centralized Access Points and a "no wrong door" approach. Multisite centralized Access Points maintain physical and virtual locations in high-traffic areas, ensuring accessibility for all subpopulations, such as unaccompanied youth or families fleeing domestic violence. Simultaneously, a no-wrong-door approach allows participants to access services through any provider through immediate engagement or subsequent referral to a designated Access Point.

### **Standardized Access**

All clients will be subject to the same assessment decision-making approach at all Access Points, and all Access Points must be usable by all people who may be experiencing homelessness or at risk of homelessness. Households who present at any entry point, regardless of whether it is an Access Point dedicated to the population to which the household belongs, shall be afforded easy access to an appropriate assessment process that provides the Coordinated Entry System (CES) with enough information to make prioritization decisions about that household.

### **Equal Access**

All populations seeking to access services in the SLO CoC CES process shall be connected, and reporting shall be conducted in compliance with the nondiscrimination provisions of federal, state, and applicable civil rights laws.<sup>1</sup> For more information, reference the CES Policy on **Equal Access**.

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<sup>1</sup> Including (but not limited to): The Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II and III of the Americans with Disabilities Act, as well as HUD's Equal Access and Gender Identity Rules.



## **SLO CoC Access Point & Participating Agency Definitions**

San Luis Obispo Continuum of Care (SLO CoC) utilizes a dual model combining multisite centralized access points and a "no wrong door" approach. Multisite centralized access points maintain physical and virtual locations in high-traffic areas, ensuring accessibility for all subpopulations, such as unaccompanied youth or families fleeing domestic violence. Simultaneously, a no-wrong-door approach allows participants to access services through any provider through immediate engagement or subsequent referral to a designated access point.

### **Designation as an Access Point or Participating Agency**

Agencies designated as system Access Points or Participating Agencies must enter into an MOU with the CES Management Entity. Such MOUs shall identify the respective duties and obligations of the Access Points, Participating Agencies, and the CES Management Entity. This document outlines the general definitions, roles, and responsibilities of the agency types in CES.

### **Provider Types<sup>1</sup>**

#### **Access Point**

Access Points are agencies that serve as the Coordinated Entry System (CES) entry points and offer additional assistance via referrals and other services to support households experiencing a housing crisis. They can range from navigation centers to emergency shelters, food pantries, street outreach programs, and more.

#### **Access Point-Specific Requirements<sup>2</sup>**

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<sup>1</sup> CES Partner Documents and Resources | Orange County CEO's Office. (2024).

<sup>2</sup> U.S. Department of Housing and Urban Development. (n.d.). *Coordinated entry core elements: Guidebook*

1. Households who present at any Access Point, regardless of whether it is dedicated to the population to which the household belongs, can easily access an appropriate assessment process that provides the CoC with enough information to make prioritization decisions about that household.
2. Maintain a physical location and a virtual location that can be accessed by all households experiencing homelessness.
3. Maintain an open access model, assisting anyone in need, not only those enrolled in a specific program.
4. CE Access Point conducts screenings, assessments, or referrals for households experiencing homelessness for placement into housing projects.
5. Provide a scope of services spanning the entire CE intervention. This includes but is not limited to diversion and problem-solving, housing navigation, housing retention, outreach and crisis services.

### **Participating Agencies<sup>3</sup>**

HUD recognizes that many CoCs might have access points with specialized services or proficiency in addressing the needs of special populations. Specialization among individual access points is allowable as long as those access points with specialized services can also provide access to the coordinated entry process for persons who do not need specialized assistance. For example, many CoCs are partnering with community mental health clinics that provide specialized assistance for persons living with a mental illness. Access Points that are mental health clinics certainly offer specialized assistance to mentally ill persons. Still, as coordinated entry Access Points, they must also ensure access to the coordinated entry process regardless of a person's mental health status. Fee for service is not a permissible specialization.

