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- The City of Oakland funded Aspire Consulting to conduct and author the Provider Process Evaluation of Coordinated Entry.

Introduction and Highlights

The Oakland, Berkeley, Alameda County Continuum of Care fully launched its coordinated entry system in January 2018, implementing a standardized process that begins with access through 211 and street outreach; regional Housing Resource Centers (HRC) that administer screening, housing problem solving, and assessment; and continues with prioritization, matching and referral to regional resources such as rapid re-housing, housing navigation, transitional housing and emergency shelter at the HRC and prioritization, matching, and referral to system-wide resources such as permanent supportive housing at Home Stretch.

This document completes the first annual evaluation of the coordinated entry system in the Oakland, Berkeley, and Alameda County Continuum of Care in fulfillment of the requirements laid out in the Coordinated Entry Management and Data Guide published by HUD in October 2018. System Coordination Committee directed EveryOne Home to complete the evaluation in coordination with the Results Based Accountability Committee, but with no dedicated resources. Given the resource intensive requirement to collect and analyze input from coordinated entry providers and participants, System Coordination Committee and the CoC Board should dedicate resources to the annual evaluation of coordinated entry.

The evaluation includes four parts:

- The Summary of Key Themes from the Participant Focus Groups draws upon qualitative data collected through two focus groups and a set of interviews about the coordinated entry process.
with coordinated entry system participants. These opportunities for participant feedback took place October 23, 2019 in Berkeley, October 24, 2019 in Fremont, and October 25, 2019 in Oakland. In all, 25 people participated. 82% of participants were African American or Black, and 18% were white.

- A summary of key themes from the **Providers Process Evaluation of Coordinated Entry** reflects a large and small group discussion by coordinated entry service providers and funders of the coordinated entry process. This opportunity for provider feedback took place on October 15, 2019 at Oakland City Hall.

- An analysis of administrative data from HMIS and the By Name List Report provides insight into how the prioritization tool is working, including discussion of demographics, subpopulations, and matching. **The Prioritization Analysis** looks all households assessed from the launch on October 20, 2017 through June 30, 2019.

- The **Coordinated Entry Self-Assessment** is a standard form provided by HUD. A working group of the System Coordination Committee completed the self-assessment and presented it to System Coordination Committee for discussion. It was finalized by the System Coordination Committee in June 2019.

Together, the four parts of the evaluation illuminate where the coordinated entry system is working well and where it warrants improvement, as well as enhancements to be developed.

Areas of coordinated entry that are working well and should be expanded upon:

- With only a few exceptions, the Participant Focus Groups emphasized that staff are respectful, helpful, and trustworthy in the services they provide to people experiencing homelessness.

- The Providers Process Evaluation of Coordinated Entry highlighted the need to continue extensive investments in problem solving, flexible funds for homelessness and prevention, housing navigation, and tenancy sustaining resources.

- The Prioritization Analysis shows that the prioritization framework is working well to identify the most vulnerable households across household compositions, veterans, transition aged youth, seniors, race, and ethnicity.

- The Coordinated Entry System Self-Assessment showed many areas of growth and improvement in the past year, including increased language access, walk in hours and direct telephone access to housing resource centers, and more unified policies for rapid re-housing programs.

Improving coordinated entry involves:

- Cultivating trustworthy and knowledgeable front-line staff who can accompany a homeless household through the process is a significant need identified in the Participant Focus Groups.
This involves developing consistent messaging to be used across all providers, as well as enhancing training opportunities, expanding HMIS access and adoption, setting realistic caseloads and retaining staff to do this critical work.

- Assisting all people who are experiencing homelessness, not just the highest need households, was a primary theme from the Providers Process Evaluation of Coordinated Entry, including increasing staff capacity both in terms of training and caseload to support problem solving conversations. The Providers Process Evaluation of Coordinated Entry also raised the need to provide participants with inventory-based, real time information about their prioritization score, likelihood of being matched and referred to resources, as well as the crisis resources available at the time.

- Maintaining a by name list that is up to date with active households and ensuring that PSH and RRH resources are being matched and referred through a consistent coordinated entry process were two of the most important challenges raised in the Prioritization Analysis.

