HMIS/CEP Committee Meeting
February 4, 2026
9:00 am to 10:00 am
112 East 2ⁿᵈ Street, Housing Program Office
Alturas, CA 96101

NorCal CoC HMIS/CEP Committee Meeting
February 4, 2026
9:00am - 10:00am
https://us02web.zoom.us/j/87307936005?pwd=bI87IbDa6scUMYvZbaoVKbQHT97y1B.1
Meeting ID: 873 0793 6005
Passcode: 052676

Teleconference locations:

Del Norte County Health and Human Services
455 K Street
Crescent City, CA 95531

Sierra County Behavioral Health
704 Mill Street
Loyalton, CA 96118

Lassen County Health and Social Services
1410 Chestnut Street
Susanville, CA 96130

Siskiyou County Behavioral Health
2060 Campus Dr.
Yreka, CA 96097

Plumas County
PCIRC
591 Main Street
Quincy, CA 95971

Shasta County
2600 Park Marina Drive
Redding, CA 96001

HMIS/CEP Committee Members
Maddelyn Bryan, Chair County of Siskiyou
Kristen Quade, Vice Chair County of Plumas
Carla McDonald, County of Lassen
Daphne Cortese-Lambert, County of Del Norte
Nikki Kates, County of Modoc
Robert Szopa, County of Sierra
Sarah Prieto, County of Shasta

To Address the Board: Members of the public may address the Board on any agenda item. Pursuant to the Brown Act (Govt. Code section 54950, et seq.) Board action or discussion cannot be taken on non-agenda matters but the board may briefly respond to statements or questions. You may submit your public comment via email to cmadison@teachinc.org that will be read into the record.

1. **Call to Order/Quorum Established/Introductions**

2. **Public Comments (limited to 3 mins. per comment)**

Members of the public will have the opportunity to address the Board on any issue within the jurisdiction of the Board. Speakers will be limited to three minutes.

3. **Action Items**

   I. **Approve January 6, 2026 HMIS Committee Meeting Minutes**
   Exhibit A Draft January 6, 2026 HMIS Committee Meeting Minute

   II. **Approve Coordinated Entry System Policies and Procedures, December 2025**
   Review and approve the proposed Coordinated Entry System Policies and Procedures, December 2025
   - Finalize CES Policy review focus areas:
     - Service Referral Priorities
     - Roles and responsibilities of County Leads
     - Policy review date Sept 2026 HMIS/CES Committee
   Exhibit B Coordinated Entry System Policy revised Jan 7, 2026
   Exhibit C NorCal CoC, Job Aid – Coordinated Entry HMIS Processes

   III. **Approve - HMIS License Allocation Policy**
   Review and approve proposed policy.
   Exhibit D HMIS License Allocation Policy

4. **Review/Discussion Items**

   I. HMIS Data Management Status
      a. LSA Submission Update – Review error flags for future correction
      b. HMIS Dedicated Training – Rapid ReHousing/Street Outreach
      c. HMIS Project Renaming and Updating
      d. HMIS User Agreements Status
      e. HMIS Vendor Cleaning
      f. HMIS license expiration reminder 90-Day review

   II. 2024-2025 Federal CoC Notice of Funding Opportunity - update on Federal CoC NOFO status

5. **Reports**
   I. Pathways-MISI Report
   II. CA SPM's (standing agenda item)
   III. HMIS training needs (standing agenda item)
   IV. HMIS Members

6. **Items for next meeting**

7. **Adjournment**

If requested, the agenda shall be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the Americans with Disabilities Act of 1990 (42 U.S.C. Sec. 12132), and the federal rules and regulations adopted in implementation thereof. You may contact T.E.A.C.H., Inc. at (530) 233-3111 for disability-related modifications or accommodations, including auxiliary aids or services, in order to participate in the public meeting.

Next Regular HMIS Committee Meeting
March 4, 2026 9 am – 10 am
112 East 2nd Street, Housing Program Office
Alturas, CA 96101

DRAFT HMIS/CEP Committee Meeting Minutes
(Date Approved:)
REVISED January 7, 2026
9:00 am to 10:00 am
112 East 2nd Street, Housing Program Office
Alturas, CA 96101

NorCal CoC HMIS/CEP Committee Meeting
January 7, 2026
9:00am-10:00am
https://us02web.zoom.us/j/84126668328?pwd=lYKQYDE39TZYfhLlbMakQHxEuzYxyX.1
Meeting ID: 841 2666 8328
Passcode: 461508

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1. Call to Order/Quorum Established/Introductions - 9:03 am. All members present: Maddelyn Bryan, Kristen Quade, Daphne Cortese-Lambert, Nikki Kates, Sarah Prieto, Alternate for Lassen County Nicole Lamica. Attendees: Teddie Pierce, Jamie Northrup, William Matson, Seth Maneja, Daniel Howland, Katie Eastman, Michael Coats, Amy Diamantine.

2. Public Comments (limited to 3 mins. per comment)

Members of the public will have the opportunity to address the Board on any issue within the jurisdiction of the Board. Speakers will be limited to three minutes.

No public comment.

3. Action Items –

I. **Approve December 3, 2025, HMIS/CEP Committee Meeting Minutes**
Attachment A
Motion to approve by Daphne Cortese-Lambert. Second by Kristen Quade. 6 in favor. None opposed. Motion passed.

II. **Approve Coordinated Entry System Policies and Procedures, December 2025**
Review and approve the proposed Coordinated Entry System Policies and Procedures, December 2025

  • Discuss prioritizing Prevention and Emergency Shelter

  • Discuss roles and responsibilities of County Leads

  • Training Date January 12, 2026 1pm

  • Set a next review date HMIS/CES Committee Review

Exhibit B Coordinated Entry System Policies and Procedures
Exhibit C NorCal CoC, Job Aid – Coordinated Entry HMIS Processes

The meeting focused on reviewing coordinated entry system policies and procedures, with Maddelyn providing comments on documentation requirements for access points. The group discussed storage solutions for client documentation, with William and Daniel agreeing to explore options in the WellSky system, while Daphne noted that some staff lack licenses to handle digital documentation. The team agreed to have Daniel investigate creating custom forms for document storage with expiration dates, and Daphne planned to discuss this further at the COC meeting.

The group discussed documentation requirements for HMIS and agreed to allow agencies to upload primary documentation optionally, with Daniel investigating specific placement options. They reviewed the priority levels for housing placements, with Maddelyn and others expressing concerns about the complexity of the current system, leading to a decision to simplify the prioritization process and allow more local discretion. The team also discussed upcoming changes to assessment forms, with new HUD assessments being implemented the following week, and agreed to revisit the priority levels at the next meeting.

The group discussed updates to a document, focusing on prioritization and service offerings. They agreed to remove references to homeless prevention services, as many access points lack funding for prevention programs. Teddie proposed making emergency shelter an optional process, which Maddelyn supported, noting that some emergency shelter programs in Siskiyou County use coordinated entry. They also discussed the wording in the resource referrals section, with Maddelyn suggesting that "only" be removed to allow for flexibility based on funding sources.

Nicole suggested a potential modification to the language regarding coordinated entry rules. The discussion also touched on the monitoring of household rejections by providers, with Teddie mentioning that county leads would be responsible for this and suggesting a biannual report to the COC to track referral acceptance and reasons for rejection.

Teddie recommended forming county coordinated entry groups to meet twice monthly and review HMIS data, with the option to increase frequency if needed. Maddelyn questioned the necessity of providing detailed written guidance for client eligibility and enrollment determinations to coordinated entry, and others agreed to strike this requirement. The group discussed access to CES data, with Maddelyn highlighting the need to clarify the situation for non-HMIS users participating in coordinated entry. Teddie suggested that non-HMIS participants should sign a user agreement and complete privacy and security training.

The meeting focused on discussing HMIS user agreements and data entry processes, with Teddie agreeing to add a non-licensed user option and distribute revised agreements. The group explored ways to better track and document prevention cases, with Daphne highlighting the need to reflect prevention needs in funding decisions, leading to a decision to schedule a longer discussion on homeless prevention at the next meeting. Teddie also announced plans for coordinated entry system training the following Monday and would pull old data for file retention, while Daniel would provide updates on the upcoming federal upload.

No motion was made. Topic to be revisited at the next meeting.

4. Discussion (added Draft HMIS License Allocation Policy)

    I. **Draft HMIS License Allocation Policy**
       Review and discuss draft policy.
       Exh. D Draft HMIS License Allocation Policy
       There was no discussion on this item.