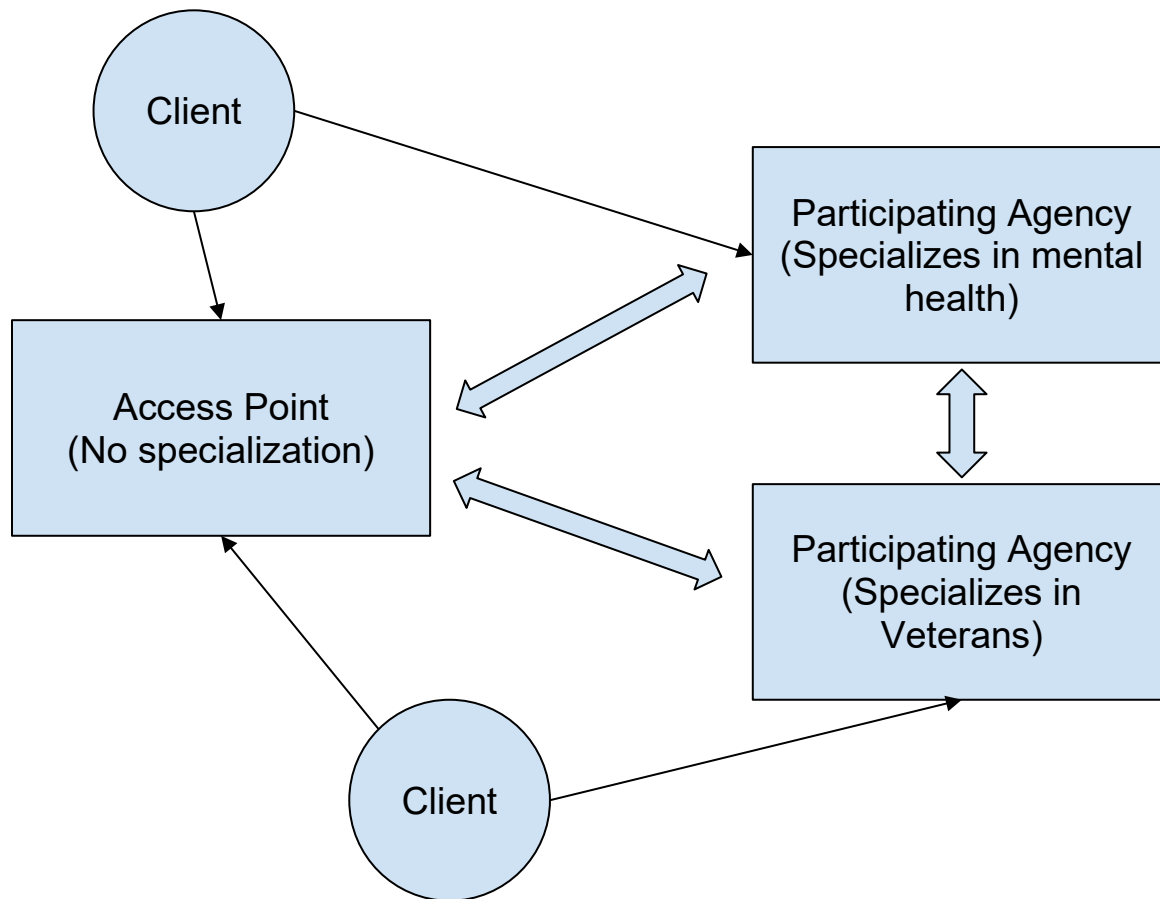
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<sup>3</sup> U.S. Department of Housing and Urban Development. (n.d.). *Coordinated entry core elements: Guidebook* figure 1.

**Requirements for all Participating Agencies and Access Points**

1. Adhere to all CoC HMIS Policies and Procedures (if data is collected outside of HMIS, the agency will adhere to all CES-provided guidance for data collection).
2. Adhere to all CoC CES Policies (Including but not limited to Universal Principles, Access, Assessment, Prioritization, and Referral) and supporting guidance procedures.
3. Provide access to emergency services when possible (such as shelter, prevention services and connection to domestic violence services)
4. Participate in relevant CES planning and policy meetings.
5. Provide thorough diversion and/or housing problem-solving strategies and connection to crisis services (emergency shelters) if necessary after all alternatives have been exhausted. This includes documenting reasons a household was not enrolled in a CoC program, such as self-resolution, eviction prevention, reunification, etc.
6. Provide auxiliary aids and services to ensure effective communication and access (including but not limited to language translation, interpretation and physical accommodations)
7. Provide linkage to services to all populations seeking to enter the CES, regardless of specialization.

### Example of the **Dual Model Approach in Action**



A client can access the CES at any Access Point or Participating Agency. If a client outside of a Participating Agency's specialization accesses the CES through the Participating Agency, they will enroll the client in the CES and facilitate a referral to an Access Point. If a client accesses the CES through an Access Point and needs specialized services, the Access Point facilitates a referral to an appropriate Participating Agency. These referrals must be tracked as a CE event if an agency cannot accept a referral, that must be noted in the CE event. Participating Agencies and Access Points may refer clients to the community queue for shelter and Permanent Housing.

## **Emergency Services Guidance**

### **Definition of Emergency Services Providers**

Emergency Services Providers are organizations or agencies that offer immediate, short-term crisis response services to individuals and families experiencing homelessness or a housing crisis. These providers operate independently of Coordinated Entry System (CES) intake and assessment hours and ensure that those in urgent need receive rapid assistance, regardless of their ability to access long-term housing resources.

Examples include night by night (NbN) emergency shelters, warming and cooling centers, drop-in centers, domestic violence hotlines, law enforcement and first responders, street outreach teams, emergency medical and behavioral health services, and homeless prevention programs. Access to the above emergency services shall not be prioritized based on the severity of service need or vulnerability; rather, it shall be the availability of resources. These providers ensure rapid access to safety, shelter, and necessities while connecting individuals to longer-term housing and shelter solutions through CES.

### **24-hour Connection to the Emergency System**

Clients must be able to access emergency services based on the operating hours of those emergency services, independent of the operating hours of the CES's intake and assessment processes. For example, a client may not be denied access to an emergency shelter program due to not completing a CES intake and assessment.

