1. Director’s Report (Peter) 2:00-2:10pm
   a. Julie on leave until Feb. 4, committee business should be directed to Peter/Jamie
   b. EveryOne Counts! Homeless Point-in-Time Count, January 30
   c. Work group on document collection held 12/18
   d. HUD TA Session on CE Management and Evaluation to be held on February 19 from 2pm-4pm in lieu of Feb mtg. February 13 date will be cancelled.

2. Urgent Items (Peter) 2:10-2:20pm
   a. Reminder to send any urgent items to Director, Chair, Co-Chair in advance
   b. Interim Coordinated Entry Grievance Policy

3. Consent Items
   a. Alameda County Housing Crisis Response System Manual (with new policies included, also posted on the EveryOne Home website)
   b. Vote to approve

4. Action Items (Peter) 2:20-3:00pm
   a. 2018 Evaluation
      i. Complete the evaluation form
      ii. Review improvement schedule – what's completed, in progress, not started
      iii. What does this say about what the committee is able to do? Are there themes?
   b. 2019 Work Plan
      i. Have each person put their goals and system issues up on the wall, use dots to choose new priorities
   c. Vote to approve new priorities/work plan

5. Discussion Items (Jamie) 3:00-3:55pm
   a. Prevention and Imminent Homelessness
   b. Document Collection Campaign

6. Plan of Action (Peter) 3:55-4:00pm
   a. Improvement Schedule
      Upcoming topics: Protocols for matching and rejection, Thresholding for RRH, ES, PSH
   b. Work Groups
      i. 1/15: Should it be prevention or document collection or something else?
   c. Next meeting is joint session on February 19
1. EOH/Jessie provide information on which clients have housing navigation
   a. Abode HN programs are still not set up properly, so no data available from
      Abode related to HN
   b. Despite that, it seems that most people assigned to HN were above the median
      and higher, so housing navigation does seem to be going to clients with a
      likelihood of getting matched
2. What are regions/zones doing for document collection?
   a. In Berkeley, first three months of navigators is focused on document collection
   b. Outreach/assessors are already doing a lot – may not be a good idea to add
      document collection to their list
   c. East County
      i. 2 outreach workers, master with peer, 2 housing navigators, 1 assessor
      ii. Outreach workers and an assessor does the assessment, now they are
          starting to focus on keeping in touch
   d. Mid County – 3 outreach, 3 housing navigators, assessor
   e. South – 2 outreach, 3 housing navigators
   f. And assessment partners in each region
   g. Street outreach capacity is not adequate,
   h. Oakland 8-10 housing navigators
3. Best practices from other areas or our own experiences
   a. Abode just finished a project, 5 months, 134 households got document ready,
      10-12 outreach workers full-time
   b. County team in Santa Clara
      i. Team is part of Office of Supportive Housing
      ii. Close relationship with non-profit partner for chronic homeless
          documentation and disability paperwork
      iii. Can look widely into the system for documents
      iv. 2 vans
      v. Partnerships with different county systems
      vi. All partners know what being document ready means and how they can
          participate
      vii. That team was only focused on document readiness
Discussion/Ideas

1. Anyone who has intensive service provider should be top of the list for ensuring document readiness
2. Identifying others who are high priority but not at the top of the list
3. Are there different strategies for different documents?
4. Need a functional HMIS!
5. Some people have very specific barriers based on their cases (i.e., no birth certificate)
6. Some strategies are more upstream like property managers
7. Should outreach focus or should navigators focus on document collection? Group decided that it’s best for navigators to focus on document collection as outreach workers have other roles and expectations
8. Other partners can help: Pattie sent a packet that their staff will be using to get documents for all their clients and send to Home Stretch, can develop a protocol for other people to use, and possibly do some clinics to help people get document ready – HAC would like to help
9. Home Stretch does a document readiness training monthly, could build off that forum, or could build off the current case conferencing forum
10. Most people thought that ID and Birth Certificate were the trickiest to get, but Home Stretch was reporting that they have had a difficult time getting most forms of required documentation, not just the trickier ones
11. What can we do right now?
12. What can we do to get to bigger system improvement?
13. Driver is whose getting matched to PSH? If they don’t have navigators, then who will do the work but for outreach?
14. Prioritize improving document collection for people who have navigators
15. Identify and problem solve around who will help people who don’t have navigators
16. Jamie offered that BACS has a team of some extra staff that could be used for a quarter in January

ACTION/NEXT STEPS:

1. Add document collection protocol to the System Manual for navigators and for other partners
2. Working group supports an idea to do a campaign to get the top 100 people on the list (from a point in time) and aim to get them document ready and see what we learn, could use both current navigators and the Document Support team offered by BACS
3. Hold another work group in January
4. Julie will be out for the month of January, so SCC Co-Chairs will discuss and plan WG/Improvement Schedule

Additional workgroup communications sent via email after the working group:

From Peter Radu:
Thank you for an engaging discussion this morning. The campaign idea is great for demonstrating that we’re serious about this, but I am hoping we don’t lose sight of some high-level policy proposals that would also help move the needle:

1. **Disability verification.** I imagine a strong majority of our clients have accessed Alameda County medical services of one kind or another. In those medical records would be information on any conditions or diagnoses that would constitute proof of a “disabling condition” for HUD purposes, no? These records are disclosable at an administrative level to Home Stretch, per HIPAA, if they are for legitimate care coordination purposes. We’re already moving in this direction with the community health record prototype, so I know there’s an appetite for this in County leadership. Can we do this for PSH purposes?

2. **MEDS records.** Similarly, a large number of our clients have accessed public welfare benefits that would likely be captured in the State MEDS database. Again, we should be able to devise ways to share these records across agencies directly with Home Stretch. If a client is currently receiving a benefit that required proof of ID, etc. to access in the first place, can that serve as proof of identification on an interim basis for PSH purposes?

3. **Etc, etc.**—let’s get creative.

My point is that, odds are, we already have many of these records somewhere in Alameda County’s government for a solid majority of our BNL clients. For the most part, sharing these records can be done, legally, if there is the leadership and the will to get it done. In my prior job, I devised bulk data-sharing agreements for both MEDS and HIPAA-protected services for the City and County of San Francisco, so I am confident that the biggest barriers are neither legal nor administrative.

I’m limiting this correspondence to the folks that participated in today’s discussion, but hope you might consider these ideas and elevate any of them that causes your ears to perk up to your colleagues and higher-ups. I’m happy to help in any way I can, but jurisdictional partners won’t be able to make these decisions—it will need to come from County leadership. (To that end, thanks to anyone at Home Stretch, HCSA, SSA, and HCD who have already begun floating such ideas—please share anything you’ve done or learned, if possible and appropriate.)

If homelessness is our biggest and most far-reaching political and humanitarian crisis in Alameda County, I hope we can demonstrate the courage to meet it with proposals that are equally big and far-reaching.

**From Kara Carnahan:**
We actually were able to get 160 HHs document ready in 5 months with 12 staff (7 Abode and 5 County). We created a wait list in case we lost people before move in and those that don’t get into this project will be routed to other upcoming projects. Adding this for baseline as we think about our pilot “strike team”.


While getting medical documents are helpful in knowing what is going on with a person, I don’t think that they are especially helpful for documenting disability as you need a licensed provider to sign off that the person has a long term disability.

In SCC, VHHP (Valley Homeless Healthcare Project) did not mind seeing someone once if all they wanted in the moment was to get disability paperwork signed off on for housing. VHHP sees housing as a healthcare intervention and even if they don’t get long term care from their clinic, linking to housing is vital to health. They also view signing disability paperwork as a possible way to engage people in longer term services.

Many clinics in AC are still not super friendly for the homeless, they frown upon disability paperwork for new clients, and want people to come multiple times and be an established patient before they are willing to sign paperwork.

For the project where we were able to get 160 HHs document ready, VHHP set aside 4 hours a day twice a week for case managers to be able to bring clients in for disability paperwork completion and homeless documentation, if they had an ongoing relationship with the program. Sometimes this resulted in on-going care and sometimes it did not. It was an invaluable resources for this project and I wonder if this one we can cultivate in Alameda County.

Also, during our meeting we talked about engaging the DMV in more creative ways to create HUBS at non-profit sites where our folks can go and get their IDs. I think we all agree that this can definitely be one of the more difficult pieces of documentation to obtain. Sounds like we need political support for this one. Wonder if this can be a longer term system change project?

From Robert Ratner:
On Wed, Dec 19, 2018 at 5:58 AM Ratner, Robert BHCS <Robert.Ratner@acgov.org> wrote:

Hi all - thanks for working together on this important issue. I’m sorry I could not participate in the discuss directly. I’d like to add a couple of thoughts and resources for the group to consider to help move our efforts forward on this in a positive direction:

1) Care Connect likely has some consultant capacity that could work with BACS on the proposed document collection pilot and documenting what helped, what could be better, etc. Please let me know if there is interest in this.

2) We’ve established a partnership with the Social Services Agency to request copies of any scanned documents they might have on file when a client provides a release of information (please see attached and share with staff). This partnership will not fully address the issue but it is helpful, particularly for income verifications from SSA when those are needed.
3) This may have been discussed but I did not see this idea in the notes. With our prior Home Stretch referral process, HCSA staff encouraged staff to collect and submit required documents at the time of application submission. I'm wondering if we can routinize asking about documents at the time of an assessment being completed. This might mean changing some of the training and prompts on paper and in HMIS related to document collection.

4) I completely concur about the need to get our HMIS document collection capability AND reporting functions up and running. If we cannot get the reporting functions to work, then uploading the info will not be too helpful. Teddie Pierce, copied on this email, has been working on a draft document upload assessment that we can use to track and report on document status. I will follow-up with Teddie and the HMIS team on where we are with this.

5) Wanted to note that I concur with the idea that deeply helping someone with document collection often requires a level of intensive support. That said, I hope we do not preclude others from helping out in this process within their scope of practice. For example, an outreach worker could potential ask for copies during an assessment or complete the ROI form attached. A housing service provider in PSH might need to help someone get IDs again if they were lost and they want to apply for In-Home Supportive Services. A primary care clinic may have copies of these documents as part of their new patient intake. Summary: I'm hoping we can find ways that all of us in our different roles can contribute to addressing this issue.
ALAMEDA COUNTY
HOUSING CRISIS RESPONSE SYSTEM MANUAL
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1 PURPOSE OF THE SYSTEM MANUAL

The purpose of EveryOne Home’s Housing Crisis Response System Manual is to provide a general overview and description of Alameda County’s system for responding to homelessness and to outline the governance, principles, performance measures, and policies that guide the system. The System Manual is not intended to provide detailed operating procedures, rather to establish a framework and standards within which participating programs operate and provide services. However, when available and necessary to support standard and fair practice across the County, the System Manual may include standard forms and operating procedures for particular components of the system.

The EveryOne Home System Coordination Committee, in partnership with funders and operators of the Housing Crisis Response System, is responsible for the development of the policies and procedures included in the manual. The manual is a work-in-progress. Text highlighted in yellow indicates a section that needs policies and procedures developed. Text in red indicates draft text that needs to be either reviewed and amended by funders/operators or approved by System Coordination Committee.

2 ALAMEDA COUNTY’S HOUSING CRISIS RESPONSE SYSTEM

The Housing Crisis Response System is Alameda County’s overall system of housing services and programs that are coordinated to prevent and end homelessness, including but not limited to:

- Information & Referral
- Coordinated Entry
- Homelessness Prevention Services
- Street Outreach
- Drop-In Centers
- Housing Resource Centers
- Housing Problem Solving Services
- Housing Navigation Services
- Warming and Seasonal Shelters
- Year-Round Shelters
- Navigation Centers
- Transitional Housing
- One-Time Financial Assistance
- Time-Limited Rental Assistance
- Tenant Support Services
- Permanent Subsidized Housing
- Permanent Supportive Housing
- Landlord Liaison Services and Incentive Programs
- Flexible Housing Subsidies
- Housing-Focused Health, Human, Social, and Legal Services
- Homeless Management Information System

The Housing Crisis Response System works urgently to address housing crises for all Alameda County residents who are homeless or at risk of homelessness, across all regions of the County. The goal is for each and every individual or family that seeks assistance through the Housing Crisis Response System to have a safe, supportive and permanent place to live.

Coordinated Entry is the front door and the central organizing feature of the Housing Crisis Response System. The purpose of Coordinated Entry is to assess the needs of people in crisis, connect them to available support, and track the outcomes and performance of the system. Coordinated Entry provides a standard and transparent way for the Housing Crisis Response System to effectively:

- Identify people in Alameda County who are experiencing a housing crisis and assess their needs
- Problem solve and mobilize immediate solutions to stay housed or find a safer and more permanent place to live without the need for on-going support from the Housing Crisis Response System
- Connect people to health, social, legal, financial services that are critical to resolving their housing crisis and that support on-going housing stability
- Comprehensively assess households with the greatest needs, then prioritize and match them to the most supportive services and housing programs for which they are eligible
- Manage access to and outcomes of a dedicated portfolio of countywide services and housing programs
- Ensure that services and housing resources are being used in the most effective ways and available to the people who need them the most
- Collect and analyze client and system-level data, and use that information to improve performance, inform policy, and strengthen advocacy to end homelessness

The communication backbone of the Housing Crisis Response System is the countywide, shared database called the Homeless Management Information System (HMIS). Essential to providing individualized, confidential, and responsive support to all people seeking assistance, the database ensures timely information and facilitates effective service, by allowing the Housing Crisis Response System to:

- Document and retrieve critical and up-to-date information to help households in crisis
- Understand the specific needs of households seeking assistance and make effective referrals and matches to services and housing programs
- Coordinate the provision of services and care across the County, focusing on the household’s needs and protecting client privacy and confidentiality
- Collect system-level data and analyze the overall Housing Crisis Response System’s performance

HMIS ensures that the Housing Crisis Response System can be responsive on both the client-level and the systems-level: by providing valuable information to directly support individuals and families in crisis, as well as, local system data to support reporting, fundraising, decision-making, performance evaluation, public policy and advocacy.

3 GOVERNANCE

EveryOne Home—Alameda County’s collective impact organization and Continuum of Care lead agency—is responsible for the governance, planning, oversight and overall performance of the Housing Crisis Response System as a fundamental strategy of Alameda County’s plan to end homelessness, known as the EveryOne Home Plan. The Plan was adopted by the Alameda County Board of Supervisors, all 14 cities in the county and over 70 non-profit homeless and housing providers. The EveryOne Home Governance Charter outlines how EveryOne Home members and stakeholders:

- Govern the collective impact initiative to end homelessness
- Meet the federally-defined responsibilities of operating a HUD Continuum of Care as found in the Continuum of Care Program Rule at 24 CFR Part 578
- Meet federal, state, and locally defined responsibilities of operating a Housing Crisis Response System and its associated programs
- Plan, monitor, and evaluate the policies, standards, operations and performance of the Housing Crisis Response System
The Governance Charter establishes a participatory committee structure to ensure that the system operates in compliance with all regulatory requirements and is guided by the unified purpose of keeping and getting people housed. Under the Governance Charter and the Committee Structure:

- The EveryOne Home Leadership Board and the Collective Impact/CoC Membership Committees are responsible for overall performance, governance, strategy, policy and resource management of the Housing Crisis Response System.
- The RBA Committee is responsible for evaluating performance of the Housing Crisis Response System.
- The HUD CoC Committee is responsible for ensuring that the Housing Crisis Response System complies with HUD requirements and conducts the work of the HUD NOFA and HMIS Oversight Subcommittees.
- The System Coordination Committee is responsible for improving performance of the Housing Crisis Response System and for overseeing HUD CoC delegated responsibilities of Coordinated Entry.
- The Advocacy Committee is responsible for promoting policy that enhances the Housing Crisis Response System’s performance.
- The Funders Collaborative is responsible for allocating resources and managing funding in a manner that is consistent with the collective impact strategic direction and policies of the Housing Crisis Response System.
- All committees are responsible for engaging individuals and communities across the County in the collective effort to end homelessness.

4 GUIDING PRINCIPLES

4.1 HOUSING FIRST AND LOW BARRIER

- All homeless people are housing-ready right away and that the stability provided by permanent housing can transform lives.
- The first step to ultimately ending homeless people’s poverty is to end their homelessness right away. The focus is on ending as many people’s homelessness as quickly as possible given available resources.

4.2 BE EASILY ACCESSIBLE THROUGH A PROCESS THAT IS CONSISTENT, TRANSPARENT, STANDARDIZED AND EQUITABLE.

- Incorporating multiple entry points, including a county-wide hotline and Housing Resource Centers located in each major region of the County.
- Providing Outreach Services, so people least likely to seek services independently have access to the resources of the system. Outreach teams will be trained to “bring the front door” to homeless people by performing all key CE functions in the field, rather than requiring clients to travel to a service site.
- Eliminating “side doors” by requiring providers to accept referrals from a centralized priority list, greatly enhancing consistency and data collection across the system and improving how we understand and address homelessness in Alameda County.
- Reducing clients’ confusion by screening, assessing, and referring clients with standardized protocols, tools, and processes.
- Ensuring that customer experience and resource eligibility is the same at every Coordinated Entry access point.

4.3 **Keep Participant Safety, Confidentiality, Resiliency and Choice at the Forefront**
- Information will be collected in a respectful, strengths-based and trauma-informed manner.
- Tools and decision/referral processes will require only as much information as is needed to assist or refer clients.
- With client consent and in accordance with applicable laws and regulations, information will be shared within the system to coordinate care and limit the number of times people have to repeat their stories.
- Client choice and the client’s service and personal networks will inform options for services, housing, and referrals.
- Throughout the system, safety screening and links to domestic violence services will be integrated.