    II. HMIS Data Status
       a. HMIS Project Renaming for consistency and better reporting
       b. HMIS User Agreements not signed
       c. HMIS Vendor Cleaning
       d. LSA data cleaning update – Status from Pathways - Daniel
       e. Pathways User Training Schedule – January 2026 Daniel
       f. 90-day HMIS license expiration reminder

       Daniel provided an update on the LSA report, which is due next week and is progressing well with the help of responsive agencies. Teddie discussed ongoing efforts to improve California system performance measures and mentioned plans for special training to clarify rapid rehousing processes. She also noted that data entry issues in Shasta County are affecting reporting accuracy, and she is working on checking unused licenses and addressing administrative cleanup needs.

    III. 2025 Federal CoC Notice of Funding Opportunity.

5. Reports
    I. **Pathways-MISI Report**
    II. **CA SPM's (standing agenda item)**
    III. **HMIS training needs (standing agenda item)**
    IV. **HMIS Members**

V. **T.E.A.C.H., Inc.**

6. Items for next meeting

I. Approval of Coordinated Entry Policies and Procedures

Members agreed to continue reviewing the CE policies between meetings and aim to formally approve the policies at the next HMIS meeting.

-Members submit written comments to Teddie in advance
-Bring a near-final version forward for approval.

II. Redefining the CoC Priority List

The group agreed that the current CoC priority levels are overly detailed and difficult to apply consistently in practice.

-How priority levels are determined (e.g. chronic homelessness, severity of service needs)
-Whether reliance should be on HMIS data vs. additional verification
-Balancing efficiency with fidelity to Housing First and local context

III. HMIS Document Uploading/Storage

The group agreed this topic needs follow-up once more information is available.
-Daniel will research HMIS (WellSky) options for uploading and storing primary documentation.

The group will revisit:
-Whether and how documents should be stored
-Optional vs. required use
-Access, privacy, and licensing implications

IV. Draft HMIS License Allocation Policy
Review and discuss draft policy.
Exh. D Draft HMIS License Allocation Policy

7. Adjournment - 10:00 am.

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Next Regular HMIS Committee Meeting
February 4, 2026 9 am – 10 am
112 East 2nd Street, Housing Program Office, Alturas, CA 96101

Coordinated Entry System Policies and Procedures

~~December~~ January 20~~5~~6 Draft

~~January~~ February 2, 2026 HMIS/CES Committee Review

CoC Executive Board Approval Date:

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Coordinated Entry System Purpose

The Department of Housing and Urban Development (HUD) requires every Continuum of Care (CoC) to operate a Coordinated Entry System (CES). The CES is a mandated component of the federal CoC Program designed to ensure equitable, consistent, and efficient access to housing and services for all people experiencing homelessness. The system is designed to provide a community-wide, standardized process to ensure that people experiencing homelessness are quickly identified, assessed, and connected to the most appropriate housing and services based on their level of need.

CES streamlines resource access across all participating programs of the CoC region, reduces access duplication, and promotes fairness and transparency by using common assessment tools, prioritization policies, and consistent referral pathways. Its purpose is to help communities use their housing resource efficiently while ensuring that those with the greatest vulnerabilities are utilized first.

NorCal Continuum of Care

NorCal Continuum of Care (NorCal CoC / CA-516) is a consortium of individuals and organizations with the common purpose of planning and overseeing a system of housing and services for people who are homeless. The NorCal CoC serves as the convening entity tasked with the mission of ending homelessness in the seven-county region of Northern California. The seven counties encompass Shasta, Lassen, Plumas, Sierra, Siskiyou, Del Norte and Modoc Counties. The NorCal CoC is responsible for managing Housing and Urban Development funds for homelessness and therefore uniquely positioned to identify system needs and take steps to address them with the partnership of community stakeholders.

The Continuum has developed specific policies to guide the operation of the CES on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking who are seeking shelter or enrollment into Coordinated Entry from non-victim service CES providers.

CES Operating Principles

- **Accessibility:** People experiencing homelessness must be able to access the system easily through multiple, well-advertised access points, including in-person, virtual, and outreach pathways. CES covers the entire geographic region of the NorCal CoC.

- **Standardization:** All participants are assessed using the same assessment processes, ensuring consistency and fairness across providers and programs. Localized assessment processes may also be used as long as they don't materially deviate from the CoC's Coordinated Entry policies.

- **Prioritization:** Households are prioritized based on vulnerability, severity of need, and localized CoC policies so that limited housing resources can be directed to those who need them most.

- **Housing First Orientation:** Barriers to entry are minimized, and referrals emphasize rapid placement into housing with voluntary supportive services. Housing First practices are governed by the State of California's Welfare and Institutions Code - WIC § 8255 and more recently published guidance by CalICH regarding Housing First and Recovery Housing.

- **Recovery-Oriented Approach:** The system supports individualized pathways that honor each person's readiness, autonomy, and Recovery goals. Assessment and referrals emphasize stability, safety, wellness, and connection to services CES that promote long-term self-sufficiency, while avoiding unnecessary barriers that could prevent someone from accessing housing or service supports.

- **Transparency:** Operating procedures, eligibility criteria, and prioritization policies are clearly documented and publicly available.
- **Person-Centered, Recovery-Aligned Practice:** CES engages each individual in a way that respects their lived experience, preferences, cultural identity, and recovery goals. The process emphasizes collaborative decision-making, supports self-determination, self-sufficiency by connecting people to housing and services that best match their unique needs and/or stages of Recovery.
- **Non-Discrimination:** The system ensures fair and consistent access for all individuals by prohibiting discrimination based on race, color, national origin, religion, sex, gender identity, sexual orientation, age, disability, family status, or any other protected characteristic.
- **Data-Driven Operations:** Decisions and programmatic improvements rely on timely and accurate HMIS data, ongoing evaluation oversight, and continuous quality improvement.
- **Community Collaboration:** Providers, funders, and stakeholders work together to manage service referrals and coordinated resources across the service continuum.
- **Safety and Confidentiality:** Client information is protected, and the CES process considers risks for survivors of domestic or sexual violence, trafficking, and other vulnerable groups.

Because the NorCal Continuum of Care (CoC) spans seven counties with varying geographies, service networks, and population needs, certain operational components of the Coordinated Entry System (CES) may be implemented differently at the local level. These regional variations are intended to reflect local capacity, rural or urban conditions, and available housing and service resources, while maintaining fidelity to CoC-wide standards.

System-Wide Required Standards
All counties participating in the NorCal CES must adhere to the following non-negotiable system requirements:

- Enrollment of Households into the Coordinated Entry System upon their request;
- Completion of a standardized CES Assessment specific to each participating County for CES-enrolled households;
- Documentation of HUD-required Coordinated Entry Events and Current Living Situation data elements in HMIS;
- Adherence to CoC-approved CES and HMIS policies and procedures;
- Participation in regular case conferencing at a minimum frequency of twice per month - more often as needed.

These core elements ensure consistency, equity, and compliance with HUD Coordinated Entry requirements across the entire NorCal seven-county region.

Local Implementation Flexibility
Within these system-wide standards, counties may design local access points, street outreach strategies, referral workflows, and coordination practices that reflect local resources and conditions, including the availability of street outreach teams, emergency shelter beds, rapid re-housing, and permanent supportive housing as well as housing vouchers. Local implementation decisions must remain aligned with CoC-approved CES policies and may not conflict with HMIS data standards or HUD requirements.
Oversight and Compliance

All participating counties are required to follow CoC-approved CES and HMIS policies, including use of standardized By Name List forms and HUD Entry/Exit processes. The CoC, through its HMIS/CES Committee and Executive Board, retains oversight authority to ensure fidelity, consistency, and equitable access across the NorCal Coordinated Entry System.

Foundational Structures and Core Processes

Key elements that form the basis of the NorCal CES include the enrollment of households into CES, completion of a By Name List Assessment, and documentation of HUD-required Coordinated Entry Events along with Current Living Situations as indicated in the most current HMIS Data Standards documentation. Regular and consistent case conferencing, held at least twice monthly, is mandated to support effective resource allocation and decision-making made in alignment with CES Policy requirements.

Local Implementation Strategies

Each county participating in the NorCal CoC has the flexibility to identify and develop access points, street outreach methods, and referral workflows that best utilize local resources, whether in rural or urban areas. These strategies also consider the availability of housing options, such as housing vouchers and permanent housing availability. Counties are expected to tailor these components according to their capacity and local service landscape.

System Governance

These policies and procedures will govern the implementation, administration, and evaluation of the NorCal CES. The CoC Executive Board, in collaboration with designated staff, will conduct an annual review using established evaluation criteria to ensure effectiveness and relevance of the county-level CES operations.