To ensure a seamless transition from emergency services to the CES, all individuals accessing emergency services during non-business hours must be provided immediate crisis assistance and connected to CES at the earliest opportunity. Access Points should establish a direct referral pathway from the Emergency service providers to the CES for assessment and service prioritization.

### **Immediate Access to Emergency Services**

Suppose the CES pre-screen questions suggest that the household wishes to be connected to emergency services. In that case, the Access Point shall provide the household immediate access to the contact information for an appropriate emergency services provider and arrange transportation for the household to the emergency services provider, if possible.

In the case of households fleeing domestic violence or human trafficking, the Access Point shall, without transmitting any personally identifiable information, notify the local domestic violence hotline of the pre-screening interview and transfer to the emergency services provider within 24 hours of the exchange with the household. **Refer to the Domestic Violence Guidance for more information.**

For more information on Coordinated Entry Data Standards please refer to the **Privacy & Data Management Guidance**.

**Low-Barrier to Access**

The Coordinated Entry process must allow people experiencing a housing crisis to access emergency services with as few barriers as possible. HUD expects CoC-designated coordinated entry Access Points to provide “unqualified” emergency access, meaning access is not limited to specific populations. Emergency Access Point service providers could include all types of emergency services such as homelessness prevention assistance, domestic violence and emergency services hotlines, drop-in service programs, emergency shelters, and other short-term crisis residential programs. Refer to the **Equal Access Guidance** for more information.

**Pre-screening, Problem Solving, Diversion, Rapid Resolution Guidance**

**Commented [1]:** Formatting is goofy - blank page three cannot be deleted?

**Diversion and Pre-screening Definitions**

Diversion is an initial intervention within CES aimed at preventing individuals from entering the homeless response system when safe and appropriate alternatives exist. This occurs immediately upon engagement and includes identifying resources such as family reunification, mediation, or short-term financial assistance to stabilize housing.

Pre-screening is conducted as part of initial triage to determine the most appropriate path for the participant. This includes screening for immediate safety risks, such as domestic violence or trafficking, eligibility for diversion (e.g., whether the household has alternative housing options), and urgency of needs, including the need for emergency shelter or rapid re-housing.

**Rapid Resolution and Problem-Solving Definitions**

Rapid Resolution is a client-centered approach that aims to resolve a household's homelessness quickly outside of the traditional shelter and housing system. Strategies include conflict resolution and mediation to help re-establish relationships with family, friends, or landlords. Short-term assistance, such as transportation to a safe living arrangement, and flexible financial assistance, including security deposits or rental arrears, are also available if they prevent entry into the homeless system.

Problem-solving is integrated into each stage of CES assessment process and focuses on identifying immediate and sustainable solutions. This includes progressive engagement, which ensures that participants receive only the level of assistance necessary to stabilize their housing situation rather than automatically entering shelters or long-term programs.

**SLO County CoC Pre-screening, Problem Solving, Diversion, Rapid Resolution Process**

The diversion occurs during an individual's or family's initial contact with a provider. An exploratory conversation should take place between the individual or family and a provider staff member to determine if their current housing issue could be solved using this approach. Diversion conversations should be had with all households seeking homeless service assistance.

Access point staff will refer households that may avoid becoming homeless by receiving available housing support to short-term rental assistance, utility assistance, landlord conciliation or conflict resolution services, and other homelessness prevention services as appropriate.

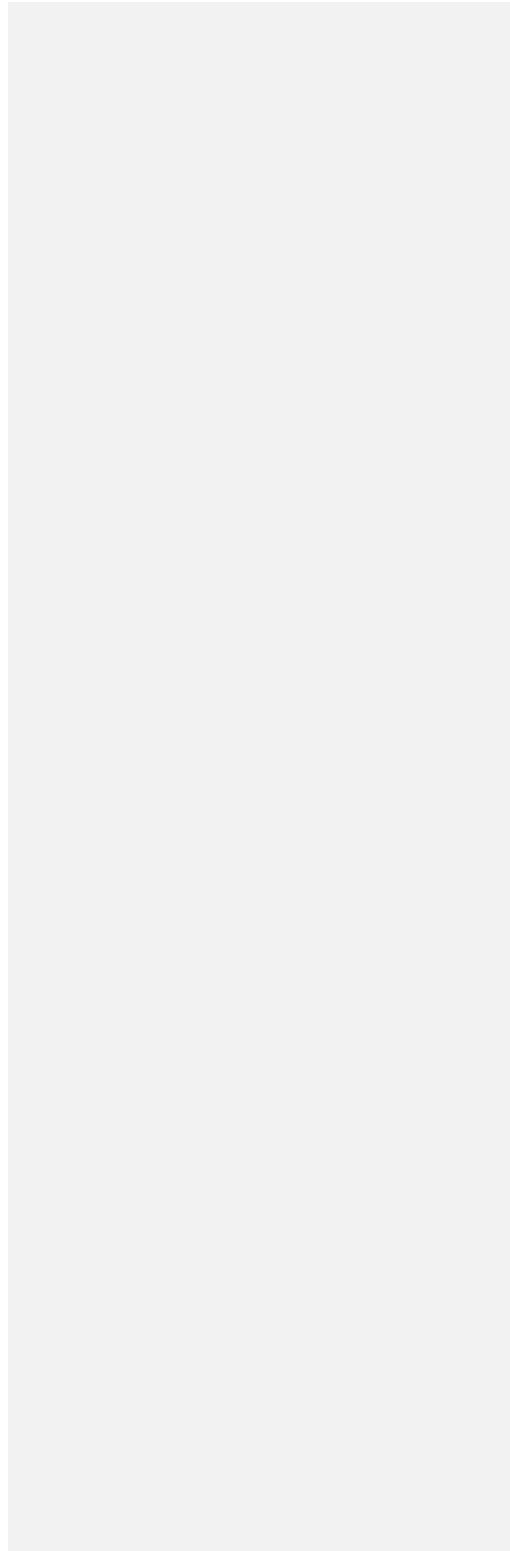
All people requesting shelter are screened for other safe and appropriate housing options (temporary or permanent) and resources to obtain and maintain their housing. People with other safe and appropriate housing options or resources are diverted from emergency shelters. Instead, they are offered problem-solving assistance, immediate linkage to homeless services, and homelessness prevention assistance as needed, desired, and available.