4.4 **Prioritize the Most Vulnerable**
- Homeless people who are the most vulnerable and with the highest need will be prioritized for resources.
- Coordinated Entry will match the level of service intervention to the level of client need to resolve their housing crisis. CE believes that clients are resilient and frequently able to end their homelessness with well-targeted, time-limited resources.
- Assessment is ongoing and more intensive services will be offered as needed. Clients can opt for less intensive support than what is offered.

4.5 **Provide Housing Problem Solving for Those at Risk of Homelessness**
- No one should ever have to enter the homeless services system to access resources. Strengths-based support and problem-solving services will be provided for people who are not yet literally homeless to help them maintain safe housing options without entering the homeless system.
- People are resilient, especially when offered a little help. Housing Problem Solving will use strengths-based conversations and, if resources permit, modest one-time resources to help people find creative but safe solutions for their housing crises.

4.6 **Use Data and Stakeholder Experience to Drive Continuous Improvement**
Achieving systems-alignment in Alameda County and optimal effectiveness will be a process and will require time and a commitment to continuous improvement.

Resources will be allocated to ensure that the Coordinated Entry process is managed and well-coordinated. Data will be used to assess the impacts and outcomes of the system to inform changes.

Stakeholders -- including service providers, funders, and people with lived experience of homelessness - will have an ongoing role in the oversight and refinement of the Coordinated Entry process.

Everyone—including those experiencing homelessness and those working to end it—deserves to understand how Coordinated Entry works and to participate in the decision-making process. Stakeholders will be given ongoing opportunities to participate in and learn about the ongoing Coordinated Entry effort.

Opportunities for involvement will be inclusive, open to as many affected stakeholders as resources allow and not limited to just those programs mandated to participate in Coordinated Entry.

5 Coordinated Entry

5.1 Purpose
As the front door to Alameda County’s Housing Crisis Response System, the purpose of Coordinated Entry is to provide an accessible, fair, and transparent way for people experiencing a housing crisis to be connected to housing support. Since there is not enough housing or services for everyone in need, the main job of Coordinated Entry is to problem solve, assess, and match people to any available resources for which they are eligible, and to ensure that the people with the highest needs are prioritized.

5.2 Target Population
Anyone experiencing homelessness or at-risk of homelessness in Alameda County must be able to access Coordinated Entry, be screened, and appropriately referred in a timely manner. Coordinated Entry uses standard and fair processes to assist all populations and to offer available services and housing resources to prioritized, eligible households.

5.3 Geographic Coverage
Coordinated Entry must serve the geographic entirety of Alameda County and ensure that access to services is consistent and equitable, regardless of one’s geographic location or the access point through which one seeks services.

5.4 Coordinated Entry Process
Alameda County’s Coordinated Entry operates through a network of Access Points (2-1-1, Housing Resource Centers, Outreach Teams) and Resource Zones (Administrative Coordination) to assess, prioritize, and match eligible people to a variety of housing programs including: homelessness prevention.
services, legal services, housing resource centers, housing navigation services, shelter, transitional housing, rapid rehousing, and permanent affordable and supportive housing.

Coordinated Entry must cover the geographic area of Alameda County, be easily accessed by individuals and families seeking housing or services, be well advertised, and use standard processes that include a comprehensive assessment tool to fairly determine need, priority, and eligibility for housing or services.

Any agency or person authorized to conduct any part of Coordinated Entry must follow the standard Coordinated Entry process procedures and use the tools approved for use in Alameda County by EveryOne Home. The standard components of Coordinated Entry are:

<table>
<thead>
<tr>
<th>ALAMEDA COUNTY</th>
<th>STANDARD COORDINATED ENTRY PROCESS</th>
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<tbody>
<tr>
<td></td>
<td>SCREENING</td>
</tr>
<tr>
<td>Safety Screening</td>
<td>2-1-1 Call Center</td>
</tr>
<tr>
<td>2-1-1 Call Center</td>
<td>X</td>
</tr>
<tr>
<td>Outreach</td>
<td>X</td>
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<tr>
<td>Housing Resource Centers</td>
<td>X</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>RESOURCE ZONES</th>
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<td></td>
<td>X</td>
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</tbody>
</table>
5.5 **ACCESS POINTS**
Access Points are the places—either virtual or physical—where an individual or family seeks assistance from the Housing Crisis Response System.

<table>
<thead>
<tr>
<th>ACCESS POINTS</th>
<th>COVERAGE AND TARGET POPULATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-1-1</td>
<td>24/7 Call Center offers Countywide virtual services to anyone experiencing or at-risk of homelessness. Conducts Screening and Housing Problem Solving.</td>
</tr>
<tr>
<td>Housing Resource Centers</td>
<td>Physical sites located across the County offering in-person and virtual services to homeless households. Housing Resource Centers may also provide services at specifically designate outreach locations. Conduct Screening, Housing Problem Solving, and CE Assessment for Literally Homeless. Supports Resource Zone Coordinators with Prioritization and Matching.</td>
</tr>
<tr>
<td>Outreach</td>
<td>Countywide outreach teams offering in-person and virtual services to homeless households who cannot or do not access services at HRCs. Conducts Screening, Housing Problem Solving and CE Assessment for Literally Homeless. Supports Housing Resource Centers and Resource Zone Coordinators with Prioritization and Matching.</td>
</tr>
</tbody>
</table>

5.6 **RESOURCE ZONES**
For the purpose of coordination, administration, and matching to housing resources, Alameda County’s Housing Crisis Response System is organized into Resource Zones. Resource Zone Coordinators are responsible for facilitating access to and coordinating the services and housing programs located in or associated with their Resource Zone. Resource Zone Coordinators are also responsible for ensuring that the activities of the Resource Zone are consistent with countywide standards and coordinated with countywide partners as necessary and required. Resource Zone Coordinators must hold regular Resource Zone Coordination meetings and case conferences to support successful matching, discuss operational improvements, and promote ongoing housing stability.

<table>
<thead>
<tr>
<th>RESOURCE ZONE</th>
<th>ZONE COORDINATOR</th>
<th>COORDINATES FOR</th>
<th>AFFILIATED HOUSING RESOURCE CENTERS</th>
<th>MATCHES TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oakland Adults</td>
<td>City of Oakland</td>
<td>Oakland, Piedmont</td>
<td>Downtown Oakland HRC (BACS)</td>
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<td></td>
<td>East Oakland HRC (EOCP)</td>
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<tr>
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<td>City of Berkeley</td>
<td>Albany, Berkeley, Emeryville</td>
<td>North County HRC (BFHP)</td>
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<td>Albany, Berkeley, Emeryville, Oakland, Piedmont</td>
<td>North County Family Front Door (EOCP, BFWC)</td>
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<td>Abode Services</td>
<td>Alameda, San Leandro, Hayward, Castro Valley, San Lorenzo, Cherry Land, Ashland, unincorporated areas</td>
<td>Mid-County West HRC (BFWC)</td>
<td>Mid-County East HRC (Abode Services)</td>
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<td>Abode Services</td>
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<td>Tri-Valley County HRC (Abode Services)</td>
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<tr>
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<td>Abode Services</td>
<td>Fremont, Newark, Union City, Sunol, and unincorporated areas around Fremont</td>
<td>Tri-City HRC (Abode Services)</td>
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<td>Tenancy Sustaining Services</td>
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**5.7 COUNTYWIDE RESOURCE REGISTRY**

The Countywide Resource Registry is a centrally managed and updated database of services and housing programs in Alameda County targeted to people experiencing homelessness. The Countywide Resource Registry is maintained in a shared database—either HMIS or a comparable shared information system designed for the specific purpose of maintaining a real-time registry of inventory, eligibility and criteria for placement, upcoming or current vacancies, and documentation of matching.

Resource Zone Coordinators are responsible for ensuring that the housing services and programs available within their Resource Zone are appropriately listed in the Countywide Resource Registry and maintained with up-to-date information necessary for referral and matching.
The Resource Registry will be developed within the HMIS system or a related database and will include all housing services and programs within the Alameda County Housing Crisis Response System. Until that time Resource Zones must maintain an interim registry with information including:

- Inventory of all housing services and programs available to the target population served by the Resource Zone
- Identification of housing services and programs are matched to through Coordinated Entry
- Identification of housing services and programs that are accessible using another referral process and the specifics of that referral process
- Specific prioritization, preference, eligibility and program requirements guiding a referral or match to a housing service or program
- Tracking of referrals and matches to the housing services and programs

All eligibility and program criteria must be consistent with countywide Coordinated Entry standards and approved by EveryOne Home and funder/contracting agency.

6 STANDARDS FOR COORDINATED ENTRY ACCESS & ASSESSMENT

6.1 STANDARD ACCESS

Coordinated Entry must cover the geographic area, be easily accessed by individuals and families seeking housing or services, be well advertised, and use standard processes that include a comprehensive assessment tool to fairly determine need, priority, and eligibility for housing or services.

All Access Points must offer the same Coordinated Entry process and be usable by all people who may be experiencing homelessness or at risk of homelessness. Any variations to the standard Coordinated Entry process, Access Points, or Assessment approaches must be approved by EveryOne Home and included in the System Manual.

All Access Points must ensure that:

- The same Coordinated Entry process is offered at all Access Points and be usable by all people who may be experiencing homelessness or at risk of homelessness.
- Households who present at any Access Point, regardless of whether it is an Access Point dedicated to the population to which the household belongs, can easily access an appropriate assessment process that provides Coordinated Entry with enough information to make prioritization decisions about that household.
- Households who are included in more than one population can be served at all of the Access Points for which they qualify as a target population. For example, a parenting unaccompanied youth who is fleeing domestic violence could choose to be served at various Access Points.
- Variations to standard access are offered as a reasonable accommodation for a person with disabilities. For example, a person with a mobility impairment may request a reasonable accommodation in order to complete the coordinated entry process at a different location.
• Access points must be accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people who are least likely to access homeless assistance.
• Variations to the standard Coordinated Entry process, Access Points, or Assessment approaches are approved by EveryOne Home and included in the System Manual.

In order to facilitate access, improve quality of information gathered, remove population-specific barriers to accessing the Coordinated Entry process, and account for the different needs, vulnerabilities, and risk factors of the certain populations, Alameda County has allowed for the following targeted approaches:

• 2-1-1 is a virtual Access Point designated to provide an initial screening, a brief housing problem solving conversation, and a referral or warm-transfer to the appropriate next step of Coordinated Entry/Housing Crisis Response System.
• Outreach Teams operate as mobile Access Points and are closely linked to all parts of the Coordinated Entry process. All participating street outreach staff, regardless of funding source, offer the same standardized Coordinated Entry processes as site-based Access Points, including offering the Coordinated Entry Assessment. Outreach workers also support the matching process by locating a client when a service or program becomes available.
• Housing Resource Centers operate as site-based Access Points targeted to specific populations and are located across the County:
  o Three Housing Resource Centers are specifically designated Access Points for adults without children.
  o One Housing Resource Center is a specifically designated Access Point for adults accompanied by children.
  o Four Housing Resource Centers serve all populations seeking assistance.
• Unaccompanied and transitional aged youth have specifically designated Outreach Workers and Assessors.
• Households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking) are given the option to seek housing assistance through the Coordinated Entry process or through the County’s network of domestic violence or victim services organizations.
• Persons at risk of homelessness are screened, offered Housing Problem Solving and immediately referred to Flexible Housing Funds, ESG Prevention Funds, or Homelessness Prevention services without the need to conduct the Coordinated Entry Assessment.
• Veterans can access Coordinated Entry through standard Access Points or, if they are seeking services through the Veterans Administration, Swords to Ploughshares, or other Veteran-specific organizations can be assessed by staff of these organizations who are certified to conduct Coordinated Entry Assessments without the need to go to another Access Point.

6.2 STANDARD ACCESS & ASSESSMENT PROCEDURES
All Access Points must offer the same Coordinated Entry process and be usable by all people who may be experiencing homelessness or at risk of homelessness. In order to ensure a standard and fair process and provide consistent and appropriate services, Access Points must use the following procedures and the standard forms and tools of Coordinated Entry.

6.2.1 SCREENING
6.2.1.1 Safety Screening
The Safety Screening is a standard set of questions that must be used by all Access Points to identify any emergency health or safety needs that a household seeking assistance may have, and to make an immediate connection to the appropriate response, including police, medical, or domestic violence services.

Persons fleeing domestic violence or seeking victim services, who are not in need of immediate emergency services, must be offered the option to seek housing assistance through the Housing Crisis Response System, through the County’s network of domestic violence or victim services organizations, or through both.

For those wishing to be assisted through the domestic violence or victim services organizations, they must be immediately and directly connected to a regional Domestic Violence hotline. Each regional DV hotline is available on a 24-7 basis.

All Access Points must use the Safety Screening included in the Coordinated Entry Access Packet or HMIS.

6.2.1.2 Housing Crisis Screening
For households whose immediate safety is confirmed and who choose to receive services from the Housing Crisis Response System, a standard Housing Crisis Screening must be used with each household to identify basic eligibility information and ensure immediate connection to the appropriate next step of the Coordinated Entry process. The Housing Crisis Screening follows a standard set of questions to determine if the household lives in Alameda County, which City or region of the County they are connected to, the type of household seeking assistance (adults, families, youth), and their current housing situation.

6.2.1.3 Referral
For households living out of County, the following steps must be taken:

- A referral is made to 2-1-1 in the appropriate County
- If appropriate out-of-county information is unknown by staff, a referral is made to Alameda County 2-1-1 for out-of-county information
- A standard Referral Summary should be given to the household

For households who are literally homeless in Alameda County, the following steps must be taken:

- Housing Problem Solving is conducted with the household
- The Assessment is conducted with the household, or a referral or warm hand-off is made to all Access Points for which their household type is served and at which they can participate in Assessment, in the region of their choice. These Access Points include Housing Workshops, Housing Resource Centers, and Outreach.
- A standard Referral Summary should be given to the household

For households at risk of homelessness in Alameda County, the following steps must be taken:

- Housing Problem Solving is conducted with the household
A referral is made to Homelessness Prevention Services, including a referral to agencies that administer ESG prevention funds for households at imminent or immediate risk of homelessness.

A standard Referral Summary should be given to the household.

All Access Points must use the Housing Crisis Screening included in the Coordinated Entry Access Packet or HMIS.

6.2.2 HOUSING PROBLEM SOLVING

6.2.2.1 Housing Problem Solving

All households seeking assistance must be offered Housing Problem Solving assistance. Housing Problem Solving assistance is a brief, focused intervention that does not require ongoing case management, but does require some support or limited, targeted interaction to help facilitate the resolution of a household’s housing crisis. Housing Problem Solving participants may be offered the following range of one-time assistance to address issues related to homelessness or imminent homelessness:

- A structured Housing Problem Solving conversation with staff to devise an actionable plan
- Referral to eviction prevention, legal, and financial services
- Relocation services
- Family reunification and mediation or conflict resolution
- Move-in assistance
- Flexible funds
- ESG and Other Prevention Funds

At minimum, All Access Points must use the Housing Problem Solving questions included in the Coordinated Entry Access Packet or HMIS and refer the households to any service or support that could assist the client to immediately avoid or exit homelessness.

6.2.2.2 Flexible Funds for Housing Problem Solving

Resource Zone Coordinators and Housing Resource Centers have access to a flexible pool of funds to be used in support of Housing Problem Solving. Flexible Funds should be used when, in the course of a Housing Problem Solving conversation, staff assesses and determines that an individual/family would avoid homelessness and/or immediately end a homeless episode, and would not require ongoing support (housing navigation, case management, rapid rehousing interventions).

Staff that conduct Housing Problem Solving should assess the appropriateness of flexible funds using the following criteria:

- The individual/family has a one-time need that poses a barrier to accessing or maintaining housing
- Flexible funds are needed due to the barrier
- The individual/family has a mechanism to solve for the same need with their own resources and/or natural community supports in the future.

Funds are one-time, and categorized as follows:

- Move-In Costs: Eligible move-in costs including application fees, security deposit, first/last month rent, furniture set up, utilities start, etc.
Other Flexible Support: Any immediate need for an individual/family that presents as a barrier to maintain housing or access immediate housing utilizing a life domains approach (physical, environmental, occupational, etc.). Examples of flexible support could include relocation support, legal fees, an outfit or tools to access employment, a public transportation ticket to get to an appointment, an out of pocket copay for a prescription; etc.

If Flexible Funds are deemed appropriate:

- A Flexible Funding Request is made by the direct staff to the HRC manager or Resource Zone Coordinator for review and approval.
- For move-in costs related to fees, deposit, rent, and utilities, payment will be made directly to the primary vendor. For other items the housing team will determine the most appropriate mechanism for payment.

**6.2.2.3 ESG Prevention Funds for Housing Problem Solving**

For Resource Zone Coordinators and Housing Resource Centers that have access to ESG Prevention Funds, these funds can be used in support of Housing Problem Solving in accordance with the County’s adopted policies and procedures for ESG Prevention Assistance which state:

Prevention assistance must be directed to persons who are not literally homeless but are at imminent risk of homelessness per the HUD Homeless definition (Category 2). Prevention assistance may include support to a household to retain its current housing or to move to other housing without having to become literally homeless. While the ESG regulations allow for ESG prevention to be provided to those categorized as “at-risk” but not necessarily at “imminent risk”, Alameda County ESG programs will target prevention services specifically to those that are at “immediate risk” defined as:

- An individual or family who will imminently lose their primary nighttime residence, provided that:
  - The primary nighttime residences will be lost within 14 days of the day of application for homeless assistance;
  - No subsequent residence has been identified; and,
  - The individual or family lacks the resources of support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing.