The CES Policy is a living document, demonstrating a commitment to adaptability and continuous improvement, and will be reviewed annually—or as needed—based on ongoing evaluation of the process. Stakeholders are encouraged to propose changes or provide feedback at any time throughout the year, with suggestions considered as part of the regular review cycle or through a vote of the CoC Executive Board when appropriate.

The CoC's HMIS/ CES Committee is responsible for reviews and revisions of CES Policies and Procedures. Upon the completion of the HMIS/CES Committee's review and revision, the draft document will be presented to the NorCal CoC Executive Board for consideration and approval.

Any CoC Member, Coordinated Entry staff person or service client interested in submitting suggestions for revisions to the document should email: **Jamie Northrup, T.E.A.C.H. Inc. at jnorthrup@teachinc.org**

CES Participation Requirements

HUD requires all programs receiving CoC and ESG funding to participate in their CoC's CES . The U.S. Department of Veteran Affairs (VA) also established guidance CES that instructs Supportive Services for Veteran Families (SSVF) as well as other VA-funded homeless services to participate in Coordinated Entry. Specified programs funded by the State of California are also contractually required to participate in Coordinated Entry program access.

CES Client Eligibility

The NorCal CES serves residents of our seven-county CoC who are homeless or at imminent risk, as [tPierce1]defined by HUD categories 1, 2, and 3. Eligible participants include individuals, families, unaccompanied youth, survivors of domestic or sexual violence (with required data management and visibility), and others meeting program-specific criteria for housing or service assistance.

CES eligibility is not restricted by income levels, disability status, criminal history, or service participation requirements; rather, it is designed to provide a standardized access process for anyone whose housing crisis falls within the CoC's defined scope of services including the following household situations:

- **Unsheltered** (e.g., living outside, in a car, on the streets, or in an encampment),
- **Sheltered** (e.g., in emergency shelter or transitional housing)), or
- **At Imminent Risk of Homelessness** (e.g., being evicted, unable to pay rent, doubled up, or in an unsafe living situation).[tPierce2]

CES Client Documentation

Collection and verification of documentation is required to obtain tenancy in Permanent and Transitional housing projects. Documentation for non-permanent programs such as Street Outreach, Prevention, and Emergency Shelter shall be the responsibility of individually participating Coordinated Entry and/or Referral Partnerss. Non-housing providers shall be requested to do the point of collection and upload or verification during Coordinated Entry enrollments and current living situation updates.

Housing unit prioritization and referring may not be held up for a lack of documentation. Documents required for tenancy will be encouraged to be collected/updated/reviewed at the point a Household may work with the Access Point to obtain CES enrollment, or other homeless program enrollment so that they may over time have all necessary documentation in place with current verifications being assured.

Document collection will start at enrollment to the Coordinated Entry System by the Access Point or participating Street Outreach workers (when possible) and continue as the household moves through the CES flow. The CES Lead for each participating County will have the responsibility to determine presumptive eligibility and identify potential referrals. The County CES Lead may assume that the household will be eligible and that a provider will be expected to accept the referral. Primary client documentation may be uploaded and stored in the NorCal HMIS at each HMIS Participating Provider's discretion.

DAll documentation related to housing tenancy gathered along the Household's path to becoming permanently or transitionally housed (obtaining tenancy status) shall be optionally (but encouraged) to be updated in the HMIS regardless of which agency collects it. The Referral Partner who has accepted the CES referral will ultimately be held responsible for the final collection and verification of required tenancy documentation.

The following Housing Tenancy Documentation table indicate which forms of documentation shall be collected currently to ensure a Client/Household may obtain a housing solution.

Housing Tenancy Documentation			
Identification Type	**Expires**	**Required For**	**Collection Point/Other Note**
3rd Party Homeless Verification	yes	Permanent Housing Projects (tenancy)	Eligibility for housing programs, supporting accurate prioritization, and meeting HUD and funding requirements
DD-214	no	VASH and various Veteran's Programs	Indicates Veteran status as a separated or retired military member and the nature of your service including dates, awards and decorations, and other important details
Government Photo Identification	yes	Permanent Housing Projects (tenancy)	Primary Photo ID's • Driver's License or State Issued ID • U.S. Passports • U.S. Military ID • Permanent Resident Card • Employment Authorization EAD • Tribal ID Card • Foreign Passport • Certificate of Naturalization/Citizenship Secondary Supporting ID's (no photo) • Birth Certificate (certified) • Social Security Card • Utility Bills • Leases • Voter Registration Card
Income Sources Verification	yes	Permanent Housing Projects (tenancy)	Confirms resident's reported income for rental assistance programs by cross-referencing data from Social Security and Health and Human Services against pay stubs, tax forms and bank statements to prevent fraud and ensure funds go to eligible households
Self-Certified Homeless Documentation	yes	Evidence of Chronic Homelessness to ESG	Self-certification form completed with Client's Name, DOB, household size, and specific details about where you're staying (e.g., streets, shelters, fleeing domestic violence), stating why they are homeless and with a self-certification signature and date line completed; agency may have 180 days to obtain information
Tuberculosis (TB) Screening	yes/maybe	Entrance into shelter programs	Optionally required for congregate settings

Coordinated Entry Processes

The NorCal CoC covers an expansive geography that includes seven counties: Del Norte, Lassen, Modoc, Plumas, Shasta, Sierra and Siskiyou. CES covers the full NorCal CoC geography by identifying access points, standard and custom assessments, and referral processes unique to each of the regional areas.

Household Prioritization

Referrals and placements shall be prioritized for people with the most urgent and severe needs, including, but not limited to, survivors of domestic and/or dating violence. Participating CES programs shall seek to prioritize people who:

1. Are unsheltered and living in places not suitable for human habitation, such as cars, parks, bus stations, and abandoned buildings;
2. Have experienced the longest amount of time homeless;
3. Have multiple and severe services needs that inhibit their ability to quickly identify and secure housing on their own (including substance use and behavioral health challenges); and
4. ~~For homelessness prevention activities, people who are at greatest risk of becoming literally homeless without an intervention and are at greatest risk of experiencing a longer time in shelter or on the street should they become homeless.~~ [tPierce3]
5. 4. Households who would like to choose ~~the~~ CES services and housing options that meet their needs, within practical and resource limitations

HUD Coordinated Entry System Elements

Planning

This document and accompanying materials ensure compliance with all stated HUD requirements for Coordinated Entry as noted HUD's "CES Core Elements" document and subsequent materials guiding CES system implementation.

NorCal CoC implementation of CES began in 2017 by starting Shasta County participation. By 2020, The CES implementation Continuum wide began to cover the entire NorCal CoC geographic area and now can be easily access by individuals and families seeking housing or supportive services. The CES is well-advertised, utilizing flyers, website, social media, regionally dispersed access points, street/encampment outreach teams. CES also fosters connections with mainstream services such as healthcare providers and emergency services and first responders.

The NorCal HMIS/CES Committee will have, at a minimum, quarterly meetings to review and ensure the CES housing outcomes are reflecting current needs of the community.

Homeless Sub-Populations

In conjunction with the CoC's decision to adopt a multi-site access coordination model, the HMIS/CES Committee identified the following sub-population coordination needs with agencies serving equal access to the following:

Coordination with Agencies Serving Survivors of Domestic Violence

During the initial CES engagement phase, all CES Access Points will identify and provide equal access to any individual or family escaping or attempting to flee domestic violence, sexual assault, dating violence, stalking, or human trafficking. Such persons experiencing the aforementioned circumstances are provided opportunity to receive CES referrals for available services from either non-victim specific providers or victim service providers specializing in assistance to such persons fleeing or attempting to flee domestic violence and/or sexual assault upon determining the household may be escaping or attempting to flee a violent situation.

Coordination with Agencies Serving Veterans

During the initial CES engagement phase, all regional access points will identify and provide equal access to any individual and their family who are Veterans. Upon determining an individual is an eligible Veteran, access points may also provide information and referral to the geographically designated agencies that provide Veterans supportive services.

Coordination with Agencies Serving Youth

During the initial CES assessment phase, all access points will identify and provide equal access to youth 18 and under as well as pregnant and parenting youth under age 24. Access Points must also provide information and referral to the geographically designated Youth Access Point[tPierce4].

Accessing the NorCal Coordinated Entry System

Due to the diversity and size of the NorCal CoC, access to the CES is a multi-site approach, requiring multiple access and referral locations.

The operating framework of this approach is as follows:

1) A client can seek housing assistance through any of the participating access points within each county or community or an existing Information and Referral service.