**Diversion** Diversion/Rapid Resolution/Problem Solving. A 'light touch' 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. A client and case manager should collaborate to develop creative solutions to the current housing problem if possible. Financial aid should only be considered when necessary for an immediate resolution to re-enter housing. Individuals and families need not be referred through CES to receive diversion services.

#### **Tracking a Problem Solving, Diversion, Rapid Resolution Intervention**

Providers document attempted diversion and problem-solving via the SLO County CoC Diversion/Triage Assessment and the SLO County Crisis Needs / Diversion Assessment. CES documents problem-solving, diversion, and rapid resolution outcomes via the "Problem Solving/Diversion/Rapid Resolution intervention or service" "Event" in the Homeless Management Information System (HMIS)





Emergency Services. Suppose pre-screening questions determine a client has an emergency need for medical care or shelter. In that case, the client will be immediately considered for referral to the appropriate emergency care center, such as a hospital or emergency shelter.

Prevention/diversion. If pre-screening questions determine that a client is not literally homeless, Agency staff shall connect the client with prevention or diversion resources as directed by CES Coordinating Agency staff.

Category Four. Suppose pre-screening questions determine that a client is fleeing or attempting to flee domestic violence (DV). In that case, CES Access Point staff shall offer to connect the client with a victim service provider. Clients fleeing domestic violence are still entitled to access all other CES resources as normal and are not required to limit themselves to DV-specific programs. However, non-DV-specific programs may offer a somewhat reduced expectation of privacy (e.g., client data may be shared across agencies), and the client should be made aware of this and offered a choice as to which housing and service opportunities should be considered.

Other Clients experiencing homelessness. If pre-screening questions determine that a client is literally homeless, Access Point staff shall walk the client through the following process:

1. Offer the client an overview of CES and the assessment, prioritization, and referral process.
2. If the client agrees to proceed, Access Point staff shall have the client fill out an 815 Release of Information Form. The completed form shall be filled out in HMIS, and any original paper copies shall be destroyed or properly stored in a physical client file.
3. Access Point staff shall then collect Universal Data Elements intake questions and enter the client's answers into HMIS.
4. Once the Universal Data Elements information is collected, Access Point staff shall begin a VI-SPDAT interview, as detailed below. The VI-SPDAT shall be rendered in a private room/space. All available contact information shall be collected from the client.
5. At the end of the VI-SPDAT, Access Point staff shall remind the client that completion of the VI-SPDAT is not a guarantee of housing.
6. Upon completing the VI-SPDAT, Entry Point staff may begin to address any immediate wrap-around needs.

## **Standardized Assessment Approach**

### **A Trauma-Informed, Client-Centered Assessment Model**

All assessments are conducted using trauma-informed, client-centered methods. Areas, where consumer assessments are conducted shall be continually assessed for their safety and privacy to allow individuals to identify sensitive information or safety issues in a private and secure setting.

Persons conducting assessment shall engage participants appropriately and respectfully to collect only necessary assessment information. Should a consumer choose not to provide a piece of the requested information, the person conducting his or her assessment shall communicate to the consumer the impact of incomplete assessment responses. Persons conducting assessment shall make every effort to assess and resolve the person's housing needs based on a participant's responses to assessment questions, no matter how limited those responses.

### **Cultural and linguistic competency**

All persons administering assessments shall use culturally and linguistically competent practices. Assessments shall include trauma-informed culturally and linguistically competent questions for special subpopulations, including immigrants, refugees, and other first-generation subpopulations; youth; persons fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking; and LGBT+ persons.

San Luis Obispo County Continuum of Care will offer training to participating projects that receive referrals in culturally and linguistically competent practices so that appropriate resources available to participants are as comprehensive as possible. For more information on training, refer to the **CES Training Guidance**.