Within the category of “imminent risk” special attention and outreach will be done to target those households that are:

- Doubled up with family and friends, must move within 14 days and are seeking to enter shelter;
- Living in a hotel or motel using their own resources, must leave within 14 days, and are seeking to enter shelter;
- Living in their own housing, are being evicted for non-payment of rent, must leave within 14 days, and are seeking shelter;
- Fleeing domestic violence;
- Imminently leaving foster care or have recently left foster care and are at imminent risk of losing their current housing.

**6.2.2.4 Referral**

For households at risk of homelessness, Housing Problem Solving should focus on stabilizing their current housing situation, finding immediate or potential housing alternatives within their support systems, and
making targeted referrals to housing, health, social, legal, and financial services that support housing stability.

For literally homeless households, Housing Problem Solving should focus on finding immediate or potential housing opportunities within their support systems, identifying short-term action steps to reduce barriers to housing, and making targeted referrals to housing, health, social, legal, and financial services that support housing stability.

If the household’s housing crisis is not resolved through Housing Problem Solving:

At minimum, for households at risk of homelessness, the following steps must be taken:

- A referral is made to Homelessness Prevention Services, including a referral to agencies that administer ESG prevention funds for households at imminent or immediate risk of homelessness
- A standard Referral Summary should be given to the household

At minimum, for households who are literally homeless, the following steps must be taken:

- Assessment is offered to the household, or a referral or warm hand-off is made to all Access Points for which their household type is served and at which they can participate in Assessment, in the region of their choice. These Access Points include Housing Workshops, Housing Resource Centers, and Outreach.
- A standard Referral Summary should be given to the household

In addition, every effort should be made to provide up-to-date referral information to all households in crisis regarding services and programs that are available throughout the County including the broad range of health, housing, and human services available in Alameda County. These may include seasonal shelters, domestic violence shelters, legal services, case management services, financial support, and/or affordable housing programs that are not specifically matched to through Coordinated Entry process.

A standard Referral Summary should be given to the household to document referrals.

### 6.2.3 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.

#### 6.2.3.1 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 or 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.

### 6.2.3.2 Universal ROI

The Universal Release of Information documents or verifies permission to collect and share household information. The ROI must be explained and consented to by any new client prior to collecting any client information. For returning clients, staff must ensure that the Universal ROI is current and remedy any expired ROIs at each contact with the household.

### 6.2.3.3 Client Profile

The Client Profile is used to identify the individual or head of household seeking assistance and to gather basic household, demographic, and contact information. Client Profile information should be reviewed and verified with the client during each contact.

At minimum, client contact information must be verified and/or updated at each contact.

### 6.2.3.4 Coordinated Entry Assessment

The Coordinated Entry Assessment documents the individual or family’s current housing situation, housing history, barriers to housing, as well as, vulnerabilities and assets that may impact their ability to get and stay housed. In addition to providing the information necessary for prioritization, eligibility, and matching, the Coordinated Entry Assessment should also be used to understand the specific needs of the individual or family and to make targeted, immediate, and on-going referrals.

Households must be assessed by Certified Assessors using the standard Coordinated Entry Assessment in the Coordinated Entry Access Packet or HMIS.

### 6.2.3.5 Referral

The Coordinated Entry Assessment is completed by summarizing the steps that were taken in the conversation and any immediate action steps identified by the household, providing targeted referrals to resources that support the action steps and, if necessary, connecting the household to the next part of the Coordinated Entry process.

At minimum, upon completion of the Assessment, the following steps must be taken:

- The household is assigned to a Resource Zone
- The household is referred to an appropriate Housing Resource Center of their choice for follow-up
- A standard Referral Summary should be given to the household

In addition, every effort should be made to provide up-to-date referral information to all households in crisis regarding the Referred Services and Housing Programs that are available throughout the County.
Referred Services and Housing Programs include the broad range of health and human services available in Alameda County and may include seasonal shelters, domestic violence shelters, legal services, case management services, financial support, and/or affordable housing programs that are not specifically matched to through Coordinated Entry process.

6.2.3.6 Right to Refuse Information

6.2.4 Staying in Touch
All homeless households who have been assessed with the Coordinated Entry Assessment are included in the countywide By Name List, assigned a Resource Zone, and referred to a Housing Resource Center of their choice. Resource Zone Coordinators are responsible for ensuring that the homeless households on the By Name List are actively outreached to and have the ability to easily access and maintain a helping relationship with the Housing Resource Center of their choice.

6.2.5 Giving a Clear Message
All clients who are assessed should be provided with the following information describing the next steps of the Coordinated Entry process and how to stay in touch with their Housing Resource Center:

- Standard Coordinated Entry marketing materials
- Housing Resource Center hours of operation, walk-in hours, and telephone numbers
- Info on how to update their contact information
- Info on how to update their assessment information
- Info about the prioritization process
- Info about the matching process
- A clear message that due to the limited resources available compared to the number of people who need them, most households who are assessed will not be prioritized for a housing service or program, and even those who are highest need may need to wait a period of time.

6.2.6 Updating Client Information
Households should be encouraged to stay in touch frequently and to update their information as often as needed. It is particularly important to update client contact information regularly and to update any change in circumstances may impact a household’s prioritization or eligibility for services or housing programs. Assessment information must be updated by a Certified Assessor and Coordinated Entry Assessments should be updated if:

- The household has a significant or life changing event with the potential to impact the household’s prioritization
- New and relevant information is reported by household or verified by 3rd party

New assessment information can be verified by:

- Case notes by HRC staff
- An external form on agency letterhead accompanied with an ROI from an agency with permissions to share private information and either form listed below:
  - A revised or new paper assessment, or
  - An internal form completed by HRC staff

6.2.7 Transferring Between Resource Zones/Housing Resource Centers
Transfers are necessary to ensure that the Coordinated Entry system covers the entire geography of the Alameda County and that households can be served by HRCs and Resource Zones in a fair, consistent, and client-centered manner.

- A household cannot be assigned to multiple zones or served by multiple HRCs at the same time unless agreed upon by both HRCs. Similar services cannot be provided concurrently by multiple HRCs to one household.
- Zone/HRC transfers should occur if either the client or HRC requests a transfer for the following reasons:
  - Household’s composition or characteristics change (family, single, TAY) and an alternate Resource Zone would better serve the household
  - Household moves permanently from one region to another, or to where they are predominately staying or receiving services
  - A transfer is necessary to ensure safety of any member of the household
  - A transfer is necessary as part a reasonable accommodation request
- Transfers should be considered on a case-by-case basis, and every reasonable effort should be made by staff to inform the household of the possibilities and implications of the transfer and support the transfer process.
- The following specific procedures should be taken to ensure a successful transfer of services:
  - The transfer process is initiated by the HRC at which the client is currently receiving services. If a client presents at another HRC and expresses the desire to access services there, the new HRC may initiate a transfer by contacting the current HRC.
  - Current HRC Manager completes a transfer form and sends to Manager of new HRC.
  - New HRC Manager reviews form and approves.
  - Managers and/or staff directly serving the client from both HRCs create a transfer plan with client to ensure that the client is successfully transferred. Ultimate responsibility for the warm-hand off is that of the current HRC.
  - If the transfer requires the household to be transferred out of their assigned Resource Zone, the new HRC staff/manager changes the Resource Zone assignment in HMIS by updating the client’s Coordinated Entry Assessment.
  - For AC3 billing, the current HRC is allowed to bill for the overlap month and the subsequent month would be transferred to new HRC.

6.2.8 Procedures for Persons Fleeing Domestic Violence or Seeking Victim Services

The Coordinated Entry process must not jeopardize the safety of the individuals and families seeking assistance. At a minimum, Coordinated Entry must ensure that people fleeing or attempting to flee domestic violence and victims of trafficking have safe and confidential access to the Coordinated Entry process and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelters. When serving persons fleeing domestic violence or seeking victim services, Access Points must use the following process:

- Persons fleeing domestic violence or seeking victim services through any Access Point, who are not in need of immediate emergency services, must be offered the option to seek housing assistance through the standard Coordinated Entry process, through the County’s network of domestic violence or victim services organizations, or through both.
For those wishing to be assisted through the domestic violence or victim services organizations, they must be immediately and directly connected to a regional Domestic Violence hotline. Each regional DV hotline is available on a 24-7 basis.

Consistent with the Violence Against Women Act, client level data is not entered into the HMIS system when a household seeks services through domestic violence or victim services organizations.

If there are no DV housing resources available in a region in which a household fleeing DV is seeking services, the regional DV providers will coordinate to connect that household to available resources in another region and/or back to the HRC if safe for the client and with her/his consent.

It is the responsibility of the DV provider to ensure that any household fleeing domestic violence is also given the option to access the non-DV-specific services offered at the HRC if they prefer, and to inform the household that non-DV-specific programs do not have the same prohibitions on collecting HMIS data.

For those wishing to be assisted through the Housing Crisis Response System, staff must follow the standard Coordinated Entry process. In addition, staff must inform the client that non-DV specific programs do not have the same prohibitions on collecting and entering HMIS data, however they may choose to enter their information anonymously or “blinded”, as is the option for any household seeking services through Coordinated Entry.

6.2.9 Procedures for Veterans

7 Standards for Coordinated Entry Prioritization

7.1 Prioritization
Prioritization is the process by which a community determines one household’s level of need relative to all other households experiencing homelessness. Prioritization policies must be documented, publicly available and applied consistently throughout the County for all populations. The Coordinated Entry process must, to the maximum extent feasible, ensure that people with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability. Alameda County uses different prioritization processes for people who are literally homeless and those who are at-risk of homelessness. The Coordinated Entry prioritization policies are established by EveryOne Home with input from all community stakeholders.

7.2 Prioritization of Literally Homeless Households

7.2.1 Prioritization Factors Used for Literally Homeless Households
Alameda County has established a set of prioritization factors to be used as the basis of prioritization of literally homeless households for services and housing programs. The factors considered in prioritization are:
## Prioritization Factors

| Household Characteristics | - Children aged 5 or under  
|                          | - Seniors  
|                          | - Larger households  
|                          | - Pregnant household member  
|                          | - Youth head of household aged 18-24  
| Homeless History | - Unsheltered  
|                          | - In emergency shelter  
|                          | - Episodes of homelessness  
|                          | - Length of time homeless  
| Housing Barriers | - Time since last held a lease  
|                          | - History of eviction  
|                          | - History of incarceration/law enforcement involvement  
|                          | - Income  
| Vulnerability | - Emergency service utilization  
|                          | - Functional impairment/disability  
|                          | - Life-threatening illnesses or acute medical conditions  
|                          | - Unsafe or risky survival strategies  
|                          | - Households whose members have run away from home  
|                          | - Chronic homelessness  

### 7.2.2 Countywide By-Name List

The Countywide By-Name List is intended to be an up-to-date list of people who are literally homeless that allows the Housing Crisis Response System to know each person by name and facilitate decisions around how best to refer them to housing resources. Households at-risk of homelessness are not included on, nor prioritized for services, using the Countywide By Name List.

### 7.2.3 Management of the Countywide By-Name List

The Countywide By-Name List is centrally managed by EveryOne Home, maintained in HMIS, and governed by all applicable privacy and security policies. EveryOne Home, Resource Zone Coordinators, and designated Matchers must work in close collaboration to ensure effective management of the By-Name List and application of uniform standards. All information gathered or exchanged through any part of the process of prioritization, including assessment, By Name List management and case conferencing, is subject to HMIS data privacy and security protections.

#### 7.2.3.1 Scoring & Ranking

The By-Name List includes, and ranks in order of priority, all literally homeless households who have been assessed using the Coordinated Entry Assessment.

Once the responses to the Coordinated Entry Assessment are entered into HMIS, the CE Assessment is scored using a standard scoring method. The scoring method gives higher scores to households based on
the prioritization factors including household characteristics, the greatest number of vulnerabilities, longer histories of homelessness, and significant housing barriers.

Households are then ranked according to the assessment score, relative to other households, on the By Name List. Ranking of the By-Name List is dynamic, meaning a person’s position on the list may change due to their circumstances or the circumstances of others.

While the Coordinated Entry Assessment must be used as the basis of prioritization on the By Name List, the information gathered might not produce the entire body of information necessary to determine a household’s prioritization, either because of the nature of self-reporting, withheld information, or circumstances outside the scope of assessment questions address one or more of the prioritization factors. For these reasons, additional information may be provided through case conferencing, 3rd party verification, and other methods of updating assessment information outlined in this manual.

Only information relevant to the prioritization factors may be used to for prioritization.

7.2.3.2 Non-disclosure of Score or Rank
Due to dynamic prioritization and the complex layering of eligibility and preferences, an individual’s assessment score or rank on the By-Name List is not a definitive indication of whether or not that household will receive services or housing in a given time frame. For this reason, all staff who have access to a household’s score or current rank on the list, must not disclose either to the household. Instead households must be offered any immediately available referrals and informed if they are matched to a service or housing programs.

7.2.3.3 Status on the By-Name List
The By-Name List is updated according to standard protocols in order to fairly and effectively offer services and housing programs to households in a timely manner. The following procedures must be used to determine if a household’s status on the By Name List:

Households are included on the By Name List if they are literally homeless in Alameda County. If the household is no longer homeless or no longer living in Alameda County, they will be removed from the By Name List. Only the following events will result in a household’s removal from the By Name List:

- A documented exit to permanent housing;
- A documented move out of county;
- A documented move to an institutional setting where they will be residing for more than 90 days;
- They are deceased.

Households must be changed to “inactive” on the By Name List if:

- Staff have made 5 unsuccessful attempts to outreach them for service enrollment and/or a resource referral.
- Outreach attempts are documented in HMIS with case notes explaining outreach effort.

Marking a client or household “inactive” on the By Name List does not remove them from the list, nor does it render them ineligible for future referrals or services. If a household who has previously been labeled “inactive” makes contact again, they retain their assessment score prior to becoming inactive unless an assessment update is warranted. In the event an assessment update is warranted, it will be performed in accordance with current assessment update policies.

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7.2.4 **By Name List Case Conferencing**

Case conferences using the By Name List allow teams to focus resources, actively contribute to discussions, and work in an interdependent manner with the goal of housing the highest priority households. Case conferencing is also used to gather up-to-date information in order to fairly and accurately prioritize households. Resource Zone Coordinators are responsible for ensuring that case conferences operate using the following standards of practice:

7.2.4.1 **Convening**

Resource Zone Coordinators are responsible for ensuring that Case Conferences are held and that the necessary agencies, organizations, and service providers participate. If necessary to ensure participation, a Resource Zone Coordinator could determine or seek support from another entity with convening power or authority. Conveners may include EveryOne Home, County government agencies, City government agencies, elected officials or trusted service providers. This also may include funders making Case Conference participation required by contract.

Resource Zones Coordinators should convene Case Conferences, at minimum, one time per month, and best practice would be bi-weekly. Resource Zone Coordinators may convene Case Conferences focused on a specific sub-population (families, chronic homeless, etc) or resource (PSH, shelter, etc) if necessary, however sub populations and specific resource matchers should be included in the primary Case Conference for the zone. For example, domestic violence providers, veteran service providers, and countywide zone coordinator/matchers should attend the primary Case Conference, in addition to any subpopulation meeting.

7.2.4.2 **Staffing**

The Case Conference should be staffed and facilitated by the Resource Zone’s Matcher or other designated staff. One person with sufficient knowledge of the system and of client cases should facilitate. Staff with data entry capability should be on hand to perform HMIS updates and document case notes in real-time.

The countywide Zone Coordinator and/or Matchers should be in attendance for each zone case conference in order to coordinate matching to countywide resources such as permanent supportive housing, tenancy sustaining services, etc.

EveryOne Home staff should be in attendance to represent countywide system performance and analysis, manage countywide by name list issues, and support cross-zone communication and coordination.

7.2.4.3 **Representing Organizations**

Each Resource Zone should determine which organizations/zones should be represented in Case Conferences based on who serves the people for that zone. This may be a mix of agencies providing shelter, TH, housing navigation, outreach, and drop-in/ancillary services, and at a minimum those agencies participating in Coordinated Entry matching.

Resource Zones should work with stakeholders to determine which specific staff should be present at Case Conferences. Ideal attendees are those who have in-depth knowledge about the status, needs and preferences of each person being reviewed and who are also able to make decisions regarding provision
of shelter, services or housing assistance. This may be a program director, program manager, coordinator, housing specialist or case manager. There should be at least one attendee from each organization.

Representatives should participate in all of their agencies’ cases, specifically describing who works with each client, where each client is in the housing process, and what issues or barriers they are encountering.

7.2.4.4 Meeting Structure and Agendas
Structure and agenda of the Case Conferences may change and should be responsive to the shifting needs of a region’s homeless population and available resources at any time.

All efforts should be made to structure agendas and provide remote technology to support effective, efficient, and broad participation of key providers and stakeholders. For example, by structuring the first section of each meeting to deal with issues of a sub population or providing a teleconference number or screen sharing.

Case Conference agendas should be standardized, simple, and to the point. The primary focus of case conference meetings are the individuals who are being discussed.

7.2.4.5 Privacy
Participants in case conferences should, at minimum, be included in the list of participating agencies covered by the Alameda County HMIS Universal Release of Information and agree to follow all other applicable privacy and security standards.