2) Clients should have equal access to advice about the housing assistance for which they are eligible in order to assist them in making informed choices about services that are available in the County and that meet their needs.

3) Participating providers have a responsibility to respond to the range of client needs pertaining to homelessness and housing, and act as the primary contact for clients who apply for assistance through their services unless or until another provider assumes that role.

4) Participating housing providers will work collaboratively, and when necessary, use case conferencing and warm hand-off service referrals, to achieve responsive and streamlined access to services that help achieve the best possible housing outcomes for clients, particularly for those with high, complex or urgent needs.

CES Roles

The following chart lists the CES Roles that the NorCal CoC as identified for services providers. The activities that each role is responsible to perform, and whether those activities may constitute "participation in CES" for the purpose of meeting federal, state, or contractual funding requirements:

CES Role	Activities	Constitutes "CES Participation"
CoC Executive Board	General oversight of the CES, review of the performance measures, updated and approve CES Policies	No
CES County Leads	County-level oversight of clients on the local Prioritization lists. Manages periodic case conferencing meetings, assists with managing the priority lists, facilitating referrals made, assisting with grievance and appeal processes, overseeing CES data quality etc.	Yes

Access/Intake Points	Conduct initial system intake, which includes all of the following: • Conduct housing problem solving • Secure release of information (ROI) • Conduct initial HMIS intake and enrollment functions	Yes
Participating Project	HMIS Project name and id setup specifically for each county's CES operations	No
Referral Partner	CES Participating Project that receives and considers referrals to its agencies' projects	Yes
Mainstream Provider	Entity that can provide necessary services/assistance to persons enrolled in Coordinated Entry including hospitals, behavioral health agencies, employment assistance programs, and educational opportunities	Yes
Housing Providers (all CoC or ESG-funded Transitional Housing, Rapid Rehousing, Permanent Supportive Housing, or Other Permanent Housing project funded by the federal or state government)	Inform CES Operator/HUB of available housing resources within (1) one business day of being made aware of such availability AND (2) Accept referrals from CES for all available housing resources	Yes

CES Program Enrollment and Assessment Process

The CoC has adopted the following steps to engage and serve persons seeking assistance through the Coordinated Entry system:

CES Assessment Processes and Data Collection (See CES Job Aid on Data Collection)

Contact Point	Data Collection Tool	Rationale
Initial of Follow-up Contact with Access Point/Street Outreach	• Diversion/Prevention Screening²[tPierce5] • Contact with Miracle Messages or locally designed reconnection service	Engages household participants to divert the entering the crisis response system (including emergency shelter and transitional housing).
NorCal Release of Information and Security and Privacy Policy	NorCal Release of Information NorCal Client Security and Privacy Statement	Upload to HMIS the initial ROI, or update the date signed
Crisis Support	Referrals and connections as needed	Immediate, short-term assistance that helps a person stabilize during an urgent emotional, safety, or housing-related situation and connects them to ongoing resource
Coordinated Entry HMIS Enrollment (Entry/Exit)	HMIS Assessments (Entry/Exit)	If household agrees to be entered into Coordinated Entry for that county
CES Brief Assessment	Custom HMIS Assessment	Information feeder to County specific By Name or Prioritization lists
VI-SPDAT (Individuals or Families) *optional*	VI-SPDAT tool in the NorCal HMIS - Version 2	VI Assessment information supports the evaluation of the participant's vulnerability and prioritization for assistance. Regional Access Points may optionally assess and/or the VI-SPDAT tool dependent on localized policies
Case Note(s)	HMIS Client Note (Client Profile)	Use to update last Client Location, health challenges or other pertinent information
Current Living Situation	HMIS Client Living Situation	If the client's Current Living Situation is in a

	4.12	temporary or permanent situation from the additional housing status information
CES Housing Offers	HMIS Housing Offers (custom update assessment)	County-level housing solutions offer tracking including TH, RRH or PSH along with Acceptance updates and Housing Offer Notes

CES Review Processes – County Specific Recommendations

1. Generate the county specific HMIS By Name List Report (at least semi-monthly)

2. Convene Case Conference sessions ensuring attendees have completed the HMIS Security and Privacy Training in advance. Case Conferencing is a routine meeting process amongst partnering multi-disciplinary providers to discuss high-needs client cases in order to resolve barriers and review prioritization decisions, CES enrollments and exits, terminations, and eligibility appeals. The goal of case conferencing is to monitor and advance the progress of getting the most vulnerable homeless clients into housing. Case Conferencing through county-level CES sessions shall occur at least a minimum of every two weeks or more often as needed when a crisis arises even if there are no permanent housing resources available.

3. Case Conferencing attendee roles and participants can include: County-level CES Coordinator, local housing navigators, local homeless services providers, healthcare systems including behavioral health staff, Veteran's services providers, and client advocates (for discussion of a particular client only).

4. Resource Matching - to ensure that all individuals are matched to appropriate resources based on objective determinations of household vulnerability and need, the role of case conferencing will be limited to the following activities:

    a. Ensuring Successful Placement: Address the needs of households with the highest barriers to housing to ensure they are able to access the resources for which they have been or are likely to be referred, including clients who have refused multiple referrals or been refused by programs on multiple occasions.

    b. Ensuring Document Readiness: Ensure the document readiness of all clients is being addressed, beginning with those most highly prioritized and therefore most likely to be matched to resources sooner than others; and

    c. Ensuring Effective Client navigation of the Coordinated Entry System by ensuring that clients are not excluded from accessing resources for which they are eligible and are appropriate to their needs if they would otherwise remain on the housing queue for an extended period of time (e.g., assisting clients with documentation from an appropriate medical professional regarding a terminal illness or imminent serious health danger due to homelessness, or identifying and assisting clients to connect to mainstream and community resources that may support them in overcoming barriers to housing and other positive outcomes).

5. Receiving programs may request case conference support when households insufficiently engage in the necessary actions to secure permanent or transitional housing placements (e.g., not showing up for preparatory meetings, not working to obtain housing documentation) or the programs or clients need

support addressing challenges or eliminating barriers to housing placement or sustainability.

CES Policies

- No client will be screened out of the CES due to perceived housing or service barriers including, but not limited to, little or no income, active or past substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability, the services or supports that are needed because of a disability, a history of evictions or of poor credit, a history of lease violations, a history of not being a leaseholder, or a criminal record.
- All participants in the CES will be free 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.
- While some assessment questions may provide the opportunity for the client to disclose a disability or health diagnosis, no person will be pressured to provide diagnosis details in order to participate in the CES. Any diagnostic information that is disclosed will only be used for the purpose of determining program-specific eligibility for appropriate referrals, or to provide a reasonable accommodation for the client being served.
- Individuals may choose not to participate in data collection upon initial assessment or project entry may later decide that their information can be collected and entered into HMIS. The CoC will continuously work to improve participant engagement strategies to achieve completion rates that are required for HMIS data elements so that data quality can be as high as possible.

Resource Prioritization

Clients are matched with available resources based on need, vulnerability and availability. The most vulnerable clients are prioritized higher for available housing/resourced services.

Determining household *eligibility* is a different process than determining resource *prioritization*:

- **Eligibility -** limitations on who can be entered into a program based on the program's funding authorizing regulations, real estate covenants or rental agreements, and provider capacity to provide necessary services.
- **Prioritization** - the order in which eligible persons will be referred to a project based on factors such as household need and vulnerability.

CoC Approved Priority Levels[tPierce6][tPierce7]

Placement Priorities

- Fleeing Domestic Violence
- Highest needs (health, disability, service needs) as reflected by the VI-SPDAT or County Case Conferencing
- Chronic Homelessness Status
- Longest time homeless

- **1st Priority**—Chronically homeless individuals and families with the longest history of homelessness and with the most severe service needs.
- **2nd Priority**—Chronically homeless individuals and families with the longest history of homelessness but without severe service needs.
- **3rd Priority**—Chronically homeless individuals and families with the most severe service needs.
- **4th Priority**—All other chronically homeless individuals and families not already included in priorities 1 through 3.
- **5th Priority**—Homeless individuals and families who are not chronically homeless but do have a disability and severe service needs.
- **6th Priority**—Homeless individuals and families who are not chronically homeless but do have a disability and a long period of continuous or episodic homelessness.
- **7th Priority**—Homeless individuals and families who are not chronically homeless but do have a disability and are coming from places not meant for human habitation, Safe Havens, or emergency shelters.
- **8th Priority**—Homeless individuals and families who are not chronically homeless but have a disability and are coming from transitional housing.