### **Declining to Answer Questions**

All participants in the CES will be freely allowed to decide what information they provide during the assessment process and to refuse to answer assessment questions. Although participants may become ineligible for some programs based on a lack of information, a participant's refusal to answer questions will not be used as a reason to terminate the participant's assessment, nor will it be used as a reason to refuse to refer the participant to programs for which the participant appears to be eligible. Participants may refuse to answer assessment questions and to reject housing and service options offered without retribution or limiting their access to assistance.

## VI-SPDAT Assessment

The Coordinated Entry System (CES) will consistently assess all individuals using the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) plus additional supplemental questions. This tool was selected based on the community's satisfaction that it met the following characteristics:

- ☐ Tested, valid, and appropriate
- ☐
- ☐ Reliable (provide consistent results)
- ☐
- ☐ Comprehensive (provide access to all housing and supportive services within the CoC)
- ☐
- ☐ Person-centered (focused on resolving the person's needs, instead of filling project vacancies)
- ☐
- ☐ User-friendly for both the person being assessed and the assessor
- ☐
- ☐ Strengths-based (focused on the person's barriers to and strengths for obtaining sustainable housing)
- ☐
- ☐ Housing First-oriented (focused on rapidly housing participants without preconditions)
- ☐
- ☐ Sensitive to lived experiences (culturally and situationally sensitive, focused on reducing trauma and harm)
- ☐
- ☐ Transparent in the relationship between the questions being asked and the potential options for housing and supportive services

Application of the VI-SPDAT may not produce the entire body of information necessary to determine a household's prioritization, either because of the nature of self-reporting, withheld information, or circumstances outside the scope of assessment questions. Therefore, case workers and others working with households may provide additional information relevant to the CoC's written prioritization policies through case conferencing or otherwise.

Clients may request to complete a new VI-SPDAT assessment at any time, and service providers are encouraged to complete a new evaluation at least every 6 months or when

there has been a substantive change in the condition of the client's health, well-being, or other significant events that act as barriers or facilitators to exiting homelessness.

### **Adjustments for Special Populations**

Families and Transitional Aged Youth have specialized versions of the VI-SPDAT survey designed to capture the unique needs of those populations. Refer to the **VSP Guidance** for more information on the referral process for victim services providers.

### **Phased Assessment**

The CES assessment component may be implemented in phases to capture information as needed as participants navigate the process, recognizing that trauma-informed approaches are necessary throughout these phases—the assessment process includes information gathered from assessment tools.

## **Alternative Prioritization Process**

### **Inaccurate VI-SPDAT Assessment**

When a qualified assessor believes that a program participant's VI-SPDAT score is not reflective of their vulnerability or the participant is unable to complete the VI-SPDAT (e.g. due to poor mental health), the assessor can recommend the participant for another prioritization group by contacting the CES lead. Recommendations will be made during the next available case conferencing meeting. The assessor must provide a clear and specific rationale for the adjustment. The assessor must complete the "Alternative Prioritization Justification Form."

### **Unreliable Narrator**

In cases where a person is impacted by a severe and persistent mental health condition and is unable to complete the VI-SPDAT, a designated advocate from the provider agency may complete the "Alternative Prioritization Justification Form." The designated advocate will complete the worksheet on paper and only non-identifying information will be transferred to HMIS without an HMIS consent.

### **Alternative Prioritization Justification Form**

The "Alternative Prioritization Justification Form" documents an alternative prioritization decision when a participant's VI-SPDAT score does not accurately reflect their vulnerability or the participant is unable to complete the standard assessment tool. The justification must be based on objective data and presented for approval at the following case conferencing meeting.

### **VI-SPDAT Score Range Exceptions**

In cases where an individual program participant scores lower than 7 on the VI-SPDAT or a family participant scores higher than 8, the program provider may recommend housing once they complete the VI-SPDAT and discussion with the CES Lead has occurred and if the participant:

- Meets other housing program criteria (e.g., chronic homelessness, disabling conditions, etc).
- Is referred to case conferencing due to objective, community-wide criteria; (Such as steady and adequate income, voucher, support system, self-sufficiency as determined through assessment, etc).

- Through case conferencing, the community determines that there is a substantial likelihood that housing will meet the client's housing and service needs.
- In cases where an individual program participant scores lower than 7 on the VI-SPDAT or a family participant scores higher than a 8, the program provider may recommend housing once they complete the VI-SPDAT Score Revision Worksheet or the program participant:
  - Has a terminal illness and will need supportive services in the near future
  - Has a condition that makes their continued lack of stable housing potentially fatal, and there are no other housing opportunities.

All prioritization adjustments must be recorded in HMIS and tracked over time to ensure consistency and accountability.

