

## Survey Responses

### Top choice:

- No clear consensus
- Only item to get 2 votes was Imminently homeless
- The top *theme* from the responses seemed to center on policies and protocols for navigating and utilizing the BNL:
  - Addressing the imminently homeless population/Homeless Prevention in CES, Figuring out how to get more housing navigation deeper on the list and dealing with the system flaw of more people coming in and not enough housing nav slots. Couple this with more flexible funds to help individuals.
  - Standards and protocols for matching to participating projects, including rejection protocols
  - Thresholding policies for prioritization and matching
  - Rapid Rehousing -- prioritization, preferences, and use as a PSH "bridge"
- Other issues for "top vote"
  - one vote for revisiting and settling the issues on CES and HMIS access,
  - one vote for client feedback, grievances and appeals

### Top overall vote getters:

- RRH issues – prioritization, matching, use of funds – 6 votes
- Imminently homeless population/HP – 5 votes
- Standards and protocols for matching to participating projects, including rejection protocols – 5 votes
- Client feedback, grievances – 3 votes
- System Access, writ large – 2 votes
  - "Continue the discussion about access and ironing out the issues with CES--adequate staffing, training, communications, more HMIS training/licenses, etc."
  - "Have the system decide uniform resources for the hubs to not have such narrow drop in capacity. Why can't hubs be resourced to be open six days a week???"

## November 14<sup>th</sup> 2018 Notes

Present: Allison De Jung, Jamie Almanza, Peter Radu, Gloria Wroten, Aisha Brown, Riley Wilkerson, Merlenet Riley, Kara Carnahan representing Vivian Wan, Marta Lutzky, Jessica Loebedan, Rashone Atkins representing Terrie Light (BFHP), Jazmyn Brown

Staff: Julie Leadbetter, Jessie Shimmin

Visiting: Carol Wilkens (HCSA), Liz Tang (HCSA)

### Director's Report

- Welcome to new member: Gloria Wroten and Jazmyn Brown!
- Dorcas Chang will be filling Christina's support role
- Giving Tuesday is coming up! Please donate and encourage others to do so, too.

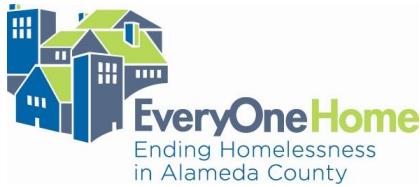
### Urgent Items

- a) Please submit urgent items to Director, Chair, Co-Chair in advance
- b) Rapid Re-Housing Proposal:
  - 1. Expand eligible support services (required) to include qualified case manager (e.g. FSP)
  - 2. Use RRH as a bridge to PSH, this will facilitate document readiness
  - 3. Consider threshold score to expand pool of people to those not matched with a navigator/case manager
  - 4. HCRs could designate additional Boomerang funds to hire case manager (see 1<sup>st</sup> bullet)
  - Recommendation to HCD to revise Boomerang RRH guidelines to reflect parts 1, 2, and 4. Workgroup to define what is a "qualified case manager" (i.e. someone who visits clients in the home, as a starting point), procedures for determining eligibility, administration, data entry etc. Send to Working group and HCD in parallel to get process moving forward. Quick vote in December. Passed unanimously.
  - Future analysis: the end of a timeframe, look at who was served and was it successful as measured by # of enrollments, # of move in dates, scores, and exit destinations.
- c) Certified Assessor Policy
  - Lots of variation in the zones approach to assessment, Julie is looking for direction from SCC on how to proceed with training assessors.
  - Julie is asking the group to calendar a conversation about the assessment policy and practical implementation
  - HUD requirement is a standard and consistent experience
  - Send out Certified Assessor information with meeting summary materials
- d) PSH Vacancies
  - Open PSH units and people who are eligible and document ready, but not in PSH. Jamie would like SCC to take this on and understand the issue, resolve issues, and get people into units.
  - Lora could come to December meeting to present, diagnose problem, and offer areas where SCC can help support Home Stretch's work.
  - HUD TA team may be making another site visit during the week of December's SCC meeting

### Discussion Items

- a) Annual EOH Committee Recruitment and Participation
  - Lots of interest in this committee, so how do we accommodate observers/public comment/public meeting, etc.?
  - Space is an issue: functional AV system, enough seating; we have connections at Hayward City Hall and SSA