7.2.4.6 Suggested Best Practices
Other suggested best practices for case conferencing may include:

- Focus on highest-needs: With limited time, it is important to keep the primary focus on reviewing the most vulnerable people on the by-name list and/or those with greatest barriers to shelter and rapid placement in permanent housing.
- Standard Agenda: A standard agenda may include the following suggested items and topics:
  - Welcome & Introductions
  - Key System Updates: Be sure to keep these brief and include any critical system indicators, such as average length of time for all persons to access housing.
  - Case Conferencing: Person-specific updates and discussion.
  - Follow Up Items: General follow-up or action items identified during the meeting.
- Client-Level Review: Consider creating a standard set of elements to review for each person so providers can be prepared to effectively discuss cases. Below are suggested elements to review:
- Current status: For example: active in shelter, active unsheltered, missing and whether that status has changed since the last case conference review
- Person Preferences: Housing plans and next steps should be guided by the person’s preferences.
- Critical Housing Placement Barriers: Review and problem-solve any barriers to housing placement, including but not limited to mainstream benefits, healthcare, and document collection.
- Critical Service Barriers: Review and problem-solve any challenges to connecting persons to critical services, including evaluating the possible use of flexible funding for Housing Problem Solving.
- Current Safety: To the extent possible, ensuring any unsheltered person has a relatively safe place to stay tonight and in near term.
- Next Steps: Identify any immediate or critical action items related to the person, including roles and timelines.
- Participating Agencies: Due to HIPAA and other privacy issues, participating agencies should agree to values and standards consistent with the system, as developed by the Committee at a later date.

7.3 PRIORITY OF HOUSEHOLDS AT-RISK OF HOMELESSNESS

7.4 NON-DISCRIMINATION IN PRIORITIZATION
Information from the assessment may not be used, nor is the Coordinated Entry Assessment designed to allow, prioritization of households for housing and services on a protected basis, such as on the basis of a diagnosis or particular disability. Prioritization based on information gathered through the Coordinated Entry Assessment also does not discriminate based on race, color, religion, national origin, sex, age, familial status, disability, type or amount of disability or disability-related services or supports required, nor actual or perceived sexual orientation, gender identity, or marital status.

8 STANDARDS FOR COORDINATED ENTRY MATCHING
Matching is the step of Coordinated Entry by which designated services and housing programs are offered to households on the Countywide By Name List in order of highest priority. Services and housing programs that are not matched to through Coordinated Entry do not use the Countywide By Name List and are not governed by standards for matching. However, they may have specific referral processes, eligibility requirements, and methods for targeting resources to the people who need them.

8.1 DEFINITIONS FOR MATCHING

8.1.1 ELIGIBILITY
Eligibility refers to the criteria that clients must meet to receive services. These criteria are set by funding source or policy makers and should be documented clearly as part of the funding, contracts, and policies. Eligibility criteria cannot violate laws such as Fair Housing or the Americans with Disabilities Act.

- Example: Funder A funds shelter beds for disabled people experiencing homelessness. Having a disability is an eligibility criterion for beds funded by Funder A.
Example: Households must be literally homeless (HUD Category 1 or 4) in order to be assessed, added to the countywide By Name List, and matched to services and housing programs.

8.1.2 Preferences
Preferences refer to criteria that, if met, would result in clients receiving preference to receive the resource over clients who do not meet that criteria. Funders, policy makers and service providers may set preferences. Preferences may not prevent a unit of service from being filled if there is no one who fulfills the preference criteria. In cases where there are no eligible clients who also fit the preference criteria, the unit will be filled by an eligible client who does not fit the preference criteria.

Example: Funder A funds housing for disabled people experiencing homelessness. They have an additional preference for people from Hayward. Because this is a preference, and not an eligibility, if a disabled person from Hayward cannot be located to fill the vacancy within a certain amount of time, then another disabled person would be offered the unit. However, the intention is that available unit would go to a person from Hayward first, before being offered to others who are not from Hayward.

8.1.3 Prioritization
Prioritization refers to the criteria used to rank clients on the By Name List. In Alameda County’s Coordinated Entry process, a client’s prioritization score is the main determinant of their place in the overall By Name List. Ranking is determined based on the score of the client’s Coordinated Entry Assessment relative to other clients’ scores. Prioritization is dynamic, and the ranking of clients changes as either their circumstances change, as new clients are assessed and added to the By Name List, or as others become inactive on the list. In the current matching process, once eligibility and preferences filters are considered, the person with the highest prioritization will be selected to receive the service being matched.

8.2 Matching to Homelessness Prevention Services
Alameda County offers a variety of Homelessness Prevention Services including legal services, eviction and foreclosure prevention, and financial assistance. Only Homelessness Prevention programs funded by Emergency Solutions Grant are required to use the Coordinated Entry process. Households interested in Homelessness Prevention Services should start by calling 2-1-1.

8.2.1 Homelessness Prevention Services Funded by ESG
8.2.1.1 Matching Process
8.3  Matching to Housing Navigation

8.3.1  HCSA Funded Housing Navigation

8.3.1.1  Matching Process
HCSA Funded Housing Navigation is matched using the Coordinated Entry process.

8.3.1.2  Matching Entity
Local Resource Zone Coordinators are responsible for matching to HCSA Funded Housing Navigation.

8.3.1.3  Minimum Eligibility
To be eligible for Housing Navigation, clients must be:

- Literally Homeless (HUD Definition, Category 1 or 4)
  - Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
    (i) Has a primary nighttime residence that is a public or private place not meant for human habitation;
    (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
    (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
  - Any individual or family who:
    (i) Is fleeing, or is attempting to flee, domestic violence
    (ii) Has no other residence; and
    (iii) Lacks the resources or support networks to obtain other permanent housing

- And currently reside in Alameda County and is on the Countywide By Name List

8.3.1.4  Preferences
In addition, Resource Zone Coordinators will use the following preferences when matching:

- Preference 1: Geographic preference within region of Resource Zone

8.3.1.5  Prioritization
After eligibility and preferences, households are matched to Housing Navigation according to their score and rank and the Countywide By Name List.

8.4  Matching to Emergency Shelter
Alameda County offers a variety of emergency shelters including Year-Round Emergency Shelter, Navigation Centers, Community Cabins, Seasonal Shelters, Domestic Violence Shelters, Veteran Shelters, Behavioral Health Shelter, Medical Respite, and other shelter not publicly-funded. Year-round, county-funded emergency shelters are required to fill shelter beds using the Coordinated Entry process. Any
household interested in a bed in a year-round, county-funded emergency shelter should start the Coordinated Entry process by calling 2-1-1 or going to a Housing Resource Center.

Other Emergency Shelters are not governed by a standard set of policies and procedures and do not use the Coordinated Entry process to fill their shelter beds. They have a variety of referral processes. Any household interested in a bed in other emergency shelters should call 2-1-1. A list of shelters and their matching or referral process can be found at:

8.4.1 COUNTY-FUNDED YEAR-ROUND EMERGENCY SHELTERS

8.4.1.1 Matching Process
Year-Round Emergency Shelters are matched using the Coordinated Entry process as outlined in the Alameda County Emergency Shelter Standards for Year-Round Shelter as a requirement of county funding. The written standards can be found at: http://www.acbhcs.org/href_files/Shelter_Standards_for_Year_Round_Shelters.pdf

8.4.1.2 Matching Entity
Local Resource Zone Coordinators are responsible for matching to year-round emergency shelter.

8.4.1.3 Minimum Eligibility
To be eligible for a Year-Round Emergency Shelter bed, clients must be:

- Literally Homeless (HUD Definition, Category 1 or 4)
  - Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
    - (i) Has a primary nighttime residence that is a public or private place not meant for human habitation;
    - (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
    - (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
  - Any individual or family who:
    - (iv) Is fleeing, or is attempting to flee, domestic violence
    - (v) Has no other residence; and
    - (vi) Lacks the resources or support networks to obtain other permanent housing

- And currently resides in Alameda County and is on the Countywide By Name List

Individual shelter programs may have additional eligibility criteria if allowed by the Year-Round Shelter Standards.

8.4.1.4 Preferences
In addition, Resource Zone Coordinators will use the following preferences when matching:

- Preference 1: Geographic preference within region of Resource Zone and household has a Housing Navigator
- Preference 2: Geographic preference within region of Resource Zone

8.4.1.5 Prioritization

After eligibility and preferences, households will be matched to year-round shelter based on score and rank to the greatest extent possible. To maintain the principle of serving those with the highest needs, Resource Zones may still focus efforts on those with the highest prioritization scores among clients who fit preferences, though it is not required. Resource Zones may set threshold scores for matching to emergency shelters, though it is not required.

8.4.1.6 Denial of Admission

Any household matched to year-round emergency shelter through Coordinated Entry can only be denied admission for reasons outlined in the Emergency Shelter Standards for Year-Round Shelters. In addition, if shelter is denied, the shelter operator must inform the Resource Zone Coordinator immediately, so that the household may be matched to another available resource.

8.5 Matching to Permanent Supportive Housing

8.5.1 Countywide Permanent Supportive Housing

8.5.1.1 Matching Process

All Permanent Supportive Housing in Alameda County is matched using the Coordinated Entry process.

8.5.1.2 Matching Entity

Home Stretch is countywide Resource Zone responsible for matching to Permanent Supportive Housing.

8.5.1.3 Minimum Eligibility

- Literally Homeless (HUD Definition, Category 1 or 4)
  - Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
    - (i) Has a primary nighttime residence that is a public or private place not meant for human habitation;
    - (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
    - (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
  - Any individual or family who:
    - (vii) Is fleeing, or is attempting to flee, domestic violence
    - (viii) Has no other residence; and
    - (ix) Lacks the resources or support networks to obtain other permanent housing

- And disabled
The head of household has a disabling health condition(s) that is expected to be of long-continued and indefinite duration and substantially impedes the persons’ ability to live independently, such as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability.

- And over 18 or emancipated youth
- And currently resides in Alameda County and is on the Countywide By Name List

8.5.1.4 Preferences
In addition, Home Stretch will use the following preferences when matching:
- Preference 1: Non-VA Eligible Veteran and Geographic preference within region of Resource Zone
- Preference 2: Geographic preference within region of Resource Zone

8.5.1.5 Prioritization
After screening for eligibility and preferences, households will be matched to Permanent Supportive Housing based on their score and rank on the Countywide By Name List.

8.5.1.6 Other Countywide PSH Matching Policies
8.5.1.6.1 MOU for HUD Continuum of Care-Funded Organizations Participating in Home Stretch

8.5.2 HUD-VASH

8.6 MATCHING TO RAPID REHOUSING

8.6.1 BOOMERANG RAPID REHOUSING
Policies and procedures for matching to Boomerang Rapid Rehousing are outlined in the Guidelines for Using Boomerang Rapid Rehousing Funds.

8.6.1.1 Matching Process
Boomerang Rapid Rehousing slots are matched using the Coordinated Entry process.

8.6.1.2 Matching Entity
Local Resource Zone Coordinators are responsible for matching households in their zone to Boomerang Rapid Rehousing.

8.6.1.3 Minimum Eligibility
To be eligible for Boomerang Rapid Rehousing, clients must be:

- Literally Homeless (HUD Definition, Category 1 or 4)
  - Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
    - (i) Has a primary nighttime residence that is a public or private place not meant for human habitation;
    - (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional
housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or

(iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

  o Any individual or family who:
    (x) Is fleeing, or is attempting to flee, domestic violence
    (xi) Has no other residence; and
    (xii) Lacks the resources or support networks to obtain other permanent housing

  ▪ And currently reside in Alameda County and is on the Countywide By Name List
  ▪ And have an assigned HRC Housing Navigator or a non-HRC Qualified Case Manager

### 8.6.1.4 Additional Eligibility

- 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 12 months
- Willing to work with a housing navigator on the housing stability plan

### 8.6.1.5 Preferences

In addition, Resource Zone Coordinators will use the following preferences when matching:

- Preference 1: Geographic preference within Resource Zone

### 8.6.1.6 Prioritization

After eligibility and preferences, households will be matched to Boomerang Rapid Rehousing according to their score and rank on the Countywide By Name List.

### 8.6.1.7 Additional 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.

### 8.6.1.8 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

### 8.6.1.9 Additional Program Requirements

#### 8.6.1.9.1 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

#### 8.6.1.9.2 Length of assistance

- Assistance will be provided for up to 12 months.
- Any extensions to be approved by HRC Manager.

#### 8.6.1.9.3 Allowable Rent

- Will use a rent reasonableness standard but more importantly will use a client reasonableness standard.
8.6.1.9.4 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.

8.6.1.9.5 Eligible costs

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

8.6.1.9.6 Rental Assistance Amounts

- Clients must agree (by signing the participant agreement) to contribute to their rent on the following schedule:
  o Months 1-3: client pays 25% of rent
  o Months 4-6: client pays 40% rent
  o Months 7-9: client pays 60% of rent
  o Months 10-12: client pays 75% of rent
- Depending on a client’s situation 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.

8.6.1.9.7 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: schedule can be changed with HRC Manager approval)
- Work on increasing income or enhancing ability to pay for housing long-term
- Willing to consider shared housing or moving to more affordable community

8.6.1.9.8 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.

8.6.1.9.9 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.
8.6.1.9.10 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) unit, they will have the right to refuse in accordance with standard policies in effect.

9 Universal Access

The Housing Crisis Response System operates using client-centered, accessible, and confidential practices in order to assist anyone experiencing a housing crisis in a timely, professional, and respectful manner. The following polices are intended to make clear certain rights and responsibilities of clients, staff, organizations, and funding agencies in supporting universal access to, and non-discrimination within, the Housing Crisis Response System in Alameda County.

9.1 Housing First, High-Need & Low-BARRIER

In order to ensure that the Housing Crisis Response System helps in a fair and standard way, and reaches the people who need assistance the most, the following standards must be followed:

- The Housing Crisis Response System and the Coordinated Entry process must ensure that people with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability.

- Emergency services—including all domestic violence and emergency services hotlines, drop-in service programs, emergency shelters, domestic violence shelters and other short-term crisis residential programs—must operate with as few barriers to entry as possible. Additionally, persons must be able to access emergency services independent of the operating hours of the coordinated entry’s intake and assessment processes.

- All programs in the Housing Crisis Response System funded by federal, state, or local funds are prohibited from screening people out of the Coordinated Entry process, services, and housing programs due to perceived barriers related to housing or services. Perceived barriers may include: too little or no income, active or history of substance use, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record. Exceptions are made for state or local restrictions that prevent projects from serving people with certain convictions.

9.2 Affirmative Marketing

The Coordinated Entry process, and the housing and services that can be accessed through that process, must be widely marketed and advertised to ensure that anyone experiencing homelessness in Alameda County has fair and equal access.

- EveryOne Home, on behalf of the Alameda County Continuum of Care, must publish, distribute, and regularly update standard marketing materials that clearly and accessibly explain how
anyone experiencing homelessness in Alameda County can access the Coordinated Entry process for use by participating agencies.

- Any program, organization, or agency participating in Coordinated Entry or the Housing Crisis Response System must affirmatively market their Coordinated Entry, housing programs, and supportive services to all eligible persons and maintain records of those marketing activities.

Marketing materials must:

- Advertise to all people in different populations and subpopulations in Alameda County, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, to ensure fair and equal access to the coordinated entry process, regardless of the location or method by which they access the system.
- Specifically target individuals and families who are least likely to apply in the absence of special outreach including eligible persons who experience barriers due to race, color, national origin, religion, sex, age, familial status, disability, sexual orientation, gender identity, marital status or Limited English Proficiency (LEP).
- Take reasonable steps to ensure the coordinated entry process can be accessed by persons with Limited English Proficiency (LEP).
- Ensure effective communication with individuals with disabilities including providing appropriate auxiliary aids, services and accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters.

9.3 NON-DISCRIMINATION

All programs must adhere to all non-discrimination laws intended to ensure universal and equitable access to Coordinated Entry and the Housing Crisis Response System for all people experiencing homelessness in the County, regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual identity, or gender identity.

Recipients and subrecipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 C.F.R. 5.105(a), including, but not limited to the following:

- Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status;
- Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance;
- Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color or national origin under any program or activity receiving Federal financial assistance; and
- Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance.
- Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.
- HUD’s Equal Access Rule at 24 CFR 5.105(a)(2) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program.
- CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603.

9.4 REASONABLE ACCOMMODATION
Anyone seeking assistance from Coordinated Entry or the Housing Crisis Response System has the right to request a reasonable accommodation.

9.5 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:

- Is accessible, fair, and standard.
- 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.
- Is accessible to individuals with disabilities and people who are least likely to access homeless assistance.
- Allows clients to choose and refuse housing and service options.
- Allows clients to consent to or refuse the collection, protection, and sharing of their private information.
- Makes reasonable efforts to provide the process in the client’s language.
- Offers reasonable accommodations for variations to any part of the standard process.
- Allows clients to update their information as needed.
- 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:

- Provide sufficient information for Coordinated Entry staff to be able to screen, assess, prioritize and refer appropriately.
- Update contact information regularly.
- Update assessment information when significant changes occur in their housing status, health condition, or family composition.
- Stay in touch with Coordinated Entry staff.
- Respond immediately to any offer of service or housing.
- Ask for support through the Coordinated Entry process if needed.
9.6 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

Standards to be used for all services included in the standard Coordinated Entry process are outlined in this manual.

9.6.1 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:

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

[The following was adopted by System Coordination Committee on 11/14/2018 as part of the Grievance Policy, dependent on approval from the funding agencies. If funding agencies do not approve the policy, the grievance process ends at the organizational level until a new policy is adopted.]