- *Tie Breaker*—When two households in the same priority are scored equally on the Prioritized List, the following tiebreakers will be used in this order:
    - Veteran or Veteran Household
    - Household longest length of homelessness and lowest household income

Recommended Housing/Resource Interventions

Emergency Shelter (ES): Congregate bed environment focused on safety, stabilization, basic needs, and rapid connection to housing and services Households fleeing Domestic Violence situations. Emergency shelter is recommended when a person or household needs immediate, short-term protection and stabilization due to having no safe place to stay. CES and outreach teams typically refer to emergency shelter beds to provide immediate safety and basic needs.

Transitional Housing (TH): Time-limited housing (generally up to 24 months) combined with supportive services to help participants stabilize and prepare for permanent housing. HUD prioritizes its use for specific populations with clear transitional needs. TH is recommended when a participant needs structured, time-limited housing with onsite support to achieve stability before moving into permanent housing—particularly when immediate placement into RRH or PSH would not meet their needs or pose safety or Recovery concerns.

Rapid Re-Housing (RRH): A short- to medium-term intervention that provides rental assistance and case management to quickly help people exit homelessness and move into permanent housing. Uses progressive engagement and housing stabilization services. RRH is recommended when the primary housing barriers are affordability and short-term stabilization—not chronic, long-term conditions requiring ongoing, intensive support.

Permanent Supportive Housing (PSH): Provides long-term or indefinite rental assistance paired with

intensive supportive services for people experiencing chronic homelessness and disabilities. Uses a Housing First approach and prioritization based on acuity. PSH is typically recommended through the Coordinated Entry Referral matching process when a participant household demonstrates both repeated experience of homelessness and high service needs.

Emergency Services: Are not prioritized by CES, but may be referred for households through Case Conferencing.

Specialized Service Pathways for Sub-Populations

CES Access Points tasked with serving an identified subpopulation were selected for their experience and expertise in serving the specific subpopulation. In addition to administering the standardized assessment tools and providing targeted services, these sites may also use customized assessments that are geared toward determining services and referrals that best meet the specific needs of the subpopulation. While the CES process includes specialized pathways for youth and young adults, individuals and families fleeing domestic violence, and veterans, these subpopulations may be served at any participating CES Access Point.

Veterans
Access Point intake staff assess for Street Outreach services, ~~prevention~~[tPierce8] ~~or e~~Emergency shelter options for Veterans who are experiencing literal or imminent homelessness and connect them to Veteran's specialized services in the NorCal region. Veteran's identified as new to the HMIS will be vetted for Shasta County by the County Veteran Services Office who will complete an eligibility assessment to confirm Veteran's benefits and ranking on the By Name List report as a priority.
Individuals and Families Who are Fleeing or Attempting to Flee Domestic Violence
Access Points and housing providers must prioritize safety and equitable access to housing and services for individuals and families fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking, while ensuring that client choice is observed. While victim services providers operate specialized housing and services targeted to individuals and families, these individuals and families shall have access to the full range of housing and services available. ~~For this reason, Access Points must offer homelessness prevention services to all those individuals and families who are eligible.~~ Access Points use a unique identifier and confidential methods of communication to coordinate services and housing placement for these households. S u r v i v o r s can call the 24-hour hotline[tPierce9] number in their respective county, where available, for access to the CES.
Youth under 18 & Young Adults 18-24
Access point intake staff assess for ~~prevention,~~ family reunification[tPierce10], or emergency shelter options for youth and young adults who are experiencing literal ~~or imminent~~ homelessness. Specialized assessments are used in conjunction with the standardized housing assessment to connect youth and young adults with appropriate housing and services and youth information is retained on a County-specific By Name List report.

Resource Referrals

All projects receiving referrals through the CES ~~, must~~ use the process established by the CoC ~~as the~~to determine ~~only~~ referral sources from which to consider filling vacancies in appropriate and/or available housing and/or services. [tPierce11]

Provider agencies not participating in the CES will nonetheless be required to use the CES to link their clients to the housing and service programs that are participating in the homeless system of care as well as relevant services provided by non-participating agencies. Housing programs will also provide the most barrier-free, rapid, and successful referrals into housing for each eligible client, according to assessed acuity and with as few barriers to housing as possible.

The NorCal CES conducts referrals through a regional process where people experiencing homelessness are assessed by local providers, placed on a coordination prioritization list for that County, and matched to available housing or services through County Lead matching and regular case conferencing.

When a unit opening is identified, the highest-priority eligible household is selected from the county-level priority list, and a formal referral is issued by the provider assigned the referral. Providers must accept or decline referrals using HUD-allowable reasons and within required timeframes, and the county CES Lead ensures follow-up, warm handoffs, and rerouting if a match does not result in placement.

Declining Referrals
When making referrals the NorCal Continuum of Care (CoC) will abide by the following requirements:

Client Refusals
Some clients may reject a particular housing placement. In such a case, outreach workers or other staff or volunteers should attempt to determine the reason for the client's refusal to accept the offered housing and to this reason to the CES County Lead. Whenever possible, resource matches should take client's known preferences into account when creating referrals. Clients who reject a referral will retain their place on the prioritization list and will be offered the next available housing option for which they appear to be eligible.

If a household rejects housing referrals three consecutive times, they will be interviewed by their Housing Navigator [tPierce12]to uncover the reasons why and work with them to ensure they understand the limited options. If the Housing Navigator is unable to assist the client to be able to accept a referral, the client/household case shall be discussed at the next scheduled case conferencing session not to exceed two weeks out.

Service Provider Refusals
In general, homeless housing projects shall accept all referrals of eligible households referred by the County CES Lead.

At a minimum, a provider's referral rejection/denial reasons must include at least one of the following reasons:
- Participant/household does not meet the required criteria for program eligibility
- Participant/household refused further participation
- Participant/household unresponsive to multiple communication attempts
- Participant/household resolved crisis without assistance

- Participant/household safety concerns; the participant's/household's health or well-being or the safety of current program participants would be negatively impacted due to staffing, location, or other programmatic issues
- Participant/household needs cannot be addressed by the program; the program does not offer the services and/or housing supports necessary to successfully serve the household
- Property management denial (include specific reason cited by property manager) and absence of other housing options
- Conflicts of interest

Housing project providers are expected to adhere to a Housing First approach that avoids screening clients out of services or housing units based on the list of barriers contained in the Continuum of Care Housing First policy. Provider rejections of high-needs households due to a stated inability to safely accommodate must attempt to improve its programmatic capacity to serve high-needs clients. The NorCal Continuum of Care will consider the reallocation of funding low-capacity providers that cannot or will not make diligent efforts to improve their high-needs client service capacity[tPierce13].

Once a client has been rejected from a housing opportunity, the County CES Lead shall consider the rejection reason provided in an attempt to determine whether the client can be safely and lawfully placed in that program or a different program. They will then consider the household's case at the next case conferencing session in an attempt to locate an alternative housing resource.

Coordinated Entry Operators will monitor the number of households being rejected by any single provider over the period of a grant year. If a provider has rejected more than 10% of the placement referrals sent to them by the County CES Lead, the CES/HMIS Committee will work with that provider to discuss the rationale and return those findings to the CoC Executive Board where further project ranking for funding considerations may be considered. CES referral rejection rates will be reported to the CoC Executive Board through HMIS reporting at least twice annually.

Jan 7th Meeting stopped here: please continue review for February meeting

Documenting Referral Refusals in the HMIS: Whenever a provider program refuses a referral, the program must document the refusal time and reason using the Housing Offer Assessment within two business days and with a required refusal referral reason code. Notification of all referral rejections must be recorded in the NorCal HMIS and also be communicated to the referred Household and the County CES Lead according to the real-time CES standards.

Recovery Model Projects: Bed and service projects that offer transitional or supportive housing only after a person demonstrates sobriety, psychiatric stability, or commitment to treatment. CoC and programs participating in the CES will not screen potential project participants out for assistance based on perceived barriers related to housing or services.[tPierce14]

Nondiscrimination
Through the referral pro CES s, the CoC will continue to comply with the nondiscrimination provisions of federal civil rights laws, including 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, as applicable.

Under these laws and rules, the following classes are protected from discrimination:
- Race
- Color
- Religion
- National Origin
- Sex
- Actual or perceived sexual orientation or gender identity
- Disability
- Familial status
- Marital status

CES Operations
Roles and Responsibilities

HMIS/ CES Committee: The NorCal CoC Governance CES has designated the HMIS/ CES Committee. The Committee is a group of HMIS users and stakeholders that provides advice and input into the operations of the HMIS and CES systems.