- Motion: meeting materials posted online post-meeting; guests of committee members are invited to audit the meeting, working groups are open to public participation.
- Refer issue to HUD TA
- b) Improvement Schedule
  - Peter will summarize the results of the survey by email, in the interests of time.
- c) Coordinated Entry Client Rights and Grievance Policy
  - Revise: add City of Berkeley and City of Oakland to HCSA as points of grievance
  - There is widespread desire and commitment to take up grievance in a responsive way, and no one really has the resource capacity to take grievance on as proactively as desired. This may be something the SCC needs to take up and address.
  - Revise: providers will share aggregate data on complaint subject matter and resolution status (resolved, escalated to funder)
  - Revise: Providers will acknowledge and initiate response to the complaint according to the organization's established grievance policy
  - Revise: Funder will provide a written response within 30 days of receipt.
  - Add: Proposal to request funding source to create a single, centralized Grievance Officer
  - Proposal to adopt with above revisions with the direction to send to county and city counsels for review, until counsel agrees, the grievance process will end with the agencies. Proposed by Peter, seconded by Merlenet
  - 9 members present for vote
  - Abstention: 3
  - No: 1
  - Favor: 5



**POLICY:** Coordinated Entry Client Rights & Expectations

**ADOPTED BY:** System Coordination Committee Working Group 10/16/2018

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### Coordinated Entry Client Rights & Expectations

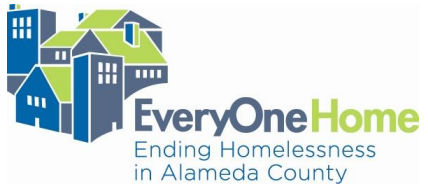
Any organization participating in the administration or service delivery of Alameda County's Coordinated Entry process must inform clients of their Client Rights & Expectations. Client Rights & Expectation must be easily accessed, posted, and available upon request.

Anyone seeking assistance through Coordinated Entry, has the right to a process that:

1. Is accessible, fair, and standard.
2. Does not discriminate, and does not screen people out based on income, history of substance use or domestic violence, evictions, poor credit, poor housing history, and criminal records.
3. Is accessible to individuals with disabilities and people who are least likely to access homeless assistance.
4. Allows clients to choose and refuse housing and service options.
5. Allows clients to consent to or refuse the collection, protection, and sharing of their private information.
6. Makes reasonable efforts to provide the process in the client's language.
7. Offers reasonable accommodations for variations to any part of the standard process.
8. Allows clients to update their information as needed.
9. Allows clients to file a grievance, non-discrimination complaint, or to appeal Coordinated Entry decisions.

In order for Coordinated Entry to provide the best service possible, anyone seeking assistance through Coordinated Entry, is asked to:

1. Provide sufficient information for Coordinated Entry staff to be able to screen, assess, prioritize and refer appropriately.
2. Update contact information regularly.
3. Update assessment information when significant changes occur in their housing status, health condition, or family composition.
4. Stay in touch with Coordinated Entry staff.
5. Respond immediately to any offer of service or housing.
6. Ask for support through the Coordinated Entry process if needed.



#### **6.2.4 COORDINATED ENTRY ASSESSMENT**

The Coordinated Entry Assessment is the standard and comprehensive assessment tool used to assess and prioritize literally homeless households for homeless services and housing programs in Alameda County. For households unable to keep or find housing through Housing Problem Solving and who are literally homeless, the standard Coordinated Entry Assessment must be conducted.

##### **6.2.4.1 Certified Assessors**

Any person who administers Alameda County's Coordinated Entry Assessment must receive approval, certification, and annual training from EveryOne Home or a designated training entity. The purpose of certification and training is to provide all staff administering assessments with access to information, materials, and standard tools by which assessments are to be conducted with fidelity to the Alameda County Coordinated Entry process.

Certified Assessors should be staff or subcontractors of Housing Resource Centers, Housing Workshops, and specifically identified Outreach teams. When necessary to facilitate access or improve quality of information gathered through assessment or to remove population-specific barriers to accessing the Coordinated Entry Process and to account for the different needs, vulnerabilities, and risk factors of identified subpopulations, other designated staff or organizations may be certified to conduct assessments. Resource Zone Coordinators are responsible for coordinating Certified Assessors and assessment activities and for ensuring activities are in accordance with Coordinated Entry standards, policies, and procedures.