- Providers must inform clients of their right to a formal grievance if they are not satisfied with the resolution of the complaint.
- 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.
The client may file the formal grievance by completing the Coordinated Entry Grievance Form and submitting it to the designated funding agency.

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:
- Alameda County Health Care Services Agency
- City of Berkeley
- City of Oakland

The Coordinated Entry Grievance Form can be found at [www.everyonehome.org](http://www.everyonehome.org).

The funding agency that receives the grievance must review the formal complaint, determine the 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.

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.

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.

10 STANDARD HOUSING CRISIS RESPONSE SYSTEM FORMS

Any agency or person authorized to conduct any part of the standard Coordinated Entry process must use the following standardized forms:

- Coordinated Entry Marketing Flyer
- Universal Release of Information
- Coordinated Entry Access Packet
  - Safety Screening
  - Housing Crisis Screening
  - Housing Problem Solving
  - Coordinated Entry Assessment
- Memorandum of Understanding for HUD Continuum of Care-Funded Organizations Participating in Home Stretch
- Home Stretch Housing and Public Benefits Portfolio
- Home Stretch Consent for the Release of Confidential Scanned Copies of Personal Identification Documents
- Home Stretch Housing Profile
- Home Stretch Disability Verification
- Home Stretch Housing History
- Home Stretch Homelessness 3rd Party Verification Letter Template
- Home Stretch Self Certification Statement
- Coordinated Entry Feedback Form
- Coordinated Entry Grievance Form
11 Privacy and Security Standards
Data shall be safeguarded in accordance with applicable privacy laws and regulations.

11.1 HMIS Data and Technical Standards
Alameda County Homeless Management Information System (HMIS) serves as the primary database for storage of client-level information. Data collection, storage, and protection protocols are governed by the HUD Data and Technical Standards, the Continuum of Care’s HMIS Policies and Procedures Manual, HCD Privacy Policy, and the HMIS Universal Release of Information (ROI) Form, and all rules and requirements for the collection, storage and utilization of data set forth there apply.

If a system other than HMIS is used to record information, it must meet HUD’s requirements in 24 CFR 578.7(a)(8) and Section II.A and be compliant with HUD’s HMIS Privacy and Security Notice or any future regulations that update the requirements.

11.2 Data Collection & Client Autonomy
The Coordinated Entry process must allow clients the autonomy to freely choose whether or not to answer assessment questions and share information collected, and to choose or refuse housing and service options without retribution or limiting their access to assistance. In order to ensure client autonomy and choice, the following standards must be followed by any staff or organization conducting any part of the Coordinated Entry process:

- Participant consent must be granted and documented in order to share and store participant information for purposes of assessing and referring participants through the Coordinated Entry process.
- Clients who refuse must be informed of their option to collect data using a “blinded” or “anonymous” record that does not include personally identifiable information, while still providing enough information for assessment, prioritization, and matching to housing services and programs.
- Records containing personally identifiable information must be kept secure and confidential.
- Services may not be denied to participants if the participant refuses to allow their data to be shared, unless Federal statute requires collection, use, storage, and reporting of a participant’s personally identifiable information as a condition of program participation.
- Clients must be free to decide what information they provide during the assessment process. Any staff conducting any part of the Coordinated Entry process is prohibited from denying assessment or services to a client if the participant refuses to provide certain pieces of information, unless the information is necessary to establish or document program eligibility per the applicable program regulation.
- Participants may not be denied access to the Coordinated Entry process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking and the address of any family violence project must not be made public.
The assessment and prioritization process cannot require disclosure of specific disabilities or diagnoses. Specific diagnosis or disability information is only be obtained during the Coordinated Entry process for purposes of determining program eligibility to make appropriate referrals.

12 SYSTEM PERFORMANCE & EVALUATION

The performance of the Housing Crisis Response System must be measured and reviewed on a regular basis for continual adjustment and improvement. Service providers and operators of the System will be responsible for attaining the key outputs, outcomes, deliverables, and other contractual obligations that are included in their funding contracts, as well as any other performance expectations agreed upon by the Results-Based Accountability Committee and adopted by the Leadership Board of EveryOne Home.

12.1 COMMUNITY ENGAGEMENT & PLANNING

EveryOne Home facilitates the ongoing planning and quality improvement of Coordinated Entry and the Housing Crisis Response System. To ensure that community feedback and stakeholder consultation is an integral component of planning, EveryOne Home staff and stakeholders must work together to:

Regularly solicit and share feedback that addresses the quality and effectiveness of the entire Coordinated Entry experience. At minimum, feedback must be solicited and shared:

- At the project/agency level: by making the standard Housing Crisis Response System/Coordinated Entry Feedback Form available to all organizations, staff, and households seeking service; collecting that feedback regularly; and providing that feedback to EveryOne Home for analysis and system improvement
- At the system level: by making the standard Housing Crisis Response System/Coordinated Entry Feedback Form (or similar mechanism for data collection) available to the general public on the EveryOne Home website, collecting that feedback regularly; and providing that feedback to EveryOne Home for analysis and system improvement
- At the system level: by conducting a comprehensive community feedback and stakeholder consultation process at least annually, collecting and analyzing the feedback, and providing that feedback to EveryOne Home for analysis and system improvement

Solicit feedback from diverse and representative stakeholders including:

- Individuals and families currently seeking assistance from the Housing Crisis Response System, engaged in the Coordinated Entry process, or who have been referred to housing or services through the Coordinated Entry process in the last year
- Projects that participate in Coordinated Entry and/or the Housing Crisis Response System

Use appropriate feedback methodologies, or a combination of methodologies, including:

- On-going feedback collected through a mechanism on the EveryOne Home website
- On-going feedback collected by services providers and/or funders participating in Coordinated Entry or the Housing Crisis Response System
Surveys designed to reach either the entire population or a representative sample of participating providers and households
Focus groups of five or more participants that approximate the diversity of the participating providers and households
Individual interviews with participating providers and enough participants to approximate the diversity of participating households

Use the feedback received to make necessary updates to the Coordinated Entry process and Housing Crisis Response System:

- Collect and analyze feedback on an on-going basis
- Identify any emergent or urgent issues and bring to the attention of the responsible party
- Make all feedback available to members of the System Coordination Committee upon request and provide an annual report to System Coordination Committee
- Propose and/or adopt changes to Coordinated Entry and the Housing Crisis Response System based on feedback
- Include changes to written policies in the System Manual

12.2 COORDINATED ENTRY COMPLIANCE REVIEW
Anually, EveryOne Home must complete a Coordinated Entry Compliance Review using the HUD Coordinated Entry Self-Assessment Tool. The review is conducted by EveryOne Home staff in consultation with stakeholders and submitted to the System Coordination Committee, HUD CoC Committee, and Coordinated Entry funders.

13 HOUSING CRISIS RESPONSE SYSTEM TRAINING STANDARDS

13.1.1 COORDINATED ENTRY CERTIFIED ASSESSOR TRAINING
EveryOne Home and/or a designated training entity must offer, at minimum, an annual training opportunity to participating staff at organizations that serve as Access Points or otherwise conduct the Coordinated Entry Assessment. Trainings may be in-person, a live or recorded online session, or a self-administered training.

EveryOne Home or the designated training entity must update and distribute training protocols, at minimum, annually. Training protocols must include written policies and procedures for following the standard Coordinated Entry Process, any adopted variations, requirements for prioritization, and the criteria for uniform decision-making and referrals to housing resources. Training must also include applicable privacy trainings.
Coordinated Entry Management and Data Guide
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Introduction and Purpose of Guide

Coordinated entry (CE) is larger than a single grant or a program; it is a key component of a comprehensive crisis response and a way of structuring your Continuum of Care’s (CoC) system of care so that it fits together intentionally and efficiently, resulting in more efficient use of resources and improving the fairness and ease of access to resources, including mainstream resources, while prioritizing people who are most in need of assistance. Managing and evaluating such a complex system rely on data collected about participants as they move through the system of care.

The data collection needs for coordinated entry are significantly more complex than for a single project or even a collection of projects. To understand whether the system is functioning as planned, new data points must be combined with existing Homeless Management Information System (HMIS) data on individual participants already required to be collected in a CoC’s HMIS. These data will allow for monitoring, managing, and evaluating the coordinated entry process. By looking at how the system functions together with participant progress, a CoC can begin to understand whether the pathways it has created for participants are effective.

Successful implementation and operation of coordinated entry require policy oversight and day-to-day system-level management. This guide expands on the policy and management responsibilities described in the U.S. Department of Housing and Urban Development’s (HUD) Coordinated Entry Core Elements document and its Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System ("Coordinated Entry Notice"). This guide discusses aspects of coordinated entry management and evaluation, data privacy and security, and use of data to guide system change efforts, organized as follows:

- **Chapter 1: Policy and Management Roles and Responsibilities**—the policy, management, and evaluation roles and responsibilities required to implement a successful coordinated entry process
- **Chapter 2: Data Privacy and Security**—the requirements associated with collecting, using, and disclosing participant information in digital, paper, and verbal formats for the coordinated entry process
- **Chapter 3: Data Systems**—key functionalities to consider when selecting a data system
- **Chapter 4: Annual CE Evaluation**—how to use collected data and additional sources of information to meet evaluation requirements, including for compliance evaluations, effectiveness evaluations, and process assessments
Chapter 1:
Policy and Management
Roles and Responsibilities
Chapter 1: Policy and Management Roles and Responsibilities

As a system-level process, coordinated entry requires intensive coordination and communication among all the projects and agencies in the CoC and, ideally, all of those otherwise available in the community to serve individuals and families experiencing homelessness, including programs that can serve that population but may not be targeting it. A formal policy and management structure will facilitate both.

To complete the work associated with coordinated entry requires:

- a **policy oversight** responsibility to establish and review policies and procedures
- a **management** responsibility to implement the day-to-day workflow of the process
- an **evaluation** responsibility to assess the performance of the system and create a feedback loop to the policy oversight entity

These responsibilities can be executed separately by different entities or combined and managed by a single entity or body identified by the CoC to carry out the corresponding tasks.

### Coordinated Entry Implementation Entities and Responsibilities

#### Evaluation Entity

**Responsibilities:**
- Plan annual CE evaluation
- Collect data
- Evaluate CE implementation process for effectiveness and efficiency
- Identify policy and process improvements

**Authority:**
- May be CoC Board or Board Committee
- Must be authorized by CoC Board
- Must not be same organization as the Management entity
- Must include homeless participant feedback

#### Policy Oversight Entity

**Responsibilities:**
- Establish participation expectations
- Determine local data collection and data quality expectations
- Define data sharing protocols
- Select a Data System for CE

**Authority:**
- May be CoC Board or Board Committee
- Must be authorized by CoC Board
- Policies must be approved by CoC
- Should include representation from Collaborative Applicant, HMIS Lead, and mainstream service providers

#### Management Entity

**Responsibilities:**
- Establish day-to-day management structures
- Establish clear, accessible communication plan
- Promote standardized screening and assessment processes
- Develop and deliver training
- Conduct monitoring

**Authority:**
- May be Collaborative Applicant
- Must be designated formally by CoC
- Should include manager and sys admin
- Sys admin role may be delegated to HMIS Lead, if appropriate
1.1 Policy Oversight Entity

For many CoCs, developing and implementing coordinated entry will be their most far-reaching system change effort. Coordinated entry is a complex, evolving process that requires continual monitoring and adjustment. Policy-level oversight ensures that the goals and standards for coordinated entry developed during the CoC’s CE planning process are being met. Oversight also can help increase buy-in and ongoing engagement in coordinated entry when that oversight involves representatives from the CoC, provider organizations, community stakeholders, and programs funded by federal, state, and local entities that can offer resources to individuals and families experiencing homelessness.

Policy Oversight Entity Composition

Ongoing implementation oversight is usually done by the CoC Board, a CoC committee, or other governing body designated by the CoC. In many cases, the oversight entity is the coordinated entry planning group—its focus shifted to monitoring operations and reviewing and recommending policy additions and changes to the CoC.

If the oversight entity will not be the CoC Board or a CoC committee, that entity’s authority, membership, leadership, and connection to the CoC should be formalized and documented in the CoC’s governance charter. Establishing its connection to the CoC is important because the CoC is responsible for developing and implementing coordinated entry.

Required: As with the coordinated entry planning group, “the CoC should include relevant mainstream service providers in…coordinating services and assistance…and conducting activities related to continual process improvement.” Coordinated Entry Notice

Policy Oversight Entity Roles and Responsibilities

Each CoC’s policy oversight entity may function slightly differently, but the core responsibilities are to establish and oversee the policies that allow the coordinated entry process to operate in accordance with the planning group’s decisions related to coordinated entry’s core elements: Access, Assessment, Prioritization, and Referral. This will require building off the decisions made in the planning process in four core areas:

Establishing participation expectations

Consistent with the protocols defined in the planning phase, the CoC will need to outline the expectations for participation in coordinated entry. This includes CoC expectations for use of appropriate assessment tools, participation in case conferencing or other coordination mechanisms, use of the coordinated entry process to fill project vacancies or openings, addressing the safety needs of survivors of domestic violence, and the associated incentives or penalties associated with meeting or failing to meet those expectations. Case conferences may take various forms, but generally constitute any meetings of coordinated entry staff from multiple projects and agencies to discuss cases, resolve barriers to housing, and make decisions about priority, eligibility, enrollment, termination, and appeal.

For all participating agencies, role expectations must be clearly described and well documented. The CoC should also outline the responsibilities of the CoC to the participating agencies, including training, staff resources, and data collection and analysis support. In some CoCs, coordinated entry may involve agencies new to the homeless system; for them, the implementation plan must include a comprehensive orientation to the system as well as ongoing support. All affected staff should receive ongoing training on the operating policies and procedures.
Chapter 1: Policy and Management Roles and Responsibilities

**Required:** The Coordinated Entry Notice “establishes new requirements that Continuums of Care (CoC) and recipients of CoC Program and Emergency Solutions Grant (ESG) Program funding must meet related to the development and use of a centralized or coordinated assessment system.”

“Written policies and procedures should describe how each participating mainstream housing and service provider will participate, including, at a minimum, the process by which referrals will be made and received.”

Victim service providers that receive CoC Program funds must participate in a CE process. Victim service providers that receive ESG Program funds or other funding sources can also participate in the CE process and are encouraged to do so. Victim service providers may choose to use the CoC’s CE process or a CE process specific to victim service providers in the area, provided that the alternative process meets HUD requirements in the Coordinated Entry Notice. The term “victim service provider,” as defined in section 401 (32) in the McKinney-Vento Act, is a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. That definition includes rape crisis centers, battered women’s shelters, domestic violence transitional housing programs, and other programs.

**Determining local data collection and data quality expectations**

Data collection expectations will vary significantly based on the configuration of core elements in a CoC’s implementation of coordinated entry. CoCs must establish parameters for how each data collection expectation will be met and which entity, project, or project type(s) is expected to collect the data. The CoC must establish written procedures for how and by whom these data are to be collected.

The HMIS Lead should be included in planning for managing data in the coordinated entry process. The HMIS Lead can provide information about HMIS capacity and limitations; help identify which data system will best support coordinated entry implementation consistent with the data collection expectations; and provide information about HMIS requirements and regulations as they apply to the chosen CE data system. In addition, planning for data collection and management should be aligned with the evaluation planning discussed in Section 1.3.

**Required:** “Participants must…be free to decide what information they provide during the assessment process. CoCs are prohibited from denying assessment or services to a participant if the participant refuses to provide certain pieces of information, unless the information is necessary to establish or document program eligibility per the applicable program regulation.” Coordinated Entry Notice

**Defining data disclosure (sharing) protocols**

HUD supports sharing—referred to in this guide as “disclosing”—participant information provided that the information is disclosed securely and only for appropriate purposes as described in the CoC’s Privacy Notice. Any data disclosures outside the scope of the Privacy Notice require participant consent. Detailed considerations are described in Chapter 2: Data Privacy and Security.

Data disclosures for the purposes of CE are not required in the Coordinated Entry Notice, but HUD encourages CoCs to disclose data for CE in accordance with the privacy and security standards in HUD’s 2004 HMIS Data and Technical Standards, which are outlined in Chapter 2. Meaningful, phased assessment processes are unlikely to be possible without data disclosures.
and may be very challenging to complete without the infrastructure and protocols developed in coordination with the HMIS Lead. Many CoCs recognize these benefits and choose to disclose data as part of the CE process.

As a CoC discusses data disclosures for CE, it should recognize that disclosures are not “all or nothing.” Disclosures vary by what data is disclosed, to whom, and when. A CoC should design its coordinated entry process so that participant information is shared only when needed to access housing and supportive services and not shared when the information is not necessary for the coordination or delivery of these services. That is, data should be shared on a “need to know” basis, in the context of the participant's needs and the CoC's Privacy Notice.

**Required:** “The coordinated entry process must ensure adequate privacy protections of all participant information. CoCs must include written policies and procedures for obtaining participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process.” [Coordinated Entry Notice](#)  

The policies and procedures must clearly indicate where the client's consent is necessary for sharing client information and where it is not necessary for sharing information.

HUD regulations govern the use of HMIS, including privacy and security standards for protecting program participant information. Note that any participant data collected and managed in non-HMIS systems must be managed according to the HMIS privacy and security requirements as established by the Coordinated Entry Notice at II.B.13.