HMIS System Administrator: The HMIS System Administrator will work with the Local Housing Providers to manage the Local Prioritization Lists for each county. Anyone with a Service Point user license can enter a client into the CES program which will make a referral to the Prioritization List.

The HMIS Administrator provides database management, system-level data analysis and quality control. The HMIS Administrator will:
- Maintain HMIS database customizations as defined by the NorCal HMIS Policies and appropriate HUD Data Standards
- Generate standard CES reports on an ongoing basis as defined by the Executive Board and HMIS/ CES Committee and generate ad hoc CES reports and analysis when needed.
- Ensure the HMIS can collect the needed data for monitoring and tracking the pro CES s of referrals.
- Participate in the HMIS/ CES Committee and CoC meetings

CoC County-Level Coordinated Entry Administrator: Responsibilities include:
- Managing the Prioritization list for the defined areas within the CoC region.
- Act as primary point of contact for participating local housing providers.
- Organize and hold case conference meetings for referrals and identifying household placements.
- Attend and report status of defined area's CES progress in the HMIS/CES Committee meetings.

Participation of Local Housing Providers in Coordinated Entry Systems
Local housing providers, including both community-based organizations and government entities, are

required by the Department of Housing and Urban Development (HUD) to actively participate in their jurisdiction's Coordinated Entry System (CES) if they receive funding from the Continuum of Care Program or Emergency Solutions Grant and other State homeless programs mandated to participate in CES. This mandate ensures that all providers align with federal requirements for coordinated assessment, referral, and service delivery in order to better serve individuals and families experiencing homelessness.

In addition, other agencies may participate in the CES, as referral sources, service providers, and providers of housing and services. Considering geographical differences of the communities and counties which comprise the NorCal CoC, provider agencies participating in the NorCal CES will:

- **Adopt and adhere to the NorCal CES Policies & Procedures** - as identified in this document and approved by the NorCal CoC, regarding Access Points, assessment procedures, client prioritization, and referral and placement to available services and housing.
- **Adopt and Adhere to the NorCal HMIS Client Privacy & Security Policy**
- **Maintain Low Barrier to Enrollment in Services and Housing**. No client may be turned away from crisis response services or homeless designated housing due to lack of income, lack of employment, disability status, or substance use unless the project's primary funder requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to clients with a specific set of attributes or characteristics. Providers maintaining restrictive enrollment practices must maintain documentation from project funders, providing justification for their enrollment actions.
- **Maintain Fair and Equal Access** to CES programs and services for all clients regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, Veteran status, or sexual orientation.
  - If a program participant's self-identified gender or household composition creates challenging dynamics among residents within a facility, the host program should make every effort to accommodate the individual or assist in locating alternative accommodation that is appropriate and responsive to the individual's needs.
  - Participating provider agencies shall offer universal program access to all subpopulations as appropriate, including chronically homeless individuals and families, Veterans, youth, persons and households fleeing domestic violence, and persons identifying as sex other than Male or Female.
  - Population-specific programs and those programs maintaining affinity focus (e.g. women only, tribal nation members only, chronic inebriates, etc.) are permitted to maintain eligibility restrictions as currently defined and will continue to operate and receive prioritized referrals. Any new project wishing to institute exclusionary eligibility criteria will be considered on a case-by-case basis and receive authorization to operate as such on a limited basis from the HMIS/CES Committee.
- **Provide appropriate safety planning**: Participating provider agencies will provide necessary safety and security protections for persons fleeing or attempting to flee family violence, stalking, dating violence, or other domestic violence situations. Minimum safety planning must include a threshold examination for presences of participant safety needs and referral to appropriate trauma-informed services if safety needs are identified.
- **Create and share written eligibility standards:** Participating provider agencies will provide to the CES detailed written guidance for client eligibility and enrollment determinations. Eligibility criteria should be limited to that required by the funder and any requirements beyond those required by the funder will

~~be reviewed and a plan to reduce or eliminate them will be explored with the HMIS/CES Committee.~~

- **Communicate Vacancies:** Homeless providers will communicate project vacancies, either bed, unit, or voucher, to the CES in a manner determined by the HMIS/CES Committee and outlined in this document.
- **Fill vacancies through a Client-Centered Approach:** The NorCal CES is person-centered and based on client choice. Individuals and families will be given information about the programs available to them and have some degree of choice about which programs they want to participate in.
- **Limit Enrollment to Participants Referred Defined Access Point(s):** Each housing program that is required to use Coordinated Entry must receive their referrals through the CES. Any participating housing program filling homeless mandated units from alternative sources will be reviewed by the HMIS/ CES Committee for compliance.
- **Participate in Planning**. CoC/ESG funded provider agencies shall participate in NorCal CoC's planning and management activities as defined and established by the HMIS/CES Committee.
- **Ensure Regular CES Training:** Each provider must notify the HMIS Administrator of changes in staffing, in order to ensure employees, have access to ongoing training and information related to Coordinated Entry policies and procedures.
- **Ensure Clients Are Informed - Rights and Responsibilities:** Clients will have rights explained to them verbally and in writing when completing an initial intake. At a minimum, Client Rights will include:
  - The right to be treated with dignity and respect;
  - The right to be treated with cultural sensitivity;
  - The right to appeal CES decisions;
  - The right to have an advocate present during the appeals process;
  - The right to request a reasonable accommodation in accordance with the project's tenant/client selection process;
  - The right of choice for available housing/services;
  - The right to confidentiality and information about when confidential information will be disclosed, to whom, and for what purposes, as well as the right to deny disclosure.

CES Data Collection and Access

- Data that is required to assess, prioritize, match, and refer a household for housing, homeless services, and/or mainstream resources
- Data to assess and evaluate the CES itself, such as performance metrics, referral acceptance, recidivism data. Client and Provider satisfaction surveys, should also be collected by the CES

Only individuals who have completed a full set of HMIS trainings and have signed a NorCal HMIS end- user agreement may directly access CES data in HMIS. All such persons must be informed of and understand the privacy rules associated with collection, management, and reporting of client data. Sign security and privacy agreement prior to meeting.

Additional Safeguards for Domestic Violence Survivors

In addition to the safeguards described above, additional safeguards will be taken with any data associated with anyone who is known to be fleeing or suffering from any form of domestic violence, including dating violence, stalking, trafficking, and/or sexual assault, regardless of whether such people are seeking shelter or service from non-victim-specific providers.

If necessary, to ensure the safety of potential victims of domestic violence, victim service providers are allowed to establish an alternative CES for DV Survivors. If such an alternative process is established, it must still meet HUD's minimum CES requirements, i.e., nondiscrimination, full coverage, easy accessibility, adequate advertisement, standardized assessment based on written procedures, comprehensive assessment based on client need and vulnerability, and a unified effort to refer clients to housing and services across the entire geographic region according to the priority assigned by the CES .

Fair Housing
Non-Discrimination Policy
The NorCal Continuum of Care does not tolerate discrimination on the basis of any protected class (including actual or perceived race, color, religion, national origin, sex, age, familial status, disability, sexual orientation, gender identity, or marital status) during any phase of the CES .

Some programs may be forced to limit enrollment based on requirements imposed by their funding sources and/or state or federal law. For example, a HOPWA-funded project might be required to serve only participants who have HIV/AIDS. All such programs will avoid discrimination to the maximum extent allowed by their funding sources and their authorizing legislation.

All aspects of the NorCal CES will comply with all Federal, State, and local Fair Housing laws and regulations. Participants will not be "steered" toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children.

All locations where persons are likely to access or attempt to access will include signs or brochures displayed in prominent locations informing participants of their right to file a discrimination complaint and containing the contact information needed to file a discrimination complaint. The requirements associated with filing a discrimination complaint, if any, will be included on the signs or brochures.

The US Department of Housing and Urban Development (HUD) Offices of Fair Housing and Equal Opportunity (FHEO) administers and enforces federal laws and establishes policies that make sure all Americans have equal ac CES s to the housing of their choice.

Your fair housing rights are protected under Title VIII of the Civil Rights Act of 1968 (Fair Housing Act). If those rights have been violated, you can file a housing discrimination complaint with HUD by telephone at 1-800-669-9777.

If you believe you were discriminated against, harassed, or retaliated against because of one or more of the following protected classes: race, color, religion, sex, sexual orientation, marital status, national origin/an CES try, familial status (pregnancy or children in the household), sour CES of income, and/or disability (including AIDS or HIV diagnosis), contact the California Department of Fair Employment and Housing (DFEH).

Fair Housing Complaints may be filed online at: www.dfeh.ca.gov

Written complaints may be mailed to:
  California Department of Fair Employment and Housing 2218 Kausen
  Drive, Suite 100
  Elk Grove, CA 95758
  By phone, call DFEH at (800) 884-1684. If you have a visual impairment, please call or TDD at (800) 700-2320.