All CE Assessments must be conducted by Certified Assessors and they must use the standard process, tools and forms included in the Coordinated Entry Access Packet or HMIS.

### Guidelines for Using FY 17/18 Boomerang RRH Funds

Rapid re-housing (RRH) is an interim housing program for homeless people to get quickly re-housed and stay housed. By design, rental assistance is a short and shallow subsidy. Aided by a [Housing navigator](#) or [Qualified Case Manager](#), the client is provided supportive services that help make the transition back to independent living within a short time frame. [The client may also transition to a longer-term subsidy should they be eligible for one through prioritization or other non-prioritized housing opportunities.](#) Once ~~this happens~~ someone transitions off the rapid re-housing subsidy, the rapid re-housing “slot” turns over, and another client can be served until all resources are depleted.

#### Prioritization

- [Literally homeless individuals or families who have completed the Coordinated Entry Assessment and have an assigned HRC Housing Navigator or a non-HRC Qualified Case Manager can be matched to Boomerang RRH slots.](#)

#### Eligibility

- ~~Literally homeless individuals or families who have completed the County Assessment tool and are prioritized for an intervention. Anyone with a score of **XXX** or above is eligible.~~
- Income level of 30% AMI or below [at entry into the program.](#)
- [Clients with no income are still eligible for RRH provided the housing stability plan shows a path to obtain income or a method to pay for housing long-term quickly.](#)
- No other source of RRH available for the client’s specific population (ex: Housing Navigators will assist their clients to access RRH targeted towards youth, families, people on probation, and veterans before using this source of funds).
- Has a housing stability plan, approved by the HRC Manager, that shows a realistic path towards taking over rental payments within 9 months ~~(see above)~~
- Willing to work with a housing navigator on the housing stability plan

#### Steps for being matched to RRH

- [Boomerang-funded Rapid Rehousing can be offered to literally homeless clients who have received a Coordinated Entry Assessment and who have an assigned HRC Housing Navigator or a non-HRC Qualified Case Manager.](#)
- [If they do not have an HRC Housing Navigator, a non-HRC Qualified Case Manager must be identified by the HRC.](#)
- [Prior to being approved for a RRH slot, the client and Housing Navigator or Qualified Case Manager must talk about realistic housing options given the client’s ability to pay for housing long-term. This assessment includes the client’s prior work history and is not based on current behaviors.](#)
- [The Housing Navigator or Qualified Case Manager and client must create a written housing stability plan that outlines a reasonable path towards the client taking over his/her own rent in 9 months. Plans must include measurable goals and objectives and include realistic housing options such as increasing income \(including for people on SSI\) or ability to pay for housing long-term, utilizing shared housing, and moving to a community where rents are more affordable. Plans must include the maximum amount of rent that the client feels they will be able to take on in the future.](#)
- [The Housing Navigator or Qualified Case Manager must submit the housing stability plan for approval to the HRC manager. The HRC manager must review the plan to ensure that it includes detailed, realistic steps for moving towards independent housing and that the maximum rent amount is realistic given the clients current and potential future income.](#)
- [Once the HRC Manager approves the housing stability plan, the client is officially matched to the RRH intervention and can begin a housing search.](#)

#### Qualified Case Managers

- [Qualified Case Managers must be approved by the HRC Manager](#)

- A Qualified Case Manager is defined as staff of a case management program that provides housing-related case management and that can provide specific RRH case management services including:
  - Case Managers must actively work on the required housing plan
  - Case Managers must be able to provide services to clients in their homes and community settings
  - Case Managers must be able to provide regular support services at a frequency appropriate to the client
  - Case Managers and/or the case management program must agree to collaborate and share information with HRC staff for on-going care coordination and funding requirements
  - Case Managers may provide, but are not required to provide, housing search services.
- Examples of programs that may be Qualified Case Managers are Full Service Partnerships, Health Homes/CBCMEs, or MSSP – Multipurpose Senior Services Program

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#### Administration by HRCs

- HRCs must conduct subsidy administration including completion of the housing paperwork and ensuring habitability.
- HRCs must assign an HRC Housing Navigator or identify and coordinate with a non-HRC Qualified Case Manager
- HRCs may elect to add an RRH Case Manager using Boomerang funds dedicated to RRH, if funding permits, mutually agreed upon by funder and operator, and if codified in writing allowing it contractually.
- HRCs are responsible for HMIS data entry, including any data that needs to be gathered from Qualified Case Managers
- If the Qualified Case Manager does not offer housing search assistance, HRCs may provide housing search services

#### Length of assistance

- Assistance will be provided for up to 9 months.
- Any extensions to be approved by HRC Manager.