- Improving coordination with the domestic violence services system; developing HMIS to track inventory, matching and referrals; integrating prevention resources are key areas that the Coordinated Entry System Self-Assessment identified for improvement.

What needs to be developed:

- More deeply affordable housing. This was the resounding message communicated by the Participant Focus Groups. Without adequate permanent housing resources, coordinated entry does not make sense and cannot end homelessness.

- A coordinated entry management entity to address operational needs such as:
  - Improving coordination and consistent communication within the homeless crisis response system and to participants as detailed in the Providers Process Evaluation of Coordinated Entry and Participant Focus Groups.
  - Developing grievance policies and procedures, notifying coordinated entry participants of their ability to file a nondiscrimination complaint, creating an ombudsman role as was discussed in the CE Self-Assessment and the Participant Focus Groups.
  - Standardizing access, assessment, matching processes as discussed in the CE Self-Assessment and Providers Process Evaluation of Coordinated Entry.

- Homelessness prevention resources that are closely targeted to the people most likely to become homelessness was a priority from the CE Self-Assessment.
Key Themes from Participant Focus Groups and Interviews

To obtain feedback on the coordinated entry process, EveryOne Home worked with the three coordinated entry zone coordinators: City of Berkeley, City of Oakland, and Abode Services. Three opportunities for participant feedback took place in October 2019. A focus group in Berkeley brought together 5 homeless or formerly homeless participants in coordinated entry. Three of the five participants were African American or Black, and two were white. In Oakland, 18 currently or formerly homeless persons gathered for a focus group. Seventeen of the 18 participants were African American or Black, and one was white. In Berkeley and Oakland, Bay Area Community Services provided lunch and compensated participants with gift cards.

The service context in Fremont—a church where Abode’s mobile crisis van offers services and volunteers provide a warm meal—was less conducive to a formal focus group. Instead EveryOne Home staff conducted short interviews with 5 currently homeless persons. Two of the interviewees were African American or Black, and three were white.

The focus group and interviews explored the coordinated entry process—access, screening, assessment, prioritization, matching, and referral—with the aim of answering three central questions:

- What aspects of coordinated entry are working well?
- What aspects of coordinated entry aren’t working well?
- What is not currently part of coordinated entry and should be developed?

The following summary themes emerged across the three feedback opportunities.

Coordinated Entry Process

The term, “coordinated entry” resonated for only a handful of participants as the name for the process of housing crisis response system access, screening, assessment, prioritization, matching and referral. More often participants described their experience of the coordinated entry process in terms of their relationship with the service provider and staff person(s) they work with most closely.

211 and street outreach were the most common ways participants reported accessing coordinated entry. Most participants reported having been assessed, although the assessment itself did not stand out. Participants remembered, “a series of questions, nothing out of the ordinary,” “a lot of questions,” and “filling out a lot of paper for a job and housing.”
Several participants expressed support for the values articulated in prioritization: “I agree with the idea of putting knowledge to work to help the most vulnerable,” “I appreciate the thoroughness, [the staff was] very courteous. Gave me a lot of hope that I was going to get housed.” Another participant offered that, “the assessment could be longer and more comprehensive to understand the people” and their needs.

Others struggled to reconcile the day to day hardships of homelessness with the slow pace and limited resources available through coordinated entry. “Homelessness,” reported a mother living in a car with her adult son, “it’s like working all day long,” to meet basic needs, attend appointments, and obtain paperwork. And for this household, coordinated entry offers no end in sight: “I don’t know what number we are, but by the time they get to us, it will be years from now. I don’t get it, I don’t understand.” This conversation distilled the hopelessness of needing help from a system that has insufficient resources.

Many participants described themselves and coordinated entry staff people as confronting a common problem: “Everyone we work with has been really awesome. It is more of an infrastructure thing. If there’s no infrastructure [of housing] then there’s not much they [the staff] can do.” And, “I’ve seen the politics behind gentrification and when people analyze it, there’s not much [the staff] can do about it.” Despite all the new construction in Alameda County, “it’s all condos and luxury that we can’t afford.” In sum: “the main issue is that we don’t have enough housing that is affordable,” and more specifically, that there is not enough housing that is deeply affordable.