**Selecting a data system**

Data management systems can support a wide range of coordinated entry activities. Functionality varies across different software products. The CoC will need to determine what functions are most important, and then select (or work with its HMIS solution provider to design) software that meets those functional needs. [Chapter 3: Data Systems](#) describes potential functionalities and critical process steps to selecting a data system.

“HUD does not require CoCs to use their HMIS as part of their coordinated entry process. However, many communities recognize the benefit of using this option to complement their mandatory HMIS recordkeeping and have incorporated HMIS into their coordinated entry. HUD encourages communities to use HMIS, but recognizes that other systems might be better or more quickly able to meet the community's coordinated entry needs. HUD expects that, even when using a data management system other than HMIS, the CoC works toward being able to use HMIS for coordinated entry or toward having a system that seamlessly shares data with HMIS.” [Coordinated Entry Notice](#)

Victim service providers are required to establish a comparable database. A comparable database collects client-level, identifiable data over time and generates unduplicated aggregate reports based on the data, in accordance with HUD’s HMIS requirements, and adheres to HUD’s HMIS privacy and security requirements at a minimum. Victim service providers must not enter or provide identifiable information about a participant for entry into an HMIS. The term “identifiable information” means any information about a victim that directly or indirectly identifies the household. This can include name, physical address, contact information, Social Security number, and any other information that in combination with any other non-personally identifying information would serve to identify the household. Depending on how the CE data system is set up, this comparable database could also facilitate participation in the coordinated entry.
Chapter 1: Policy and Management Roles and Responsibilities

1.2 Management Entity

The day-to-day operation of coordinated entry involves staff, recordkeeping documentation, technology, and other infrastructure that supports the implementation of coordinated entry at the CoC or homeless system level. Managing these functions is usually carried out by an organization, committee, or other entity designated by the CoC. The management entity can be the organization that serves as the Collaborative Applicant for the CoC or that provides other staff support to the CoC. HUD does not require that the Collaborative Applicant manage coordinated entry.

During the planning for management of coordinated entry, the planning group and other relevant CoC stakeholders should consider the specific needs of the community, the financial and other resources available to support a management entity, and the attributes the management entity needs in order to successfully implement and operate coordinated entry as planned for the community.

Attributes of an effective management entity include the following:

- Technical acumen to perform the activities required for management of the coordinated entry process in compliance with HUD regulations and the CoC's written policies and procedures, and at a specified level of quality
- Capacity to support coordinated entry within the timelines and processes of the CoC's implementation plan
- Demonstrated respect and trust for other stakeholders in the coordinated entry process
- Commitment to objectivity and transparency in managing coordinated entry
- Procedures to disclose any conflicts of interest and to maintain participant privacy and confidentiality

Planning should consider how management of coordinated entry for participants will be integrated with the management of coordinated entry for domestic violence and other survivors if the two processes are not fully integrated.

All CE staff should be trained on the complex dynamics of domestic violence, privacy and confidentiality, and safety planning, including how to handle emergency situations at access point(s) that are not explicitly designated for persons fleeing domestic violence. CoCs should partner with their local victim service provider agencies to ensure that trainings for relevant staff are provided by informed experts in the field of domestic violence. Through this partnership, a protocol should be developed to address immediate safety concerns while CE staff work to find a permanent housing placement.

Coordinated Entry Management Staffing

The management staffing pattern of a CoC’s coordinated entry implementation will vary based on the coordinated entry process it develops, its capacity, and the resources it has available. The most effective coordinated entry implementations designate two roles: (1) a coordinated entry manager or coordinator who works for the management entity to lead the coordinated entry day-to-day process; and (2) a system administrator to oversee data entry for the coordinated entry data system.

The design of the coordinated entry process and the responsibilities assigned to the management entity will determine the intensity of the manager/coordinator and system administrator positions. In some CoCs, the management functions can be combined with
other responsibilities and performed by a single staff person. Some CoCs have found that the management position is best filled by someone with direct service experience who has or acquires extensive knowledge of the homeless system. Similarly, the system administrator for the CE data system may be assigned to the HMIS Lead, if appropriate, or designated elsewhere.

Beyond management, specific staffing requirements for each phase of the coordinated entry process are discussed in the Coordinated Entry Core Elements document. Some factors in determining staffing requirements include expectations for the number of participants who will access coordinated entry, the experience and education requirements established for coordinated entry staff, and the resources that are available to support staffing. In some cases, existing staff can be retrained and reassigned to new coordinated entry roles. Staff working in participating housing and supportive services projects also will need to be trained in the new referral process. See the Coordinated Entry Community Samples Toolkit for sample job descriptions.

Management Entity Roles and Responsibilities

Whatever entity or entities are designated to manage the coordinated entry process, the CoC must ensure that the management entity has the formal authority to compel all providers included in coordinated entry to meet the expectations, standards, and responsibilities set for them by the CoC. If this authority is not inherent in the entity’s position in the CoC, it must be explicitly conferred through a Memorandum of Understanding (MOU) or other document that outlines the management role and responsibilities, with that authority explicitly documented in the CoC’s governance charter or other similar documentation.

The documentation should outline requirements for reporting to the CoC, a process for communicating about policy issues, and procedures for working with agencies that are not following coordinated entry protocols. In all cases there should be a provision to regularly evaluate the performance of the management entity to make changes and improvements as needed. See the Coordinated Entry Community Samples Toolkit for sample documents.

Although different entities can, and in some cases should, take on separate aspects of the management tasks, a comprehensive management structure will, at minimum, address the following:

Establishing day-to-day management structures

The activities performed by the management entity should be described in the policies and procedures for the coordinated entry process. Management activities may include:

- Facilitating various committees and forums to coordinate referrals and review the coordinated entry process. This includes case conferences; meetings of assessors to coordinate referrals; project management meetings with agency supervisors to discuss operations, performance, and monitoring; and policy meetings with agency leadership and other CoC and community stakeholders
- Administering the grievance and appeal process for situations that are not resolved at the provider level

Required: “The CoC’s written policies and procedures must also include a process by which individuals and families may appeal coordinated entry decisions.” Coordinated Entry Notice

- Supporting existing or building new collaborations with ESG recipients so that ESG written standards are consistent and ESG providers are participating in a realistic way
- Supporting existing or building new collaborations with mainstream resources
Chapter 1: Policy and Management Roles and Responsibilities

**Required:** “The CoC should include relevant mainstream service providers in the following activities: identifying people experiencing or at risk of experiencing homelessness; facilitating referrals to and from the coordinated entry process; aligning prioritization criteria where applicable; coordinating services and assistance; and conducting activities related to continual process improvement.” [Coordinated Entry Notice]

- Documenting costs of operating coordinated entry and identifying eligible funding opportunities for those costs
- Monitoring coordinated entry requirements from funders

**Establishing a clear, accessible communication plan**

Dedicated communication and coordination methods should be documented in the policies and procedures for each step in the coordinated entry process. This could include:

- Identified points of contact for coordinated entry questions and information at each agency
- Dedicated email addresses and procedures for communicating about participants
- A website for forms and news, possibly with a secure area for private communications
- Methods for development and distribution of waiting lists
- Procedures for communication about enrollment vacancies and referrals of selected participants

**Promoting standardized screening and assessment processes**

During coordinated entry planning, standard forms should be developed for each step of the coordinated entry process. When developing these forms and processes, the management entity should follow the sequence and decision logic of the coordinated entry process and stages to make data collection efficient.

For agencies that want to document assessments or other parts of the process in their coordinated entry data systems, the management entity should establish expectations for electronic entry of that written documentation, consistent with the data collection expectations and privacy and security requirements established in this guidebook.

*Required:* “CoCs’ written policies and procedures for coordinated entry must: describe the standardized assessment process, including documentation of the criteria used for uniform decision-making across access points and staff. Criteria must reflect the prioritization process adopted to meet the requirements outlined…. If the CoC is implementing different access points and assessment tools for the different populations listed above, written policies and procedures must separately document the criteria for uniform decision-making within each population for whom different access points and assessment processes are used.” [Coordinated Entry Notice]

The management entity and each agency that will participate in coordinated entry should review the forms together for clarity and ease of use. The management entity should maintain up-to-date versions of forms and document any changes, noting the date of the change, reason for the change, and the entity requesting or making the change. Forms, including any changes, should be regularly reviewed during the coordinated entry implementation meetings.
Chapter 1: Policy and Management Roles and Responsibilities

Developing and delivering training

Required: “The CoC must provide training protocols and at least one annual training opportunity, which may be in-person, a live or recorded online session, or a self-administered training, to participating staff at organizations that serve as access points or otherwise conduct assessments. The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC’s coordinated entry process, including its written policies and procedures and any adopted variations.” Coordinated Entry Notice

Conducting monitoring

A critical coordinated entry management function is monitoring of system-level processes to ensure the CE is functioning as planned and system efficiency goals are achieved. A coordinated entry manager will also need to monitor the status of participating providers’ compliance in using the CE process and outcome monitoring to gauge the extent to which system performance objectives are being achieved. This includes monitoring participant outcomes through system performance measures and other locally determined outcomes, as well as monitoring participating providers for their programs’ fidelity to the coordinated entry policies and procedures. For example, system monitoring ensures CE assessment processes are standardized across the system to promote inter-reliability of assessment results; project monitoring ensures CE assessments are conducted in accordance with CoC-adopted CE policies and procedures. The intent of both system and project monitoring is to ensure housing and supportive services providers adhere to the CoC’s written standards for prioritization and assistance and to coordinated entry policies and procedures as appropriate for the project.

There is a significant overlap between data collection and analysis related to monitoring and those related to evaluation, which is discussed in the next section. Monitoring should focus on the question of whether the CE is being implemented in the way it was designed, and whether individual agencies are appropriately engaging with and participating in the system as established by the CoC. Evaluation should focus on the question, is the system, as established by the CoC, the most efficient and effective system structure to move people quickly out of homelessness and prevent more homelessness?

Participant status and outcome reports from HMIS or other CE data systems should be reviewed as part of regular (monthly or quarterly) assessments of system performance.

Other data sources may be needed to explore questions of fidelity such as these: Are the access points advertising as they are supposed to and reaching the hard-to-reach audiences? Are providers operating according to the rules that lower barriers? Are assessors assessing properly? Are participants being prioritized appropriately? Are case conferences and referral meetings following guidance and CoC prioritization standards? Are CoC projects filling project vacancies only through referrals from the CE referring entity? Are participants being rejected from agencies to which they are being referred?
1.3 Evaluation Entity

In the context of coordinated entry, evaluation is the process of using participant and provider data to measure the functioning of the CE process. The Coordinated Entry Notice requires ongoing planning and stakeholder consultation concerning the implementation of coordinated entry. At least annually, the CoC must solicit feedback from participating projects and from participants. Once the evaluation is complete, the CoC must use the feedback received to make necessary updates to the coordinated entry operational practices and document those changes or enhancements in written policies and procedures.

This activity may be undertaken by the policy oversight entity or another entity defined by the CoC, but must not be undertaken by the management entity.

**Required:** “Written policies and procedures must describe the frequency of and method used for the evaluations, including how participants will be selected to provide feedback [and specify how many will be included], and must describe a process by which the evaluation will be used to update existing policy and procedures.” Coordinated Entry Notice

The core questions to ask in evaluating the coordinated entry process are:

- Does the CoC’s implementation of coordinated entry efficiently and effectively assist persons to end their housing crisis?
- Are the housing and services interventions in the CoC more efficient and effective because of coordinated entry?

The plan for conducting this evaluation should be developed early in the process of planning coordinated entry and then reviewed frequently throughout its implementation. Setting up the plan for collecting the data necessary to carry out a full and complete evaluation takes time and considerable forethought; data that are not collected cannot be analyzed. CoCs must ensure that evaluation is on their implementation planning agenda from day one and the responsible entity is clearly identified, even if the planned evaluation is relatively small in scope.

Detailed evaluation approaches are described in Chapter 4: Annual CE Evaluation.
Chapter 2: Data Privacy and Security
Chapter 2: Data Privacy and Security

This chapter provides data privacy and security guidance and considerations for CoCs as they work to implement coordinated entry. CoCs need to thoughtfully approach how data are collected, used, stored, and in some cases disclosed across the homeless system of care. Services and housing decisions are based on sensitive participant information collected over time, and that information is potentially disclosed to multiple providers in electronic, paper, and verbal formats. Data privacy and security are governed by rules and regulations at the federal, state, and local levels, and different entities are governed by different rules. This makes for a complex legal environment within which coordinated entry operates.

In the Coordinated Entry Notice, HUD clarifies that whether a CoC uses HMIS or “a system other than HMIS to record information from a coordinated entry process, it must meet HUD’s requirements in 24 CFR 578.7(a)(8) and Section II.A and be compliant with HUD’s HMIS Privacy and Security Notice”. Within this legal context, CoCs and providers need to have a clear understanding of their responsibility to protect participants’ information and be able to articulate those responsibilities to participants in a meaningful way.

When other federal or state data privacy or security laws apply to a provider, the provider must comply with the requirements that ensure the greatest protection for the participant’s personally identifying information (PII), for example:

- A provider may be obligated to meet the Health Insurance Portability and Accountability Act (HIPAA) requirements because it is a Covered Entity. If so, this provider will normally follow the HIPAA set of privacy standards and not the HMIS privacy standards. Most homeless services providers are not Covered Entities. Health information, for example about a disability, that a participant shares directly with a 2-1-1 agency is not necessarily subject to HIPAA in the hands of that agency. An agency not subject to HIPAA otherwise does not become subject to HIPAA merely because it receives health information from an individual or from a HIPAA-covered entity.
- If a victim service provider (as defined by the HEARTH Act) receives CoC or ESG program funds, it cannot disclose a participant’s PII in HMIS; the information must be entered into a “comparable database.”
- A provider whose agency receives funds from the Office on Violence Against Women, Family Violence Prevention and Services Act, or Office for Victims of Crime may be obligated to follow the Violence Against Women Act, Family Violence Prevention and Services Act, or Victims of Crime Act privacy requirements regardless of whether the provider is a victim service provider.
- Information collected by substance abuse treatment providers is subject to robust privacy protections based in federal statute 42 CFR Part 2. Receiving information about a participant’s substance abuse circumstances does not, by itself, make the recipient of that information subject to 42 CFR Part 2, however. If a CE participant shares his or her drug use directly with an information and referral center, it does not mean the center is automatically covered by the statute. Coverage is based on what the agency does or provides.

1 A comparable database must be a relational database that meets all HMIS data standards and HMIS privacy and security requirements. It also must be able to produce the .csv files required by HUD.
Chapter 2: Data Privacy and Security

The CoC, HMIS Lead, and agencies participating in the CE process all have roles and responsibilities to protect a participant's PII. These responsibilities, along with all data privacy and security requirements, should be stated in the CoC’s CE policies and procedures. The following data privacy and security sections reflect these responsibilities, baseline requirements, and recommendations.

2.1 Data Privacy Policies

CoCs are responsible for addressing data privacy in their CE policies and procedures. At a minimum, HUD requires the CE process to adhere to the baseline HMIS privacy requirements for all methods of data collection, use, and disclosure, including electronic, paper, and verbal disclosures. A CoC may add additional privacy requirements, but the additional elements cannot conflict with the HMIS privacy regulations or notices and must provide greater protection to the participant.

CoCs should develop a universal Privacy Notice that clearly states the CoC’s privacy standards for HMIS (or CE data system). The CoC should consider requiring or encouraging participating providers to adopt the Privacy Notice to ensure uniform privacy practices across providers. If there is not uniform adoption, every CHO must have a Privacy Notice that meets the HMIS privacy standards. A CoC’s Privacy Notice should include several important elements: a description of participants’ rights, participants’ options, the provider’s responsibilities to protect PII, and how the provider will use and disclose a participant’s information. Even if the CoC fails to include HUD’s requirements in its Privacy Notice, the CoC must still meet all of HUD’s privacy standards.

A provider must collect PII by lawful and fair means and, where appropriate, with the knowledge or consent of the individual. When a provider is required by law to collect information it must ask for the required information, although participants may refuse to provide the information and still receive services. In all circumstances, providers should make data collection transparent by providing participants with a written copy of the CoC’s Privacy Notice, describing the notice in plain language, and posting a public statement like the following:

We collect personal information directly from you for reasons that are discussed in our Privacy Notice. We may be required to collect some personal information by law or by organizations that give us money to operate this program. The personal information we collect is important to run our programs, to improve services for persons experiencing homelessness, and to better understand the needs of persons experiencing homelessness. We only collect information that we consider to be appropriate.

Uses and Disclosures

Uses are internal activities for which providers interact with participant PII. Disclosures of PII occur when providers share PII with an external entity.

Once collected, providers have obligations about how PII information may be used and disclosed. Uses and disclosures either are required by HUD (e.g., participants’ access to their own information, oversight of compliance with the HMIS data privacy and security requirements).
standards) or are permitted by HUD (e.g., to provide services, reporting to funders). HUD’s required and permitted uses and disclosures must be stated in the CoC’s Privacy Notice.