#### Allowable Rent

- Will use a rent reasonableness standard but more importantly will use a client reasonableness standard.

#### Habitability

- HRCs must ensure the habitability of any unit subsidized through Boomerang funded RRH.
- HQS inspection prior to move in is the best practice standard for this funding source. However, a Housing Navigator may use a habitability standard in cases where HQS is not reasonable (ex: some shared housing situations).
- The HRC Manager must approve use of habitability standard instead of HQS and the reason must be documented in the client case file.

#### Eligible costs

- Rental deposits (up to 2 times the rent), Utility deposits, Rent
- Late fees are not an eligible expense

#### Rental Assistance amounts

- Clients must agree (by signing the participant agreement) to contribute to their rent on the following schedule:
 

Months 1-3	25% of rent
Months 4-6	50% of rent
Months 7-9	75% of rent
- Depending on a client's situation ~~he/she~~they may be able to move towards 100% of the rent on a faster schedule. Any exceptions to the payment schedule which result in less rent being paid must be discussed with the Housing Navigator or Qualified Case Manager and a clear plan for getting back to the payment schedule as quickly as possible must be documented. This written exception request must be approved in advance by the HRC Manager.



#### Client Expectations

- Meet with Housing Navigator or Qualified Case Manager a minimum of 2 times per month (once housed, 1 of those meetings must be in unit) - **required**
- Sign and follow the participant agreement – **required**
- Contribute to the rent on the agreed schedule- **required** (note – variations to this schedule can be approved by HRC manager)
- Work on increasing income or enhancing ability to pay for housing long-term
- Willing to consider shared housing or moving to more affordable community

#### Reassessments

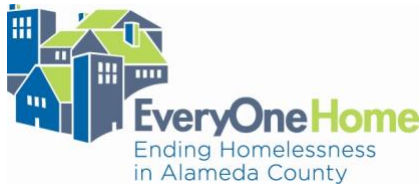
- Clients will be approved for RRH in 3 month intervals.
- Housing Navigators or Qualified Case Managers will conduct formal assessments every three months (in month 3 and month 6) to ensure that clients are on track to take over full payment of their rent.
- The HRC Manager will review all reassessments and approve services for another 3 months.

#### Services after rental assistance ends

- After rental assistance ends client may receive up to 3 months of on-going Housing Navigation. This timeframe may be extended depending on a client's needs.

#### Client's refusal of services

- Clients retain the right to opt out of services at any time.
- While participating in the RRH program if a client is offered a permanent supportive housing (PSH) voucher or site-based unit and they refuse the offer for whatever reason, the refusal will be documented in writing both to the client and in their file.
- A client will be offered a maximum of three PSH opportunities and if all three are refused then they are made inactive on the Homestretch list.
- All attempts to involve professionals working with the client will be made.



**POLICY:** Interim Coordinated Entry Grievance Policy & Procedure

**ADOPTED:** 11/14/2018 by System Coordination Committee

**DEVELOPED BY:** System Coordination Committee Working Group 10/16/2018

**IMPLEMENTATION:** This policy and procedure has been submitted for review and approval by the funding agencies. Until funding agencies internally approve the policy and procedure and provide specific contact information to be included on the Coordinated Entry Grievance Form, the interim grievance procedure stops at the level of the organization (Step 2), and that organization's decision is final.

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#### Coordinated Entry Grievance Policy

Alameda County's Coordinated Entry process is funded and administered by multiple government entities and conducted through a network of designated organizations and locations across the County. Any organization participating in the administration or service delivery of Alameda County's Coordinated Entry process must follow the system-wide Coordinated Entry Grievance Policy. Organizational grievance policies must incorporate the Coordinated Entry Grievance Policy, and procedures and forms must be easily accessed, posted, and available upon request.