The lack of affordability narrowly circumscribes the housing options available to people experiencing homelessness. Three interviewees described growing up in Fremont and wanting to continue living there, but not being able to afford housing in market where “low income is not even really low income.” Two of these households were resolved to remain homeless until they could find housing in the Fremont area. The third household was living in a car and working in Fremont but expressed resignation: “[the] car is not going to last. We will have to leave.” Similarly, in Oakland and Berkeley participants described being unable to afford the rent after the death of a relative or the onset of a serious health problem. Once homeless, participants described being referred to housing situations that they felt were unsustainable in the long term, undesirable, or, in a few instances, unsafe. Several people described feeling pressured to sign a lease despite knowing that they could not pay the rent without the temporary rapid re-housing subsidy. Others described shared housing situations that ranged from the challenges of living with roommates, “he’s a slob,” to renting rooms without doors or
locks, “I left out of there because we couldn’t put locks on the door. The first night I stayed there I had a man coming in to stand over me.” Threading through these stories is a sense of unfairness that in the current housing market, being housed means being displaced from the places where participants grew up or raised their families. For many, being housed also means having roommates into old age. And in some cases, participants described being presented with living situations that were not habitable or safe.

Sometimes participants expressed the feeling of unfairness through rumors of undeserving people who have been matched and referred to resources through coordinated entry. “I’ve heard so many stories,” one participant shared, “of people going in and out because they don’t want housing.” Others had heard from friends about resources going to undocumented immigrants or being spent on drugs and alcohol. The false rivalry described in these narratives, marked by conjecture, conveys the scarcity of help for people experiencing homelessness.

In the context of an unaffordable housing market and a homeless system with very few resources, the coordinated entry process—access, assessment, prioritization, matching and referral—is not particularly salient for the cross section of people experiencing homelessness who participated in these three feedback opportunities. Instead, the coordinated entry process became meaningful to participants through their relationships with organizations and people.

“Someone needs to take a personal interest.”

Across all the conversations, participants emphasized self-motivation: “Valuing yourself is bigger than what the housing counselor can do. You have to want it for yourself and be willing to take the steps to get it.” And, “you got to want to ask for help before they can help you. At the same time, participants pointed out that individual drive and perseverance is not enough. Equally important are trusting and cooperative relationships with staff, which participants cited as making the difference not only in their experience of homelessness but also their experience of themselves. One participant described:

Sometimes you do every step and it still doesn’t work. For me, I did everything I was supposed to do but it didn’t work. And then I met [my housing coordinator] and she did all the steps of the program. She’s efficient. She tells you what you need. She makes copies. She talks to the landlord, lets you know what the expectations are, everything rolls as it should.

Another recounted:

I was a mess. I was at my lowest. And when I say my lowest, I mean lowest. Those two [staff people] gave me hope. They tell me things to lift me up and bring me up. When I got to them,
everything turned around. Some people think [a service provider] will do everything for you. I beat the streets along with [them]. The trash is gone, and they left the roses. They gave me, me back.

Both participants highlight that their own initiative was ultimately successful when matched with a consistent, compassionate, and trustworthy staff person. These perspectives encapsulate a theme that resonated across all the focus groups and interviews: caring relationships between participants and compassionate staff members are critical. Connection between people grows hope, motivates, cheers, and restores a sense of humanity. A participant expressed the power of mutual connection simply and profoundly: “I realized she gave me the opportunity to value myself.” With this insight, participants make clear that assessment and prioritization, while important, are not an end in themselves. Instead, connection, mutuality, and problem solving are the substance.

Participant Recommendations for Supporting People Experiencing Homelessness

Participants offered a clear set of recommendations for how coordinated entry service providers can partner most supportively and effectively with people experiencing homelessness:

- **Deeply Affordable Housing is Urgently Needed**: In every conversation, participants assert the need for permanent housing that is affordable to people with Extremely Low Incomes (0-30% of AMI).