Per the 2004 HMIS Data and Technical Standards, HUD permits the following uses and disclosures of PII without participant consent, provided that the uses and disclosures are listed in the CoC’s Privacy Notice. If any of these uses and disclosures is not listed in the Privacy Notice, consent is required:

- To provide or coordinate services to an individual
- For functions related to payment or reimbursement for services
- To carry out administrative functions, including but not limited to legal, audit, personnel, oversight, and management functions
- For creating de-identified from PII

Per the 2004 HMIS Data and Technical Standards, HUD also permits the following types of uses and disclosures of PII without participant consent, provided that these additional uses and disclosures are listed in the Privacy Notice. If any of these uses and disclosures is not listed in the Privacy Notice, consent is required:

- Uses and disclosures required by law
- Uses and disclosures to avert a serious threat to health or safety
- Uses and disclosures about victims of abuse, neglect, or domestic violence
- Uses and disclosures for research purposes
- Uses and disclosures for law enforcement purposes

Per the 2004 HMIS Data and Technical Standards, HUD requires two mandatory disclosures regardless of their inclusion in the Privacy Notice:

- Participants’ access to their own information
- Disclosures for oversight of compliance with HMIS data privacy and security standards

Certain uses and disclosures may also be prohibited or otherwise restricted by other federal, state, or local laws. For instance, recipients of Violence Against Women Act funding are prohibited from disclosing PII without the participant’s written consent. For more information on when providers are prohibited from disclosing PII, see HUD’s comparable database decision tree.

A CoC may provide additional information in its Privacy Notice about these various uses and disclosures—for instance, listing the recipients of disclosures and the specific purposes of those disclosures—but this additional information may not contradict what is required and permitted per the 2004 HMIS Data and Technical Standards. Uses and disclosures not allowed by the 2004 HMIS Data and Technical Standards require participant consent. If a CoC chooses to adopt more-restrictive uses and disclosures, it should consider identifying practices to support a comprehensive prioritization list that discloses limited or no PII, as well as how it will track the acceptance or denial of referrals and project placement. The following decision tree will help providers determine when consent is needed.
Do I need the client’s consent (written or oral) to use or disclose information?

**Consent (oral or written) is required to use and disclose PII.**

**Types of uses and disclosures**

**Mandatory:**
- Client access to their information; and
- Disclosures for oversight of compliance with HMIS privacy and security standards.

**Permitted:**
- To provide or coordinate services to an individual;
- For functions related to payment or reimbursement for services;
- To carry out administrative functions, including but not limited to legal, audit, personnel, oversight and management functions; and
- For creating de-identified from PII.

**Additional permissions:**
- Uses and disclosures required by law;
- Uses and disclosures to avert a serious threat to health or safety;
- Uses and disclosures about victims of abuse, neglect or domestic violence;
- Uses and disclosures for research purposes; and
- Uses and disclosures for law enforcement purposes.

*Best practice is to provide a copy of the Privacy Notice and verbally explain it in plain language to all participants.*
Chapter 2: Data Privacy and Security

Uses and Disclosures for Providing or Coordinating Services to an Individual

This section details some examples of the array of CE activities that can be covered under the permitted use and disclosure principle to provide or coordinate services to an individual.

A CoC may choose to articulate or further elaborate on these activities in its Privacy Notice, but adding examples is not required or necessary. However, a CoC may wish to include additional language to help make the principle more transparent to stakeholders. If the CoC includes examples in its Privacy Notice, the examples need to be clearly marked as such and not as an exhaustive list of permitted uses and disclosures. Below are some examples that the CoC may wish to include:

- **Use and disclose information to identify appropriate resources and services.**
  Disclosing assessment data to multiple providers participating in CE could be part of a formal and coordinated process for determining the right mix of resources needed. The CoC may further list out the names of the providers that would receive the participant’s information.

- **Use and disclose information to determine participant prioritization for housing.**
  Disclosing assessment data can help staff determine the placement of an individual on a prioritization list, and if needed, develop a safe sheltering plan while the individual is waiting for placement into permanent housing.

- **Use and disclose information to make referrals.**
  Disclosing participant information can help match the person to the right resource and potentially create multiple referral options.

- **Use and disclose information to determine participant progress.**
  HMIS can be used to build a single participant record that contains information collected throughout the CE process, from access to housing move-in.

Uses and Disclosures that Require Consent

A CoC may identify some uses or disclosures it considers necessary to make its coordinated entry process operate effectively and efficiently but that are not permitted without consent per HUD’s 2004 HMIS Data and Technical Standards. In such a case, the CoC should consider adopting a standard authorization form to obtain participants’ consent. Many CoCs already use a form called a “Release of Information.” A CoC should be sure that its standard authorization form covers both uses and disclosures that require consent for coordinated entry–related activities.

When considering what uses and disclosures are appropriate (whether allowed by the 2004 HMIS Data and Technical Standards or authorized by consent), the following questions may help a CoC determine whether to allow and how to restrict uses and disclosures:

- Will disclosing participant information in this specific way help participants gain access to appropriate housing or services more effectively or efficiently?

- Can we disclose less of a participant’s information and still accomplish the same objective?

- Can we disclose a participant’s information to fewer entities and still accomplish the same objective?

- Is the use or disclosure prohibited by any federal, state, or local laws?
Privacy and Security Grievances

The CoC and participating providers must both establish procedures for accepting and considering questions or complaints about data privacy and security policies and practices. Further, a participating provider must require each member of its staff (including employees, volunteers, affiliates, contractors, and associates) to sign (annually or otherwise) a confidentiality agreement that acknowledges receipt of a copy of the Privacy Notice and that pledges compliance with that Privacy Notice.

Comparable Databases

Victim service providers are prohibited from entering PII into HMIS. Instead, such providers must use a relational database comparable to HMIS in its capacity to support HUD data privacy and security requirements and, at a minimum, meet Data Standards requirements and produce HUD-required reporting files. Even if a provider’s mission does not designate it a victim service provider, the provider still may be prohibited from entering PII into HMIS if it receives any funds from the Violence Against Women Act, Family Violence Prevention and Services Act, or Victims of Crime Act, depending on how it uses the funding. If the provider uses the funding agency wide or for agency administrative purposes, all projects operated by the provider, regardless of project type, are prohibited from entering PII into HMIS, and instead must use a comparable database. If the provider uses the funding only for specific projects, only those specific projects are prohibited from entering PII into HMIS.

Although victim service providers are prohibited from entering PII into HMIS, the CoC should still include them as full and integral partners in the community’s CE process. If the CoC uses HMIS for its CE data system, the CoC will need to consider how to incorporate those providers without violating HUD’s requirements and should consider recent guidance released by the National Network to End Domestic Violence. Regardless of where survivors of domestic violence present for services, the CE process must ensure safe and equal access to housing and services.

Privacy Practice Planning Checklist

HUD encourages all CHOs to revisit their privacy practices for the following requirements and model practices:

☐ Adopt a universal Privacy Notice for all coordinated entry-participating providers that uses plain language and includes the following:
  a. List of permitted uses and disclosures
  b. If desired, examples of permitted uses and disclosures
  c. Statement of participants’ rights
  d. Description of the participating providers’ responsibility to protect and secure participant information
  e. Statement that the policy may be amended at any time, and that amendments affect information obtained before the date of the amendment

☐ Each provider participating in CE requires each member of its staff (including employees, volunteers, affiliates, contractors, and associates) to sign (annually or otherwise) a confidentiality agreement that acknowledges receipt of a copy of the Privacy Notice and that pledges compliance with it.

☐ Place a sign at data collection points with a statement explaining why information is being collected and how to obtain the Privacy Notice. In instances where data is collected by phone, operators read the statement to all callers.
Chapter 2: Data Privacy and Security

2.2 Data Security Policies

Often for the sake of convenience, providers compromise data security in their day-to-day operations. For instance, staff store PII on unencrypted thumb drives, store PII in unencrypted google sheets to maintain by-name or active lists, transmit PII in unencrypted files using unencrypted email, use a coworker’s login and password because they have forgotten their own, leave printouts containing PII in a conference room after a meeting, fail to lock file cabinets or offices containing case files, or discuss PII over the phone in a public place. There are many opportunities to compromise PII, and all of the examples above expose participants’ PII to risk.

The CoC is responsible for making sure the CE data security policies and practices meet the baseline security standards articulated in the most recent HUD HMIS security regulations or notices. The CoC, in coordination with the HMIS Lead and providers, has a responsibility for ensuring that hardware, software, and physical environments that store, transmit, or process CE data are compliant with these requirements. Safeguards should address confidentiality, integrity, and availability of PII. The data security policies and practices should protect against reasonable threats to the security of the information and reasonably anticipate and prevent the use and disclosure of PII that are not permitted.

When carrying out CE activities, a CHO must apply system security provisions to all the systems where PII is stored. This can be software applications, databases, data warehouses, servers, computers, or other devices that store, transmit, or process PII. Paper copies and other physical media containing such data should also be protected against unauthorized uses and disclosures. The following covers key requirements and considerations. More detailed descriptions can be found in the 2004 HMIS Data and Technical Standards and any future updates.
Anyone who records, uses, or processes PII on participants for a CE data system must secure the system with:

- Username and password protocols that meet industry standards for user authentication
- Commercially available virus protection software that automatically scans and updates
- Firewalls between the CE data system and other systems or networks outside the organization
- Secure connections from approved computers and systems.
- Access controls for data systems and paper records in public areas
- Back-up storage practices for disaster protection and recovery
- Reformatting practices to delete data on data storage media
- Regular, systematic monitoring of data security practices and user access logs

Additional data security practices can be put in place, but only if they provide greater protections for all CE data in electronic and paper formats.

CE data systems must have documented procedures for responding to and reporting security breaches. Federal, state, or local laws may be relevant to the reporting of and response to any security breach. At a minimum, the CoC needs to implement policies and procedures to address breaches that occur while carrying out CE-related activities.

**Securing Coordinated Entry-Related Disclosures**

CoCs may be using a separate CE data system to support the functionality of the CE process or to develop centralized priority lists outside of HMIS. To safely and securely protect a participant’s PII, the Coordinated Entry Notice requires, “When a community uses a system other than HMIS to record information from a coordinated entry process, it must meet HUD’s requirements in 24 CFR 578.7(a)(8) and Section IIA and be compliant with HUD’s HMIS Privacy and Security Notice or any future regulations that update the requirements therein.”

In addition to disclosing participant information within HMIS or through a separate CE data system, CE management entities or providers may want to disclose information in face-to-face meetings, electronically, or by phone. Common reasons for these disclosures are to review active or missing participant reports, verify contacts with participants who appear to be missing, and verify housing placements that are not yet documented in the HMIS or CE data system. Regardless of the mechanism for disclosure, once information is disclosed outside of a secure electronic database, it is much more susceptible to security breaches. CE policies and procedures should establish data security protocols for any disclosure scenario outside of a secure electronic database, including at a minimum the following practices:

- **Minimize the client-level data included in active or missing client reports.** Although PII is useful to produce an active client report, it is important to limit PII to only the information necessary to conduct assessment, prioritization, and referral. It is not necessary to include sensitive medical or disability information. Similarly, if project names may reveal information about a participant’s medical condition, reports need not identify the specific project the client is active in, but could instead identify the project type. Referral to and enrollment in HOPWA projects, for example, could disclose a participant’s HIV status.
Pay attention to attendance in case conferencing meetings. Attendance in case conferencing meetings or portions of meetings should be limited to necessary staff and managed thoughtfully, ensuring that attending staff understand the terms of information disclosures and how to securely protect information. This may mean limiting meetings to staff from agencies that have signed agreements that bind them to the CE policies and procedures related to privacy and data security. Though HMIS end-user agreements should already cover privacy and data security standards, these may be insufficient to cover the disclosures within a case conferencing meeting because providers that do not contribute to HMIS may be present.

Develop a plan for physical and electronic file destruction. Physical and electronic copies of participant information may be generated for various phases of CE. Providers may want to transfer participant information electronically to facilitate an intake or referral. Whether in person, on the phone, or by electronic transfer, policies and procedures must address how electronic and paper files will be stored, transported, and destroyed such that client privacy and data security are protected.

Coordinated Entry Across CoC Boundaries

A regional or statewide CE implementation does not require a regional or statewide HMIS or CE data system, but it does require that any participant information disclosed for a permitted purpose is disclosed securely. If multiple CoCs participate in a regional or statewide CE and share the same HMIS or CE data system, then the CoCs should work closely with their HMIS Lead and CE data system solution provider to ensure that the system(s) meets all HUD HMIS privacy and data security requirements.
Chapter 3: Data Systems
Chapter 3: Data Systems

There are many functionalities in a data system—whether HMIS or another system—that can make coordinated entry easier for frontline staff and administrators and can deliver better service to persons presenting for assistance. The CoC should first determine its CE process and then discuss what parts of the process would benefit from a data management system and what functionality is required. From this information, the CoC can develop a list of functional requirements for the software and hardware solution. If a CoC starts reviewing technologies or retains a technology consultant before determining need, measuring their achievements toward delivering a functional CE data system can be difficult.

Although not every system may have or need each one of these functionalities, the policy oversight entity should use this list as a reference in determining the best solution for the coordinated entry implementation. In selecting among these and other functionalities, CoCs should consider the benefits, costs, and level of effort in implementing them. In considering each of the following HMIS functionalities, HMIS Lead staff must be an integral part of the assessment and ultimate decision about whether and how to implement each.

- **Access, Assessment, Prioritization, and Referral:**
  - *Standardized assessment workflow*, with prompts for additional information if needed and warnings for missing information
  - *Vacancy tracking, so referrals can be made to available units/beds*. Some software can support reservation options to ensure staff on the receiving end know to reserve a bed as they wait for the participant to arrive
  - *Assessment results*. Depending on how the CoC has set up its standardized assessment process, the standardized assessment could rely on self-reported information, HMIS service use data, or system involvement records—e.g., emergency room visit records or corrections histories—or a combination of these information sources. Each type of information source can play a valuable role in assessing the relative severity of a participant’s service needs, vulnerabilities, or housing barriers. Depending on the extent to which each type of information is incorporated in the assessment process, the HMIS or CE data system will benefit from different functionalities.
    - If a CE process relies on *self-reported information*, it could increase efficiency to program the self-report assessment tool into HMIS or CE data system. However, automation removes the opportunity for intake staff or the participant to offer additional context to the assessment responses beyond the CoC’s standard questions or data points. Particularly when a CE process relies heavily on self-reported assessment information, assessors may also need to draw on their and others’ professional experiences and history with the person they are assessing
    - If a CE process relies on *HMIS service use data*, the HMIS or CE data system would benefit from additional functionalities that illuminate, flag, or calculate relevant areas of participant service use—for example, total bed nights for each participant, flagging returns to the system, and other data points that would inform assessment and prioritization
    - If a CE process relies on *system involvement records*, the HMIS or CE data system would benefit from data integration functionality
Regardless of the technological functionalities a CoC adopts, it will have to strike a balance between greater assessment efficiency and achieving the most meaningful assessment that accounts for a participant’s vulnerabilities, service needs, or housing barriers, as well as participant choice and preferences, as critical pieces of a successful housing placement.

- **Automated housing and service options.** Produces a list of housing options and supportive services resources with specific eligibility criteria, such as HIV+/AIDS status, to more efficiently identify and refer resources.

- **Documentation repository.** Can be an electronic scanning and/or upload feature that allows documents to be attached to a participant’s record for eligibility and/or security purposes.

- **Referral tracking with real-time status updates.** Some systems will allow frontline staff to document a referral to an agency, and then (with the participant’s consent) the receiving agency staff can see the referral and document it as accepted, pending, or rejected, with reasons for the rejection.

### Coordinated entry management:

- **Systematic workflow.** All users of the system have access to the same workflow, from entering the person’s record through follow-up and post housing enrollment. This can make frontline staff support and training easier.

- **Homeless and mainstream resource directory with map capabilities.** A searchable database of housing and supportive services resources that can be maintained by the CoC. It allows the CoC to keep critical information in a structured and systematic way, including eligibility and exclusionary criteria, resource availability, and contact information.

- **Generation and real-time updates of priority list.** This may be a single priority list or several lists by subpopulation or sub-region within the CoC’s implementing jurisdiction.

- **Administrative reports.** Reports can be built into some software that allow system managers to see frontline staff workload, outstanding referrals, and process roadblocks.

- **Referral results reports.** Show the number of referrals rejected, outstanding, or that resulted in a participant’s successful entry into a project.

### Coordinated entry performance reports:

- **Project level.** Can help the CoC fine-tune coordinated entry by showing whether a project conducting assessments or referrals is performing as expected.

- **System level.** Can help the CoC evaluate access, assessment, prioritization, and referral phases to determine what is working and what needs adjustment.

Many of these functionalities likely require the robust platform of an HMIS. However, if the CoC decides to use a data system other than HMIS for coordinated entry, it should consider establishing a clear and transparent process to select the alternate system, consistent with the identified functional needs and wants. The CoC should undertake a legal review to ensure the system meets all federal, state, and local laws, including the data privacy and security requirements. The CoC will also be responsible for the development of a staffing plan for the alternate system, including training and support in the alternate system.
Chapter 4: Annual CE Evaluation
Although both performance monitoring and CE evaluation rely on the data collected by coordinated entry providers, these two activities serve different purposes. *Performance monitoring*, which focuses on system functioning, should happen at least quarterly. HUD requires CE evaluation to occur annually, focusing on the quality and effectiveness of the entire coordinated entry experience, including intake, assessment, and referral processes, for both participating projects and participants. *Participating projects* include CoC Program- and ESG-funded shelter and housing projects that are required to participate in coordinated entry, as well as other publicly and privately funded shelter and housing projects serving people experiencing homelessness. *Participants* are households, including unaccompanied children and youth, experiencing homelessness or who have been connected to housing through the CE process in the last year.

Though HUD does not prescribe the scope or specific methods of the required annual CE evaluation, the effectiveness and efficiency of the CE process, feedback about the ease of use from persons experiencing a housing crisis, and an assessment of referral outcomes should all inform the annual update to the CoC’s policies and procedures and regular updates to ESG written standards. Effectiveness is ensuring not only that the CE is operating as intended, but also that the CE is positively affecting the overall system performance. This evaluation creates an opportunity to modify CE operations to better achieve positive outcomes.