The Coordinated Entry Grievance Policy covers all services provided as part of the Coordinated Entry process including:

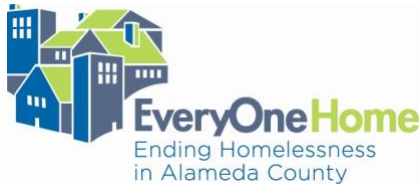
- Safety Screening
- Housing Crisis Screening
- Housing Problem Solving
- CE Assessment
- Referral
- Matching

The Alameda County Housing Crisis Response System Manual ([www.everyonehome.org](http://www.everyonehome.org)) outlines the standards to be used for all services included in the standard Coordinated Entry process.

#### Coordinated Entry Grievance Procedure

To the greatest extent possible, any problem or concern that is identified by a client regarding service provided during any part of the Coordinated Entry process should be resolved quickly, supportively, and professionally by the organization that is most directly involved with the client's experience.

If a client is dissatisfied with a service, decision, action or situation involving any part of Alameda County's Coordinated Entry process, as outlined above and detailed in the Housing Crisis Response



System Manual, or if the person wishes to file a complaint against perceived unfair treatment, the following procedure should be followed:

1. The client can make a complaint by first following the complaint or grievance procedure of the organization or agency directly providing the service.
2. Providers must acknowledge and initiate a response to the complaint according to the organization's established procedure.

[To be implemented upon internal approval of funding agencies:

3. Providers must inform clients of their right to a formal grievance if they are not satisfied with the resolution of the complaint.
4. If the client does not feel comfortable making the complaint to the organization or is not satisfied with the resolution, they may file a formal grievance with the government agency that is the primary funder of the Coordinated Entry services of that organization.
5. The client may file the formal grievance by completing the Coordinated Entry Grievance Form and submitting it to the designated funding agency.
6. Providers must provide clients with the Coordinated Entry Grievance Form and the appropriate contact information for one of the following funding agencies who will receive the formal grievance:
  - a. Alameda County Health Care Services Agency
  - b. City of Berkeley
  - c. City of Oakland
7. The Coordinated Entry Grievance Form can also be found at [www.everyonehome.org](http://www.everyonehome.org)
8. The funding agency that receives the grievance must review the formal complaint, determine best course of action, and provide a written response within 30 days of receipt. Grievances will be reviewed closely on a case by case basis. The funding agency may require the individual issuing the grievance to meet with staff to discuss the grievance and resolution.
9. The decision will be issued in a written letter documenting the original grievance, all measures taken to resolve it, and the final decision. The decision letter will be issued to the person who filed the grievance and will be sent to the client address provided on the Coordinated Entry Grievance Form. All decisions made by the funding agency will be final.]
10. Providers, funding agencies, and EveryOne Home must collect and share aggregate data on the subject matter and resolution status of all Coordinated Entry grievances for the purpose of evaluation and quality improvement.