**Prioritization Scoring & Eligibility Criteria Guidance  
San Luis Obispo Coordinated Entry System (CES)**

**Prioritization Scoring**

Households experiencing homelessness will be prioritized based on the Vulnerability Index-Services Prioritization Decision Assistance Tool (VI-SPDAT version 3 for adults, F-VI-SPDAT for families, and TAY-VI-SPDAT version 2 for youth) score. These assessment tools are used strategically and only when necessary for a household's housing placement needs. Completed assessments (or uploaded assessments, if the survey was completed on paper) will be synced to the Community Queue (CQ) in the Homeless Management Information System (HMIS). Households will be matched to appropriate and realistic housing resources based on the survey score, needs (as demonstrated by the assessment tool, data in HMIS, and case- case-conferencing records), and client-stated housing preferences. Additional matching information can be found in the CES Matching Policy.

The CQ is a dynamic list that reflects real-time needs by subpopulation. Families, youth, and households fleeing domestic violence are prioritized for housing referrals. In cases where multiple people have the same score, the list could be filtered by the length of time the household has been homeless. In this situation, the homeless household with the longest duration would be prioritized for the housing referral.

Households may be re-surveyed if their circumstances have changed, such as additional hospitalizations, a change in living situation or income, worsening health, or if one year has elapsed since the survey was completed. When a household is re-surveyed, its revised score could affect its position on the CQ.

Households surveyed but fully disengaged from services and unable to be located for more than 90 days will be removed from the CQ and exited from CES after 30 additional days of inactivity. Households removed from the CQ or exited from CES can only be prioritized or considered for housing resources once they are reactivated through documented engagement in the CES program from a CES-participating agency. If the household's whereabouts become known, it may be moved back onto the active list and should be re-surveyed.



## **Eligibility Criteria**

### **Permanent Supportive Housing with Intensive Services Support (PSH+)<sup>1</sup>**

To qualify for these units, a participant's VI-SPDAT score must be 11 or higher. Households will be prioritized based on the highest overall prioritization score. This housing typology has high case management support with low caseload ratios. The supportive services are attached to the units, are not time-limited, and are delivered in a low-barrier, Housing First setting. Examples of PSH+ include but are not limited to, No Place Like Home-funded units and Housing Now! units.

### **Permanent Supportive Housing (PSH)<sup>2</sup>**

Generally, households with VI-SPDAT scores of 8-10 are eligible for Continuum of Care (CoC)- funded permanent supportive housing (PSH), with priority given to those with the highest prioritization score. Households scoring higher than 10 on the VI-SPDAT may be offered CoC PSH if they are not eligible for PSH+ or if it is otherwise appropriate to their needs and preferences. CoC PSH provides case management and connects households to additional community resources as relevant and available. CoC housing uses a low-barrier, Housing First approach.

### **Rapid Rehousing**

Households with VI-SPDAT scores between 4-7 are eligible to be enrolled in RRH (e.g., Emergency Solutions Grant Program Rapid Rehousing (ESG RRH), etc.) based on the client's preferences and the criteria for each program. Households with VI-SPDAT scores of 8 or higher may be considered for referrals to RRH as appropriate.

### **Lesser of No Intervention (Problem Solving)**

Households with a VI-SPDAT score between 0-3. These cases should be addressed using problem-solving techniques, light touch reunification, and/or resources.

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<sup>1</sup> For PSH+: Households must meet the U.S. Department of Housing and Urban Development (HUD) definition of chronically homeless (24 C.F.R. Parts 91 and 578). Households do NOT have to be County residents to qualify.

<sup>2</sup> For CoC-funded units: Households must meet the U.S. Department of Housing and Urban Development (HUD) definition of chronically homeless (24 C.F.R. Parts 91 and 578). Households are not required to be County residents to qualify for CoC-funded permanent supportive housing. For HDAP-funded units: VI-SPDAT score of 8-10, prioritizing those with the highest prioritization score. Households must also have a disability and must not yet have SSI benefits. Households scoring higher than 10 on the VI-SPDAT may be offered HDAP housing if appropriate to the client's needs and preferences and if the client would be interested in a housing subsidy that is not permanent. HDAP provides case management and connects households to additional community resources as appropriate and available. Case management in this program is transitional, not permanent. In addition to receiving housing-focused case management, HDAP participants can receive assistance from case managers on their SSI or SSDI application or reconsideration.

### Standardized Prioritization

Individuals and families are prioritized for a full continuum of housing and service interventions according to San Luis Obispo County Continuum of Care's (CoC) and ESG Written Standards, which prioritize those with the most urgent and severe needs. The CoC shall use the Coordinated Entry process to prioritize homeless persons within its geographic area for access to housing and supportive services.

Those with the highest VI-SPDAT scores are prioritized highest for longer-term housing solutions. The Coordinated Entry prioritization process combines the person's assessment results with the CoC's prioritization policies and procedures to determine that person's level of vulnerability. The person's assessed vulnerability will establish his or her priority for resources in the homeless system and lead to the identification of vacancies at housing and supportive services projects to which the person can be referred.

The CoC shall make decisions of prioritization based on the scheme outlined below. Each "Priority Group" represents a group of people considered roughly the same priority. Priority Group 1 is the highest. Programs participating in Coordinated Entry are required to attempt to fill each housing opportunity with clients from the highest remaining priority group unless (a) there are no such clients, or (b) the bed is dangerously unsafe for all of the clients in that priority group because it lacks the appropriate supportive services, such as suitability, client choice, and the relative difficulty of finding and preparing a particular client to enter housing. Clients with VI-SPDAT scores of 8 or higher may be considered for referrals to Rapid Rehousing as appropriate.