Cultural and Linguistic Competence

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

- CoC incorporates cultural and linguistic competency training into the required annual training protocols for participating programs and staff members.
- Assessments use culturally and linguistically competent questions for all persons that reduce cultural or linguistic barriers to housing and services for special populations.
- Access Points will take reasonable steps to offer CES materials and participant instructions in multiple languages in order to meet the needs of minority, ethnic, and groups with Limited English Proficiency.

Appropriate auxiliary aids and services necessary to ensure effective communication will be available for individuals with disabilities. This may include use of large type (and the ability to view large text), assistive learning devices, Braille, audio, or sign language interpreters.

CES Marketing and Communications

The CoC will affirmatively market CES as having access points for available housing and supportive services to eligible persons who are least likely to apply in the absence of special outreach. This will be determined through a regular review of the housing market area and the populations currently being served to identify underserved populations, including persons seeking crisis response services. This may include evaluations of HMIS service data, the Point-in-Time Count, County demographics and census data.

For identified populations, marketing will be conducted at least annually, and may use the following media:

- Brochures/Flyers
- Social Media/Websites
- Announcements/Tabling at Community Events

The Communications Plan will identify CES Access Points, community and mainstream resources and will be designed to ensure the CES is available to all eligible persons. Similarly, the marketing campaign will be designed to ensure that people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the CES.

All physical access points making up the CES must be accessible to individuals with disabilities, including individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance. Marketing materials will clearly convey that the Access Points are accessible to all sub-populations.

Coordinated Entry Information Outreach

Outreach activities should be done a minimum of once per year. In addition to established Access Points, comprehensive outreach to areas (such as Encampments) where individuals and families experiencing homelessness are known to live ensures that unsheltered individuals and families have access to the CES and to needed housing and services.

CES Evaluation Process

The HMIS/CES Committee will conduct a formal evaluation of the Coordinated Entry System (CES) at least once per year. This process is designed to employ multiple feedback methodologies annually, ensuring that all participating programs and households have frequent and meaningful opportunities to provide input regarding their experiences with CES.

Annual Interviews and Feedback Collection

Each year, the evaluation will include individual interviews with a sufficient sample of participating providers and households to reflect the diversity present within the CES. This approach ensures that the perspectives of a wide range of participants are considered. Each participating project will also have the opportunity to evaluate the intake, assessment, and referral processes associated with CES.

Quality and Effectiveness Review

The HMIS/CES Committee will actively solicit feedback that addresses the quality and effectiveness of the entire CES experience for both participating programs and households. County CES Leads will be responsible for presenting the results of these consultations at HMIS/CES Committee meetings, facilitating discussion and review of the findings.

Impact on System Performance Measures

As part of the overall evaluation process, the Continuum of Care (CoC) will examine how CES implementation is affecting the CoC's HUD and State of California System Performance Measures. This examination will include both project-level and system-level data from the Homeless Management Information System (HMIS). To guide this process, the HMIS/CES Committee will develop an Evaluation Plan that outlines key steps and methodologies.

Data Collection, Analysis, and Recommendations

CES will collect all relevant feedback and data as part of the evaluation process and present these findings to the NorCal CoC Executive Board for review and analysis. Based on the evaluation results, CES will prepare a final report with recommendations for potential changes to CES policies and procedures. The HMIS/CES Committee will then meet to consider these recommendations in light of the feedback received. The HMIS administrator will compile data from each geographic area and provide a comprehensive analysis to the NorCal CoC for further review and program improvement.

The following measures will be evaluated across the Continuum of Care:

Measure(s)	Related Question(s)	Data Collection & Reporting

Client Demographics	*Has the implementation of the system adversely impacted any populations or subpopulations? Has implementation changed the rates at which the chronically homeless and others with high barriers are served?*	HMIS custom reporting to determine client demographics and subpopulations for all CES programs.
Length of time on the prioritization list	*How long does it take for eligible individuals and families to ac CES s services?*	Review priority list. An HMIS report will be developed to determine how long a household is on the priority list before moving into housing.
Recurrence	*Are individuals and families matched with the correct intervention? What portion of services are used by repeat clients?*	An HMIS report currently measures returns to emergency shelter. This will be used until a report can be developed that will measure returns to all program types. An HMIS report will be developed to measure repeat clients.
Placement Rates	*Of those referred, how many actually enter the program? Are programs denying ac CES s to eligible individuals or families?*	An HMIS report will be pulled to determine how many clients actually enter the program. It may be harder to determine if programs deny access to eligible families.
Referral Acceptance Rate	*Referrals made: Provider Acceptance Rate Household Acceptance Rate*	An HMIS report will be pulled to determine referrals made, accepted and rejected by providers and referred households.

Grievance/Appeal Process

Client choice is central to CES and the appeals process. If a participant feels they did not receive fair treatment, they were denied resources or given inappropriate referrals, the client household may appeal these decisions or actions. This policy refers to client grievances regarding the CES only. If a client has a grievance regarding a particular agency, they should follow that agency's grievance CES procedure.

The agency completing the screening should address any complaints by clients as best as they can in the moment. Complaints that should be addressed directly by the agency staff member or agency staff supervisor include complaints about how they were treated by agency staff, agency conditions, or violation of confidentiality policies. Any other complaints should be referred to the CES County Lead to be dealt with in a similar process to the one described below for providers. Any complaints filed by a client should document their name and contact information, so the CES Lead can contact him/her to discuss the issues.

Housing and supportive service providers must ensure that all eligible persons, inclusive of all populations and sub-populations have fair and equal access to the CES.

Provider Grievances
It is the responsibility of all boards, staff, and volunteers of CoC ESG and State mandated funded programs

to comply with the rules and regulations of the CES. Anyone filing a complaint concerning a violation or suspected violation of the policies and procedures must be acting in good faith and have reasonable grounds for believing an agency is in violation.

To file a grievance regarding the actions of an agency, contact the CES County Lead with a written statement describing the alleged violation of the CES policies and procedures, and any steps taken to resolve the issue locally. Once CES has received the documentation, he/she will decide if the grievance is valid and determine if further action needs to be taken.

If the individual or agency filing the grievance, or the agency against whom the grievance is filed, is not satisfied with the determination they may file an appeal with the California Department of Housing and Community Development. This must be done by providing a written statement regarding the reasons for the appeal. The NorCal CoC Administrative Entity will contact the agency in question to request a response to the grievance.

Assessor and Case Management Training

The NorCal CoC will provide training opportunities at least annually to organizations and/or staff people at organizations that serve as access points or administer assessments. The purpose of the training is to provide all staff who administer assessments with access to materials that clearly describe the methods by which assessments are to be conducted, with fidelity to the County-level written policies and practices.

The CoC will provide training opportunities at least annually to organizations and/or staff people at organizations that serve as access points or who administer assessments. The purpose of the training is to provide all staff who administer assessments with materials that clearly describe the methods by which assessments should be conducted.

New staff and volunteers who begin to participate in the CES process for the first time must complete a training curriculum that will cover the following topics:
- Written CES policies and procedures;
- Requirements for use of assessment information to determine prioritization;
- Non-discrimination policy as relevant to the CES; and
- Criteria for uniform decision-making and referrals.

To ensure the safety and address other needs of survivors of domestic violence, all assessment staff must be trained to both provide appropriate safety planning for survivors of domestic violence through the assessment process and to conduct a trauma-informed assessment of participants.