### 4.1 Establishing a CE Evaluation Plan

The plan for conducting this evaluation should be developed early in the process of planning coordinated entry and then reviewed frequently throughout its implementation. Setting up the plan for collecting the data necessary to carry out a full and complete evaluation takes time and considerable forethought; data that are not collected cannot be analyzed. CoCs must ensure that evaluation is on their implementation planning agenda from day one, even if the planned evaluation is relatively small in scope.

In establishing an evaluation plan, the evaluation responsibilities should include the following:

- Determine which aspects of the effectiveness of its system will be measured.
- Determine which aspects of the process will be evaluated for fidelity to CE policies and procedures and HUD’s coordinated entry requirements.
- Determine how to gather data to track the selected measures, incorporating in the evaluation process the required stakeholders, at a minimum.
- Determine whether and how the CoC uses evaluation results to inform other aspects of system planning and monitoring, including evaluating whether the CoC has too much or too little of certain housing and supportive services resources overall and for specific subpopulations (e.g., youth, adults with children).
- Coordinate with partners (e.g., ESG recipients, SSVF recipients, etc.) so data are collected consistently across programs, to make sure evaluations are thorough and coordinated.

The CoC also may consider working with local evaluators or universities to determine the best evaluation approach for their system.
Chapter 4: Annual CE Evaluation

4.2 Collecting Additional Data

Data available for evaluation will vary significantly from one implementation to another. In addition to the client-level data collected through the HMIS (or other data system), the evaluation entity may need to collect supplemental information. The list below offers some suggestions for sources of data. Not all these sources will apply to every implementation, but the evaluation entity should consider each source carefully to determine whether it can be useful to that evaluation. Consideration of each source in advance will ensure the data are collected with the particular evaluation in mind.

**Participant Interviews and Focus Groups**

The participant perspective on the functioning of the CE process is crucial to incorporate into any evaluation. In addition to engaging participants in planning the evaluation, evaluators can also incorporate one-on-one interviews or focus groups with them. These interactions can be used to gather observations about participants’ experiences, including efficiency of intake, efficiency of assessment, effectiveness of the referrals made, and recommendations for CE process improvement.

**Call Center or Intake Data**

Implementations using a call center to refer persons to an assessment center or appointment can incorporate data on call volume, hold times, dropped calls, call length, length to appointment time, and referral results.

**Screening and Assessment Tools and Results**

Evaluators can review the assessment tools used, as well as the data collected, to determine whether tools appear to be effective based on the defined scoring parameters. The collected data should be analyzed to track demographics, prioritization determination, service eligibility, service request, and housing barrier data. These outcome data can be compared with data from other sources (e.g., HMIS, Point-in-Time count, or local census data) to determine whether the population presenting for screening and assessment appears to be consistent with the larger service population.

**Policies, Procedures, and Other Governance Documentation**

Evaluators should review available policies and procedures, documentation, directives, training materials, and manuals that pertain to the operation of the CE process issued by the CoC or other appropriate leadership entity.

**Observation of the Assessment Process**

If appropriate, evaluators can observe the assessment process at different CE assessment sites (if there is more than one for the CoC) to determine fidelity to the CoC’s policies and procedures and to the training provided.

**Interviews with Key Stakeholders**

Evaluators can elicit feedback on the CE system in one-on-one interviews with CoC leadership, key advisors, participating providers, and non-participating providers. The interviews can be conducted by telephone or in person. They can be used to determine the reach of system participation, adherence to policies and procedures, quality of collaboration,
quality of referrals, and functioning of the referral process and to collect recommendations for system improvement.

Cost and Resource Data

Evaluators can review coordinated entry budget and funding documentation to calculate the incremental cost of the system per household. For decentralized implementations, this can be done on a per-site basis.

4.3 Basic Approaches: Compliance Evaluation

This section highlights the key areas for evaluation of whether the CE process meets HUD’s requirements and the CoC’s design. A CE process may be initially designed to align with the requirements in the Coordinated Entry Notice. However, over time, changes can be intentionally or unintentionally made that put the CE process out of compliance with the requirements or with the CoC’s CE policies and procedures. A systematic review of the Access, Assessment, Prioritization, and Referral practices as they are being implemented in the community, including data from stakeholders, will provide the qualitative data needed to assess compliance.

The Coordinated Entry Self-Assessment provides a comprehensive assessment of HUD’s requirements for coordinated entry from the Coordinated Entry Notice, the Prioritization Notice, the Coordinated Entry Policy Brief, the CoC Program interim rule, the ESG interim rule, and the HUD Equal Access rule. CoCs should ensure that their coordinated entry design addresses each required element and that their written coordinated entry policies and procedures clearly describe the process or expectation for each element. Compliance evaluation should also assess that the CE process is compliant with locally established policies and procedures that go beyond HUD’s requirements. Other important resources for understanding requirements include the Coordinated Entry and Victim Service Providers FAQ and the Coordinated Entry and HMIS FAQs.

Once the policies and procedures review has been conducted, then the CoC should gather information on the actual implementation of each element through observation of different points of the CE process and through surveys, focus groups, or interviews with participating projects and participants.

Evaluation of coordinated entry is an opportunity to identify areas that should be addressed in a continuous quality improvement process to increase CE effectiveness and efficiency.

4.4 Basic Approaches: Effectiveness Evaluation

CoCs can also evaluate how effective their CE process is in connecting people experiencing homelessness to appropriate referrals. In this type of evaluation, questions would explore system need, time to referral, referral appropriateness, and referral outcomes. In general, these questions rely on collecting and analyzing quantitative or administrative data.
**Chapter 4: Annual CE Evaluation**

**Gaps in the Current System**

- Are some CoC stakeholders, projects, or providers not participating in the CE process (e.g., victim service providers)?
- What does participation mean—listing vacancies, accepting referrals, something else? Does level and type of participation vary across stakeholders, projects, or providers?
- Are areas of the CoC geography not adequately covered by coordinated entry?
- What is the anticipated annual demand for crisis response services? For permanent housing resources?
- Can the current inventory of crisis response housing and supportive services meet the projected demand?
- What is the distribution of referrals by project type?

**Phone Screening (if applicable)**

- How long are screening calls and hold times, and how often are calls not completed (drops or hang-ups)? Is duration of the call tied to outcome?
- Is the information collected during phone screenings incorporated into additional in-person screenings?
- Are people getting connected to the resources to which they are referred by phone (i.e., differentiating between those eligible and ineligible for services)?

**Assessment, Prioritization, and Referral**

- Some participants may self-resolve, exiting the crisis response system without further assessment or CoC assistance. Are the timelines for different stages of assessment appropriate for the pattern of self-resolvers in the community?
- How long does it take a participant to be assessed, if appropriate and necessary, after he or she is first encountered or engaged?
- How long does it take from the point of a completed assessment and prioritization ranking or score to making an actual referral?
- What is the length of time from referral to placement in permanent housing?
- When referred, how often do participants get admitted or enrolled in projects?
- When referred, how often do participants accept referral options?
- What are the rates and reasons for referral rejections, both by participants and by projects?
- Are high-priority populations being successfully referred and enrolled in available housing and supportive services interventions?
- What is the experience when a participant is referred to a project? Was project information about a vacancy accurate? Was the participant connected to the project in a timely manner? Did the project receive enough information about the participant to facilitate quick enrollment?
- Is any information collected that is not readily used for assessment, prioritization, referral, or subsequent provider intake?
Chapter 4: Annual CE Evaluation

Implementation Consistency and Access Issues

- Are all persons afforded fair and equal access to CE services regardless of their physical location in the CoC, where they access CE services, or their membership in a federally protected class?
- If the CoC has established different access points for single adults, families with children, unaccompanied youth, and domestic violence survivors, are these subpopulations referred and enrolled at rates different from rates of other groups? Do rates of return to homelessness vary by participant characteristics or assessment site?

4.5 Basic Approaches: Process Assessment

This section highlights key questions that an evaluation can explore about how the CE process has been implemented and whether it is currently operating in accordance with the CoC’s established policies and procedures. Each CoC’s CE process is characterized by a different combination of demographics, resource constraints, provider capacity, housing stock affordability and quality, and access to transportation and employment. Analysis of quantitative data from each assessment site can help document operational issues. Review of qualitative data from documents, focus groups, and stakeholder interviews can round out the understanding of implementation issues and challenges.

Access, Assessment, Prioritization, and Referral

- Do persons experiencing a housing crisis and participating providers believe the process is clear, fair, effective, efficient, and reasonable in terms of data collection and documentation requirements?
- Given the process developed for determining prioritization, is the assessment conclusion reasonable based on the information gathered during the assessment?
- How much staff support is provided to participants who receive a referral, to encourage them to pursue the housing and supportive services referred?
- Are there variations in staffing, process, or tools from assessment site to assessment site that result in inefficiencies, inconsistencies, or uncertainty for providers or persons experiencing a housing crisis?
- Is the assessment process respectful of participant preferences, culturally appropriate, and trauma-informed?

Quality of Collaboration

- How are project eligibility criteria documented, and how are project-specific criteria considered during the referral process?
- How are CoC decisions made, documented, and communicated?
- Why did non-participating housing providers choose not to join the coordinated entry process?
- Are there any differences across federal programs as far as assessment, access, or outcome expectations and oversight?
- How do participating agencies perceive the coordinated entry process?
Chapter 4: Annual CE Evaluation

- Are victim service providers using the same or a different coordinated entry system? If different, how parallel is it to the routine coordinated entry system?

- Do participating agencies have an opportunity to provide feedback on the CE process as it is implemented? Is their feedback considered as processes are developed or changed?

Governance and Oversight

- How are policy guidance and participation expectations communicated, monitored, and enforced?

- Do the participating agencies and site staff understand and conform to the expectations and direction of the CoC?

- Have any population-specific or assessment-site-specific formal or informal changes been made to the process that have made it more or less expedient? If so, are these changes documented?

Funding and Sustainability

- How many access points and assessment sites are operating in the CoC, and how many participants are being seen per staff member per site?

- What is the current incremental cost of operating the system per household, and how do these costs compare across service strategies? If data are available, how does this compare with households who did not participate in CE?

- Is the coordinated entry process supported by more than one ongoing (annually renewing) funding source?
<table>
<thead>
<tr>
<th>YR 1 Goals</th>
<th>How well did the committee do in achieving this goal?</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Monitor and support implementation of the coordinated Housing Crisis Response System and Coordinated Entry</td>
<td>Poor 1 2 3 4 5</td>
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<td>Triage priority issues and make value-added recommendations to Leadership Board on HCRS policy and planning, fully leverage the strength of the collective impact model to improve and enhance the HCRS</td>
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<td>Poor 1 2 3 4 5</td>
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Build a culture and practice of research, analysis, and full participation by committee members and stakeholders—encourage participants to bring solutions as well as problems

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Agenda Structure for SCC:

1. Director’s Report
2. Urgent Items
3. Action Calendar
4. Information/Discussion Calendar
   a. Items of Strategic Interest to the Committee
   b. Administrative Reports, Project Management Reports, and Committee Reports
5. Consent Items
   a. System Manual Updates
   b. Other

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Monthly Work Schedule:

- System Coordination Committee: 2nd Wednesday of the month
- Post-Meeting Packet: Sent and posted to web by the following Friday
- Working Groups, Improvement Requests, Improvement Proposals: Scheduled and submitted throughout the month
- Committee Members submit Urgent Items: By Thursday before
- Pre-Meeting with Chair/Vice-Chair: Thursday or Friday before SCC
- Pre-Meeting Packet sent to SCC: Monday before SCC

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Identify 3 goals for the Committee in 2019:

Identify 3 system issues of greatest interest or concern in 2019:
System Coordination Committee
2019 Work Plan

YR 2 Committee Goals:

YR 2 System Issues:

Important Dates:

12-31-18 EOH required to post HCRS Manual to EOH website for public review
1-9-19 SCC consent vote to approve updated manual
1-22-19 HUD CoC vote to approve updated manual
1-31-18 EOH required to post manual to website for public use
2-19-19 Joint HUD CoC and SCC Work Session on CE Management and Evaluation
6-2019 EOH staff submits Coordinated Entry Compliance Review
Summer/Fall SCC/HUD CoC designates CE Management and Evaluation entities
System Coordination Committee
2018 Work Plan

YR 1 Goals:
- Monitor and support implementation of the coordinated Housing Crisis Response System and Coordinated Entry
- Triage priority issues and make value-added recommendations to Leadership Board on HCRS policy and planning, fully leverage the strength of the collective impact model to improve and enhance the HCRS
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  - Use consent calendar, EOH committee structure, and EOH staff to carry non-controversial or time-sensitive items forward
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- Build a culture and practice of research, analysis, and full participation by committee members and stakeholders—encourage participants to bring solutions as well as problems

Proposed Agenda Structure for SCC:
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<tbody>
<tr>
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<td>7/17/2018</td>
<td>Client Contact Information Form for Clarity / Standard Tools</td>
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<td>8/7/2018</td>
<td>Prioritization &amp; Preference Group #2: Shelter Preferences</td>
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<td>8/21/2018</td>
<td>Client Feedback, Grievance Policy</td>
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<td>9/4/2018</td>
<td>Prevention Work Group</td>
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<td>9/18/2018</td>
<td>CESH/CE Capacity Building Discussion</td>
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<td>10/2/2018</td>
<td>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</td>
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<tr>
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<td>10/16/2018</td>
<td>Client Feedback, Grievance Policy</td>
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<td>11/6/2018</td>
<td>Homeless County Survey Tool</td>
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<td>11/20/2018</td>
<td>Cancelled for holidays</td>
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<tr>
<td>December</td>
<td>12/12/2018</td>
<td>RRH; PSH; Grievance</td>
<td>12/4/2018</td>
<td>RRH Workgroup</td>
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<td>12/18/2018</td>
<td>Document Collection</td>
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<tr>
<td>January</td>
<td>1/9/2019</td>
<td>Imminent homelessness, prevention; dividing up System Manual</td>
<td>1/1/2019</td>
<td>Cancelled for holidays</td>
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<td>1/15/2019</td>
<td>Document Collection or Prevention Work Group</td>
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<tr>
<td>February</td>
<td>2/13/2019</td>
<td>Protocols for matching and rejection, at the client and the provider level; Thresholding for certain resources like RRH, PSH, shelter</td>
<td>2/5/2019</td>
<td>Prevention Work Group</td>
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<tr>
<td>March</td>
<td>3/13/2019</td>
<td></td>
<td>2/19/2019</td>
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</tbody>
</table>
**Improvements**

**Integration of clinical and non-clinical teams**

First Draft of System Manual:
- Not started
- Completed

Communications and affirmative marketing:
- Should we set a sunset date for the interim policy?

Work Plan & Improvement Schedule was included in 4/26 LB packet:
- Not started
- In Progress
- Completed

Committee review and provided comments:
- In Progress
- Not started

Language accessibility standards:
- Completed

Prevention activities and use of prevention funds:
- Serving the 90% of non-priority LH households who have been assessed
- In Progress
- Not started

Policy was written and approved by SCC on 8/8.

Countywide HCRS training and capacity building:
- Completed

Presentation by Home Stretch on 12/12.

Feedback on the updated EveryOne Home Plan:
- AC3 eligibility & enrollment
- Standard case conferencing
- Completed

Director, Leyden, Radu

Guzman

Scheduled for 9/4 Prevention Work Group.

Not started

Non-prioritized

Prioritized

**SSA,**

Building strategic partnership with other systems-- probation, re-entry, PSH services, what does it takes to get high-needs households housed efficiently, link to Community Health Record by which the evaluation is used to implement updates to existing policies

project participants will be selected to provide feedback, and the process for rejecting a referral and protocol for connecting client to new project.

Matching and referrals to participating projects. Must include criteria for eligibility per program regulation, informing of rights and responsibilities of clients, determining whether a referral is needed before assessment, etc.

Access is happening and evaluate if it is in compliance and accessible

Funders, ILC, others, develop forms and tools. Scheduled for Work Group on 11/21 to discuss and present any further action

Information is needed from CE to the funders, thus the next step is for CE to develop forms and tools, and those forms and tools to be sent to program partners to come up with universal tools.

Concern escalated by committee on 11/14. Home Stretch invited to present and have discussion on CE quality assurance and CE staffing levels.

Concerns are that CE is in compliance.

HCSA rescinded the request to present proposal to CE. Was raised as an urgent item on 10/10 because some HRC funders, ILC, others, develop forms and tools. Scheduled for Work Group on 11/21 to discuss and present any further action.

SCC requested review of Boomerang RRH standards when they originally came up with SC HCRS, and SC HCRS requested review of Boomerang RRH standards when they originally came up with SC HCRS. This issue came up again at 11/14/18. SCC supported recommendation with amendments and forwarded recommendation to HUD CoC. CESH administrative entity requested that the CE Self Assessment Protocol be developed by SC.

Rec approved by SCC and sent to HUD CoC. Will go to Leadership Board in January/February meetings

**EOH Charter.**

Proposal to request that CE Compliance Review to be developed by SC

HCRS.

Board meeting date.

**Recommendations**

**High Impact Strategies**

Evaluation or decision-making tool for understanding the impact of new system policies and procedures on financial outcomes, etc.

**AMA**

Assessment and referral process, prohibiting denial of assessment unless necessary for eligibility per program regulation, informing of rights and responsibilities of clients, determining whether a referral is needed before assessment, etc.

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