PRIORITIZED/ NONPRIORITIZED	NOT STARTED /IN PROGRESS /COMPLETED	IMPROVEMENTS	PROGRESS NOTES	RELEVANT DATES
Prioritized	Completed	Development and Approval of Improvements to the Housing Crisis Response System and Changes to System Manual	Initial Improvement Schedule was developed and adopted by SCC.	
Prioritized	Completed	First Draft of System Manual	Committee review and provided comments.	
Prioritized	Completed	Rapid Rehousing Standard for Immediate Use of Boomerang Funds	Adopted by SCC. Used for Boomerang Contract and the language was integrated into the System Manual	
Prioritized	Completed	2018 Work Plan & Improvement Schedule	Work Plan & Improvement Schedule was included in 4/26 LB packet	
Prioritized	Completed	AC3 eligibility & enrollment	Adjustments were made by HCSA to ease enrollment process. ILC or contractors discuss and bring back to committee if necessary.	
Prioritized	Completed	Revised assessment for use with Clarity	Presentation of revised assessment for use in Clarity. Revision was based on prioritization monitoring and analysis by System Analyst and included input from ILC and HMIS team. Proposal has the approval of funders and is scheduled for consideration by Leadership Board on 4-26. No action needed by SCC however additional input and/or recommendation of support would be appreciated. Assessment version was approved by Leadership Board.	
Prioritized	Completed	Preference Policy for PSH	Approved by SCC. Language was integrated into System Manual.	
Prioritized	Completed	Policies guiding case conferencing and managing the by name list. Policies included determining active/inactive on the by name list, protocols for changing assessment information.	Approved by SCC. Language was integrated into System Manual.	
Prioritized	Completed	Feedback on the updated EveryOne Home Plan	Request presentations from either EOH, HCSA, HCD, or Cities on new strategies. Open discussion with Committee.	
Prioritized	Completed	Countywide standards for Housing Problem Solving and Use of Flex Funds	Proposal submitted and adopted by SCC. Recommendation #2 resolved through current assessment tool. Language was integrated in the System Manual.	
Prioritized	Completed	Standards and protocols for transfers between HRCs	Proposal developed and for vote by SCC on 8/8. HCSA has agreed to support any necessary billing issues.	
Prioritized	Completed	Standard case conferencing	Director, Leyden, Radu	
Prioritized	Completed	Approval for staff to write a CE HUD Compliance Review	Proposal to request that CE Compliance Review to be developed by SC Director and HUD CoC Director. Approval was not required according to EOH Charter.	Report will be written by 10/31/2018
Prioritized	Completed	Preferences for PSH	Policies have been developed for PSH. Needs to be integrated into the System Manual	
Prioritized	Completed	Inter Zone/HRC Transfer Policy	Policy was written and approved by SCC on 8/8.	
Prioritized	Completed	Client Contact Info on Client Profile	Reviewed by Work Group and developed in HMIS.	
Prioritized	Completed	Recommendation to HUD CoC and Leadership Board for Governance Charter Changes to delegate HUD CoC responsibilities for CE and System Coordination to SCC	Rec approved by SCC and sent to HUD CoC. Will go to Leadership Board in October with standard governance charter changes.	Leadership Board approves Governance Charter changes in October
Prioritized	Completed	Revision to Certified Assessor Policy	There has been a specific proposal floated by HCSA County Zone to be able to coordinate assessors like other zones/HRCs and to expand to healthcare settings. Committee Chairs are waiting for written proposal to schedule presentation to Committee. Work Group met and did not want to support a proposal for expanded assessment at this time. Work Group instead developed a set of action steps in partnership with HCSA and healthcare providers. HCSA rescinded the request to present proposal to SCC and may want to revisit later.	Scheduled for 9/4 Prevention Work Group.
Prioritized	Completed	CE Self Assessment for CESH, CESH Recommendation for Use of Coordinated Entry funds	Staff developed the CE Self Assessment for submission based on feedback gathered by Committee members and 40 general public Coordinated Entry feedback surveys. SCC work group developed a set of recommendations for use of CESH funds. Recommendations were approved and forwarded to HUD CoC. CESH administrative entry requested that the CE Self Assessment was changed to reflect full compliance with Coordinated Entry. SCC directed staff to make the changes. Staff does not agree that CE is in compliance.	Scheduled for 9/4 Prevention Work Group.
Prioritized	Completed	Preferences for Shelter	Working group met to draft preferences for county/city general shelter beds. Policies on other beds need to be decided.	Scheduled for 9/4 Prevention Work Group.
Prioritized	In Progress	Review of Boomerang Rapid Rehousing	SCC requested review of Boomerang RH standards when they originally adopted. Was raised as an urgent item on 10/10 because some HRC providers are unable to draw down on the RH funds. They report that it is due to the prioritization policy. Other HRC providers are able to draw down. They agreed to review their data, evaluate, and return to the SCC with a proposal. Group presented a revised policy recommendation to SCC on 11/14/18. SCC supported recommendation with amendments and requested work group to define a couple more items and bring it back on 12/12. Riley committed to bringing it to HCD for approval.	SCC on 12/12
Prioritized	In Progress	Standard and compliant access and assessment procedures	Big issue that needs attention from the committee. SCC should review how access is happening and evaluate if it is in compliance and accessible according to standards and HUD. EOH staff gave a presentation on 10/10. No action was requested or taken. YR2 contracts required publicly advertised outreach locations, days and hours of operation, and a follow-up telephone number. EveryOne Home has outreach materials designed and ready to go, just waiting on information .....	Urgent item for December?
Prioritized	In Progress	Communications and affirmative marketing	Improvement is needed in communicating to countywide stakeholders regarding Coordinated Entry, changes to the Housing Crisis Response System, and ways for people to get assistance. HUD requirement for affirmative marketing. Related to our current system of Access because it is too complicated to even advertise. SCC might want to require minimum and consistent standards for Access Points in order to move this along. Scheduled again for work group on 10/16. Presentation was made to SCC and discussion held at working group. YR2 contracts required publicly advertised outreach locations, days and hours of operation, and a follow-up telephone number. EveryOne Home has outreach materials designed and ready to go, just waiting on information .....	Urgent item for December?
Prioritized	In Progress	Client Feedback and Grievance for CE and the HCRS.	Must include specific protocol for appealing prioritization decisions. Standard forms to be used and recommendation of infrastructure necessary to receive and resolve issues systemwide. Needed for HUD compliance and best practice. Working group should vet initial ideas with funders, ILC, others, develop forms and tools. Scheduled for Work Group on 8/21. Urgent item on SCC 10/10. Committee members agreed to step up to get this policy unstuck/completed. Working group held 10/16, well attended, proposal developed. Proposal was discussed with funder and amended. SCC approved an interim Coordinated Entry Grievance policy dependent on funder internal approval.	Should we set a sunset date for the interim policy?