Special consideration and application of trauma-informed assessment techniques are afforded to survivors of Domestic Violence to help reduce the chance of re-traumatization. All persons entering data into HMIS or access data from HMIS must be trained in current HMIS policies and procedures.
New staff who begin to participate in the CES for the first time must be a licensed HMIS user (unless

otherwise granted by the CES/HMIS Committee), and complete a training curriculum that covers each of the following topics:

- Review of the CoC's written CES policies and procedures, including any adopted variations for specific subpopulations
- Requirements for use of assessment information to determine prioritization
- Non-discrimination policy as applied to the CES
- Criteria for uniform decision-making and referrals
- All staff and volunteers who enter data into HMIS or access data from HMIS must have signed the current HMIS policy and procedures

Questions about the NorCal Coordinated Policy or HMIS/CES Committee Membership may be directed to:

CoC and HMIS Lead Agency for CA-516
TEACH Inc.
112 East 2nd Street
Alturas, CA 96101
General Office (530) 233-3111
teachinc.modoc@gmail.com

Reference Documents:

Housing First and Recovery Housing Guidance Cal ICH – Jan 2025

California Welfare and Institutions Code – WIC § 8255

California Intergovernmental Agency on Homelessness CalICH

Coordinated Entry Notice – Jan 17, 2017 HUD

Coordinated Entry Core Elements – National Alliance to End Homelessness

Additional Requirements for Centralized or Coordinated Assessment Systems

Coordinated Entry for Victim Service Providers FAQ's

Note:
This job aid supports implementation of the NorCal CES Policies and Procedures

Assessment Tool	Data Collection Point	Staff Roles	Notes
Assessors/Case Managers/CES Leads:			
Initial client contact or follow-up if already CES enrolled	Initial Contact and interest	Access Points Street Outreach Teams	Attempt diversionary practices including explaining connections to Miracle Messages or other local family/friend reconnection programs
NorCal Release of Information	Initial contact or two years since the last signed ROI	Access Points Street Outreach Teams CES Lead	CES Lead confirms ROI has been executed or is in in force for two years from signature date, notifies client contact if updated ROI is needed
Crisis Support Services	Any contact where crisis support is indicated	Access Points Street Outreach Teams	Enrollment in CES not needed to refer to and follow through emergency or crisis support services including Domestic Violence survivors
Coordinated Entry System Project Enrollment	Initial or Follow-up Contact	Access Points Street Outreach Teams	CES clients agree to enroll in CES after explanation they will be exited according to the NorCal CES policy if no referrals are made or accepted by the client household
Coordinated Entry System Brief Assessment	Parallel to CES Project Enrollment	Access Points Street Outreach Teams	CES County Lead generates report from this assessment to offer referral connections or transmit interest in Miracle Message connection services
VI-SPDAT for Individuals or Families (optional)	Initial contact or material update	Access Points Street Outreach Teams	*Optional per each participating County, create a new VI assessment or override and update an earlier assessment; add the most recent date assessed and total score to the Coordinated Entry System Brief Assessment screen
Current Living Situation 4.12	Every Point of Client Contact	Access Points Street Outreach Teams Emergency Shelters	To record each contact with people experiencing homelessness by street outreach and other projects. This element provides information on the number of contacts required to engage the client as well as to document a current living situation each time the client is contacted
Case Note(s)	Same day as contact made	Access Point Street Outreach CES Providers – county level	> An assessment is conducted or updated > Consent for ROI is obtained, updated or declined > A service referral is made or received > A housing match is discussed with a household > A safety or crisis issue arises
CES Housing Offers	When status of offer becomes known	CES County Lead	County Lead follows up on housing offer by the five business day mark

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INTRODUCTION

The purpose of this policy is to ensure that HMIS user licenses are distributed across the NorCal CoC in a fair, consistent, and sustainable manner, while meeting funder's data management requirements and preparing agencies for eventual cost-sharing. The CoC will allocate a limited number of fully funded licenses, known as Base Licenses, to each participating agency.

Agencies operating federal and state HMIS-mandated projects such as Emergency Shelter, Street Outreach, Rapid Re-Housing, Permanent Supportive Housing, or Coordinated Entry will receive three Base Licenses. Agencies multiple mandated programs may receive between three and five Base Licenses, depending on program size and staffing needs. These Base Licenses will remain fully funded by the CoC. Agencies without HMIS mandated data collection requirements will be required to cost-share 50% of the license cost and will be deemed a lower priority for access to those projects mandated through State or Federal funding requirements.

LICENSE ALLOCATION PRIORTY

When license demand exceeds available capacity, the CoC will prioritize requests based on the type of homeless programs the agency operates. Agencies providing HMIS-mandated services—such as Street Outreach, Emergency Shelter, Rapid Re-Housing, Permanent Supportive Housing, or Coordinated Entry access—will receive top priority. Agencies operating transitional housing, prevention programs, or other supportive services will be considered next, based on demonstrated need.

License Allocation Priorities:
1. Agency Projects mandated by HUD or the State of California to participate in HMIS
    a. Staff roles collecting and entering timely data
2. Agency Program or Supervisory Managers (supervisory roles, reporting-only staff) for HMIS mandated projects to complete periodic compliance reporting requirements or data analysis

3. Low-volume partner agencies with projects not required to participate in the HMIS Agency volunteers shall not eligible for HMIS access at any time.

LICENSE ALLOCATIONS
License requests beyond the Agency's Base License allocation will be considered an Additional License. To support long-term sustainability, the CoC will begin transitioning these Additional Licenses to a shared-cost model. During year one, Additional Licenses will remain free but will be tracked for budgeting and planning purposes. In the second year, agencies will assume responsibility for a cost-share amount of approximately ___ percent of the individual license cost. A phased transition to cost sharing allows agencies time to plan and budget while managing uncontrolled expansion of system access.

LICENSE OVERSIGHT
To ensure the license pool is used efficiently, users who have not logged into HMIS for 90 consecutive days will be considered inactive. Inactive user accounts will be deactivated, and the associated licenses will be returned to the HMIS License pool for reassignment. Pending license inactivations will be reported to the HMIS/CES Committee on a quarterly basis and prior to inactivation.

Agencies will be notified of potential deactivation at least 15-days in advance and provided an opportunity to request reinstatement based on written request to the CoC HMIS Lead. Conditions for denial shall include: Agency has unused licenses, user role does not require HMIS access to complete job tasks, project has un-resolved data-quality issues or request exceeds the license capacity and request is for a low-priority end user.

The HMIS Lead will also conduct an annual license reconciliation process to review annual license usage. This review will examine login activity as identified by the HMIS reporting, identify inactive accounts, assess program staffing levels, and project license needs for the upcoming year. Base and Additional License allocations may be adjusted, and cost-sharing estimates for Additional Licenses will be communicated to agencies as part of this review.

LICENSE REQUEST PROCESS
Agencies requesting any new license must follow a formal request process. This includes submitting a License Request Form explaining the business need, securing approval from the agency's Executive Director, ensuring that the prospective user completes all required HMIS training, and signing an HMIS User Agreement. All requests will be evaluated by the HMIS Lead according to the prioritization framework, available license capacity, and the agency's compliance status. Requests may be denied if the agency has unused licenses, if the staff role does not require HMIS access, if data-quality issues present outside acceptable rates, or if the request exceeds available budget or capacity.

When agency requests licenses the following process shall be used:
Agencies with completed Agency Participation Agreement submits written request for end-user license(s) to HMIS Lead (T.E.A.C.H., Inc.)
1. Agency Executive Director approves request
2. HMIS Lead forwards license request to HMIS Administrator to check remaining seat availability
3. End-user requesting access completes mandatory HMIS Training modules in the Pathways/MISI Learning Management System

   a. Community Services: HMIS 101
   b. Privacy and Security Training
  4. End-User reviews and signs current NorCal HMIS Policy
  5. End-User signs End-User Agreement (including Executive Director signature)
  6. Once mandatory training is completed and end-user agreement is executed, HMIS Administrator establishes login credentials and notifies the end-user

LICENSE FEES
Annual License Fees as of xxxx date:

One Time Fee (Per User)
- $200 per User

Annual Recurring Fee (Per User)
- $250 per User

Total Annual Fee (Per User)
- $250 per User

LICENSE ADMINISTRATION
The HMIS Lead (T.E.A.C.H., Inc) is responsible for administering the License Allocation rules. The HMIS Administrator (Pathways/MISI) will provide annual training, create and deactivate accounts, monitor usage trends, and ensure compliance with training requirements. Applicable annual license fees shall be billed to the Participating Agencies in January of each year and subject to change based on HMIS Vendor charges.

Agencies are responsible for managing their staff's access, notifying the HMIS Administrator when staff leave, and preparing to participate in cost-sharing for Additional Licenses as the phased model is implemented.

DEFINITIONS
Base HMIS License – Minimum number of licenses provided for agencies operating any HUD, ESG or State of California mandated homeless projects, funded wholly by the NorCal CoC.
Additional HMIS License – Licenses granted beyond the number of Base Licenses according to the CoC policy and funded partially by requesting agency.
Inactive HMIS User – User who has not actively logged into the HMIS for 90 consecutive days
HMIS Lead Agency – Agency designated by the NorCal CoC to oversee the HMIS Administrator activities, evaluate HMIS Administrator performance and oversee the generation of mandated federal and state reporting.
HMIS Administrator – Manages the critical data system used by homelessness service providers, focusing on user support, data quality, compliance (especially with HUD standards), training, and reporting to ensure accurate information is available to help people experiencing homelessness. The Administrator is the go-to entity for system issues, new user access, ensuring data integrity, and generating reports for planning and funding.