Housing Type	Priority Group	Primary Criteria	Secondary Criteria
<b>Housing Now!</b>	<b>1</b>	VI-SPDAT Score: 11+ (referrals start at the TOP of the CQ) Chronic Homelessness	Length of Time Homeless
<b>CoC</b>	<b>2</b>	VI-SPDAT Score: 8-10(+) Chronic Homelessness	Length of Time Homeless
<b>RRH</b>	<b>4</b>	VI-SPDAT Score: 4-7(+) Chronic Homelessness	Length of Time Homeless

#### Primary vs. Secondary criteria

A client must have all of the “primary criteria” for a priority group to be included in that group. Within each group, the individuals with the longest length of time on the Community Queue for Permanent Housing will receive first priority.

**Eligibility and Suitability**

Case conferencing will be used to ensure that clients are not referred to programs for which they are ineligible. If a client is unsuitable for a particular program because, e.g., the program lacks services that the client needs, then the Coordinated Entry System may select a different client with a substantially identical priority who is more suitable for the current opening. When this occurs, the substitution and the reason for the substitution must be documented by both the provider and by the Coordinated Entry System, and the client who was not referred for housing should be placed back in the Community Queue to be considered for future housing opportunities.

## Interim Matching and Referrals Guidance

## San Luis Obispo (SLO) Continuum of Care (CoC) Coordinated Entry System (CES)

The SLO CoC Coordinated Entry System (CES) Management Entity (staff) will match and refer adults, youth, and families with children experiencing homelessness to permanent housing resources, prioritizing following the criteria delineated in the CES policies and subsequent guidance.

CES will use a modified coordinated process (outlined below) to match and refer persons and households experiencing homelessness to appropriate housing resources and services within SLO CoC. The term “match” means the CES staff has identified that a client is eligible for a resource, and the term “refer” means that staff follow the HMIS workflow to reassign the client from the PHQ to the housing resource for the housing provider to process.

CES maintains a centralized Permanent Housing Queue (PHQ) within the CoC's designated Homeless Management Information System (HMIS) of persons and households—prioritized following the criteria established by the *Prioritization Scoring Guidance*—from which participants are matched and referred to available housing resources and services.

Unless otherwise designated, all CES-designated Permanent Supportive Housing (PSH) will be filled exclusively through this outlined process. In cases where the circumstances of an individual case necessitate an exception to this guidance, exceptions may be made and discussed through case conferencing at the discretion of the CES Management Entity.

Phases	Actions/Descriptions	Duration
Phase 1: Data Maintenance	CES staff will monitor the PHQ and relevant reports daily to maintain up-to-date and accurate client and housing data. CES- participating housing providers will regularly add unit vacancies in HMIS with all appropriate unit criteria	Ongoing
Phase 2: Identify Matches	CES staff will identify upcoming (or current) vacancies, review each unit's coordinating eligibility and thresholds, and identify eligible clients and households.	One to two business days upon vacancy entered into HMIS
Phase 3: Referral in HMIS	CES will send the referral to the housing resource through HMIS. Housing providers will acknowledge the referral in HMIS by setting the status to “In Process” and then will set up their interviews with clients in coordination with the case management/housing navigation team.	One to two business days upon vacancy entered into HMIS.

	<p>Housing providers will contact the Care Team, Assigned Staff, and client using the HMIS messaging tool to set up an interview (email and phone may also be used to reach the care team). If no response or communication is received within five business days, a referral may be denied and the subsequent referral processed.</p>	
Phase 4: Referral Process	<p>CES staff will contact the case manager/housing navigator (or designated point of contact) of the household identified as most eligible to begin working with the household to confirm that this is a housing resource they desire: the Care team and the housing provider to secure all needed confirmations to move forward with the match.</p> <p>Housing providers will contact the care team, assigned staff, and client using the HMIS messaging tool to set up an interview (email and phone may also be used to reach the care team). If no response or communication is received within five business days, a referral may be denied and the subsequent referral processed.</p>	<p>Interview to be set within five to ten business days of response from service provider</p>
Phase 5: Resolution	<p>If tenancy is offered, housing providers will accept the referral in HMIS and enroll the client into the housing program. If a client or housing provider declines tenancy, the housing provider will deny the referral (completing all required fields) and refer the client back to the PHQ, if appropriate.</p> <p>The grievance process will be available to the client if necessary.</p>	<p>Five business days upon completion of housing interview by housing providers</p>

## Prioritization & Referral Policy San Luis Obispo Coordinated Entry System (CES)

### Purpose

This Policy establishes basic principles for prioritizing and referring households experiencing homelessness in San Luis Obispo County's Coordinated Entry System (CES). As elaborated in subsequent guidance, the principles outlined in this policy will serve as the basis for all prioritization and referral activities. The policy and guidance will ensure the system's resources are utilized equitably to pursue stable and permanent housing solutions.