Prioritized	In Progress	Countywide HCRS training and capacity building	CE Assessor Training is in place and compliant. Need training protocols to be written and distributed annually. More systemwide training capacity is necessary, particularly for HMIS. Possibility to use CESH funds for this purpose. Included in CESH recommendation to HUD CoC.	Multiple requests have gone to Linda for a meeting with CoC Co-Chairs to discuss CESH funds. Response asking to postpone, no commitment to meeting as of yet.
Prioritized	In Progress	Prevention: Addressing the imminently homeless population	Urgent item was raised and discussion was had about how imminently homeless households are navigated through the CE process. No action was taken.	For discussion at SCC at January/February meetings
Prioritized	In Progress	Prevention: ESG Standards	Review ESG Manual and decide if it needs to be updated or affirmed for use over a new period of time. Need to address ESG Prevention and RH Standards and how ESG funds are accessed and prioritized through Coordinated Entry.	For discussion at SCC at January/February meetings
Prioritized	In Progress	Prevention: CE policies for Homeless Prevention Services	System is out of compliance as it hasn't clearly designated how prevention resources are accessed and prioritized. ESG Prevention must be prioritized. Committee discussed and conducted research. SCC decided to only take action on a limited set of prevention items at 9/4 Workgroup. Others prevention topics will be taken up at a later date.	For discussion at SCC at January/February meetings
Prioritized	In Progress	Matching and referrals to participating projects. Must include criteria for rejecting a referral and protocol for connecting client to new project.	This is a large task. Perhaps a discussion of how to most effectively break it down and tackle it.	
Prioritized	In Progress	Standard tools and forms for CE and HCRS	Standard tools have been adopted for paper versions of Safety Screening, Housing Crisis Screening, Housing Problem Solving. Working on HMIS development. Paper versions of Housing Stability Plan and Housing Navigation Tool have been developed. Need to move into HMIS development for these tools. Client Contact Info is in development for HMIS. Client contact info completed but has some problems with functionality. HMIS working on it.	
Prioritized	In Progress	Improving PSH placement and vacancies	Concerns escalated by committee on 11/14. Home Stretch invited to present 12/12. Committee committed to focusing on this and targeting support.	Working group 12/4 and return to SCC on 12/12.
Prioritized	Not started	Standards and protocols for participant autonomy.	Must include protocol for refusal to answer assessment questions, refusal of housing and service options without retribution or limiting access, maintaining place on by name list if refuse offer, and participant choice in assessment and referral process, prohibiting denial of assessment unless necessary for eligibility per program regulation, informing of rights and grievance protocols, and informing of privacy and security.	Presentation by Home Stretch on 12/12.
Prioritized	In Progress	Improving document collection to support housing placements	There have been many reports related to the difficulty of both finding clients after assessment and having clients who are document ready to match to PSH. Multiple stakeholders are seeking assistance with streamlining, focusing, supporting document collection in order to place high-priority clients into housing.	
Prioritized	Not started	Establish approved Resource Registries and specification of which projects are prioritized through CE and which are not.	Zone Coordinators are responsible for building the Resource Registry for their zone. While this is dependent on HMIS development, there are things that Zone Coordinators can do in the mean time.	
Prioritized	Not started	Standards and protocols for privacy protections and data security protections. Must include specific policies required by HUD including policy for households who refuse ROI and data sharing.	Need support of HMIS team and HMIS Oversight Committee	
Non-prioritized	Not started	Future funding for the system (Whole Person Care sunset, system capacity for specialty mental health billing, leveraging mental health programs, etc.)	Committee to discuss and determine if and how to address the question	
Non-prioritized	Not started	CE Implementation Report: Proposal to request that EOH and/or CE Project Management Team present progress reports quarterly to SCC. Reports should include project scope, timeline, milestones, responsible entities, and progress or setbacks in implementation.	Director	
Non-prioritized	Not started	Frequency and method by which evaluation will be conducted, how project participants will be selected to provide feedback, and the process by which the evaluation is used to implement updates to existing policies and procedures		
Non-prioritized	Not started	Accessibility and standardization of assessment process	Guzman	
Non-prioritized	Not started	Evaluation of effectiveness of assessment process in identifying high needs efficiently, link to Community Health Record	Almanza, Riley, Radu,	
Non-prioritized	Not started	Building countywide capacity for system analysis	Radu	
Non-prioritized	Not started	Align new system policies with funding requirements (ie. HomeStretch MOU)Assure that new system policies do not prevent drawing down funding or set up compliance conflicts	Almanza, Wan	
Non-prioritized	Not started	Prevention activities and use of prevention funds	Almanza	
Non-prioritized	Not started	Integration of clinical and non-clinical teams	Wan	
Non-prioritized	Not started	PSH services, what does it take to get high-needs households housed and stay housed	Wan	
Non-prioritized	Not started	Permanent source	Wan	
Non-prioritized	Not started	Building strategic partnership with other systems- probation, re-entry, SSA,	Soublet, Wan	
Non-prioritized	Not started	Serving the 90% of non-priority LH households who have been assessed	Leyden	
Non-prioritized	Not started	Strategic use of shelter	Soublet, Leyden, Radu	
Non-prioritized	Not started	Evaluation or decision-making tool for understanding the impact of decisions on clients	Riley, Leyden	
Non-prioritized	Not started	Language accessibility standards	Guzman	
Non-prioritized	Not started	HUD Compliance and identification of high impact strategies for performance improvement and maximization of NOFA award	Guzman	
Non-prioritized	Not started	Role of public housing in maximization of HUD CoC funding	Guzman	
Non-prioritized	Not started	Active coordination with systems of care: Active coordination with systems of care to ensure people who are there for more than 90 days is not discharged to the street (foster care, mental health care, corrections, health care)	Guzman	
Non-prioritized	Not started	Increase street outreach capacity	Guzman	
Non-prioritized	Not started	Disability Rights Education and Defense Fund about best practices for CES systems meeting the needs of disabled people	Wall	

Month	Date of SCC	Item	Date of Work	
			Group	Item
			7/17/2018	Client Contact Information Form for Clarity / Standard Tools
			8/7/2018	Prioritization & Preference Group #2: Shelter Preferences
			8/21/2018	Client Feedback, Grievance Policy
			9/4/2018	Prevention Work Group
			9/18/2018	CESH/CE Capacity Building Discussion
			10/2/2018	1. Problems with access to Coordinated Entry that have been identified through the Coordinated Entry Self Assessment and feedback solicited on the EveryOne Home website 2. HCSA's proposal for expanding assessment capacity
			10/16/2018	Client Feedback, Grievance Policy
			11/6/2018	Homeless County Survey Tool
			11/20/2018	Cancelled for holidays
December	12/12/2018	RRH; PSH; Grievance	12/4/2018	RRH Workgroup
			12/18/2018	Cancelled for holidays
January	1/9/2019	Imminent homelessness, prevention; dividing up System Manual	1/1/2019	Cancelled for holidays
			1/15/2019	Prevention Work Group
February	2/13/2019	Protocols for matching and rejection, at the client and the provider level; Thresholding for certain resources like RRH, PSH, shelter	2/5/2019	Prevention Work Group
			2/19/2019	Prioritization and preferences working group
March	3/13/2019			