In SLO CoC, as in many communities, the demand for homeless services exceeds the relative availability of resources. One of the main goals of Coordinated Entry is to help reconcile this disparity by identifying and prioritizing those with the most severe service needs or highest health vulnerabilities and connecting them to the most appropriate life-saving housing to meet their needs. Coordinated Entry tackles this challenge by utilizing community-wide criteria to help decide who gets attached to available housing and service resources. These policies strive to uphold fairness and equity, most often prioritizing those at the highest risk of adverse outcomes or with the most significant needs to receive appropriate, available resources. In this manner, limited resources can be delivered to those with the greatest need, even as a community's overall need levels continue to shift.

Referral (sometimes called "matching"), is the process of connecting households, based on prioritization and participant preferences, to available housing and other resources that meet their needs. A well-coordinated referral process ensures participants are quickly and effectively connected to the appropriate resources, regardless of where they accessed the system or which provider they first contacted.

### Applicability

The principles in this policy are the foundation for prioritization and referral and will govern nearly all resource allocation in the CES. At the same time, principles are the foundation of policy guidance defining related service delivery standards for facilitating in populations.

### Application of Principles for Prioritization & Referral

Applicability	Definition	CES Principal
<b>Transparent and Equal Matching &amp; Prioritization</b>	Prioritize and match in a way that prevents discrimination because of race, color, religion, sex (including gender, gender identity, sexual orientation, and sexual harassment), national origin, familial status, and disability (both visible and not). Data collected from the assessment process will not be used to prioritize or discriminate against individuals or households for housing and services on the exclusive basis of characteristics or protected classes. Ensure all subpopulations have access to matching and referral to housing and services - especially those disproportionately represented in the homeless response system - to improve housing outcomes and stability. For more information, reference the CE guidance on Equal Access.	Non-Discrimination & Equity, Transparency, Consistency

<b>Low Barrier</b>	Apply a low-barrier approach to homeless services delivery grounded in the principles of housing and services with individualized support and participant choice without preconditions.	Housing First & Consistency
<b>Efficient Utilization</b>	Support an efficient and coordinated process that moves people through the crisis response system from homelessness to housing as quickly as possible. Regularly review prioritization and matching protocols in the context of anticipated near-term availability of housing resources and employ resources in an agile manner. Ensure the effective use of resources to maximize available services, units, and vouchers. Encourage quick and consistent communication of resource availability across areas and resource types.	Consistency & Continuous Improvement Process
<b>Consistent &amp; Equitable Assessments</b>	Establish prioritization standards tailored to different subpopulations that produce consistent and effective outcomes. Ensure that assessment administration is consistent and high quality across providers to maximize the effectiveness of the system's assessment tools and processes.	Consistency, Continuous Improvement Process, & Transparency
<b>Progressive Engagement</b>	Use available resources as flexibly and nimbly as possible to ensure individuals receive assistance as quickly as possible.	Progressive Engagement & Housing First
<b>Person-Centered Resource Linkages</b>	Strategically prioritize resources to ensure that people are connected to housing and services appropriate to their needs, eligibility, and existing support systems and to match those with the greatest needs to limited resources. Facilitate adjustments and transfers within and between both housing strategies and different housing projects to provide a "right-sized" system.	Person-Centered Approach

#### Prioritization & Referral Processes

Coordinated Entry staff will work with participants, providers, governing bodies, and system partners to develop guidance that will lay out processes for how participants will be matched to relevant resources through prioritization. All guidance will align with the principles stated in the above policy.

### **Immigration Status and Access to Services**

The San Luis Obispo CoC (SLO CoC) Coordinated Entry System (CES) provides equal access to emergency services, including shelter, crisis intervention, and outreach services for individuals and families experiencing homelessness regardless of their legal residency or immigration status.

#### **HUD Program Eligibility and Residency Restrictions**

Some HUD-funded housing programs (such as Housing Choice Vouchers, Section 8, and Public Housing) require documentation of legal residency. When necessary, CE staff will:

- Inform participants if a housing program requires legal residency verification as part of its eligibility criteria.
- Refer individuals who are ineligible for HUD-restricted programs to alternative housing resources, including state, local, nonprofit, and faith-based providers that do not require immigration status verification.
- Ensure that nonprofit providers receiving HUD funding do not require citizenship verification for non-housing services (e.g., case management, legal services, food assistance).

#### **Confidentiality and Data Protection**

No documentation of legal status will be collected or stored in HMIS unless explicitly required by a housing provider for program eligibility. Personal information about residency or immigration status will not be shared with external agencies (including law enforcement or immigration authorities) without the client's written consent, except where legally required.

#### **Non-Retaliation and Equity in Service Provision**

No client should feel discouraged from seeking assistance due to their residency status. CE staff and partner agencies must ensure that clients are treated with dignity and respect regardless of their legal residency. That no participant is referred to law enforcement or immigration authorities based on their status and that culturally competent, language-accessible services are provided to ensure that all clients receive equitable support.