- **Increase Privacy**: The assessment collects personal information such as social security numbers and self-reported health conditions. Assessors must take steps to ensure the assessment interaction is private in order to build trusting relationships and safeguard participants information.

- **Improve the Coordination of Information**: As one participant stated, “I’m not sure if coordinated entry is a city or county or nonprofit, but if the purpose is that everyone has a shared system or database, then it’s not working.” Participants reported processes and expectations are described differently across organizations and people; telling their story multiple times or spending a lot of time obtaining and transporting documents between agencies and service providers; lost assessments that require multiple re-telling of a person’s story; and misplaced documents.

- **Knowledgeable of Programs, Processes, and Standards**: Participants rely on staff to communicate complete and accurate information about available programs, the steps that are required, and the specific forms of documentation that are needed.
• **Create Participant-Focused Materials:** from websites targeted to homeless people to checklists of required documents and step by step guidelines of processes, many participants want written documentation that would support direct communication between providers and participants. While these documents may not be useful for all participants, others were decisive that clear, consistent participant centered documents would ensure that “everyone [is] on the same page.”

• **Make the Homeless System Easier to Navigate for People with Disabilities:** “People who are disabled have the most difficult time. It’s ass backwards.” In each conversation, participants drew attention to the ways in which disabilities compound the communication, transportation, and information challenges of coordinated entry specifically and homelessness more generally.

• **Communicate the Grievance Process, Develop a “Negotiator” Role:** When participants experienced problems with coordinated entry, their recourse was often unclear: “I don’t know who to call if I have a problem, should be info on grievance, [like] call here if you’re having a housing problem, call this person.” Communicating the grievance process is an important starting place. As well, in cases of conflicts between participants and providers, homeless people describe a need for an impartial mediator or “negotiator, someone that can step outside the urgency [of the situation]” to find fair resolution.
Key Themes from Providers Process Evaluation of Coordinated Entry

These summary themes emerged from the meeting with providers on September 3, 2019 to evaluate the processes of Coordinated Entry focusing on three questions:

- What aspects of coordinated entry are working well and can be expanded upon?
- What parts of coordinated entry aren’t working well and can be changed?
- What is not currently part of coordinated entry and should be developed?

Assist the Whole Spectrum of People with A Housing Crisis

People with the highest needs are being assisted in exemplary, unprecedented ways in the housing crisis response system from emergency shelters to permanent supportive housing with tenancy supports, and we also need to attend better to all the other people (with less severe needs) with a housing crisis.

Provide Inventory-Based, Real-Time Answers at the First Contact

More real-time information is needed to honestly inform people at the time of access whether they are high priority and likely to get a resource in the very near term (60-90 days) or whether housing problem-solving and other resources are more appropriate and available. In addition, more resources are needed at first contact, especially for those not likely to be matched to a housing resource which could include greater use of problem solving, access to existing resources possibly without assessment (e.g. flex funds), and connection to mainstream resources. These would respond more humanely to people in crisis, mitigate gaps of time and losing people in current processes, and create accurate expectations and messaging for participants.

Launch Coordinated Entry 2.0

The Coordinated Entry System and its providers are ready for its next iteration that deprioritizes assessment, is more phased, amplifies problem solving, wisely embraces efficient case conferencing and collaboration, and is supported by HMIS and other technology. Essential features would be:

- A focus on meaningful and helpful conversation, not a wait list
- Access by survivors of domestic violence, sexual assault or trafficking
- Revisiting participant choice and “best match” to a resource
- Serving more people with problem solving and tracking the outcomes of that service
- Moving away from assessing everyone, possibly with a phased assessment and brief triage
- Real-time prioritization results linked to projected available inventory in 60-90 days
• Pool or other method of prioritized people for matching to housing resources that accounts for participants we are unable to contact and other appropriate factors
• Rapid Rehousing
• Grievance process and procedures.

Continue Extensive Investment with Simplified Reimbursement
The investments in housing problem solving, flex funds for homelessness and prevention, housing navigators, and tenancy sustaining services have served very well the housing crisis response system and people with a housing crisis. Continued investment should occur in tandem with a significant overhaul to simplify burdensome paperwork, billing, and invoicing.

Make HMIS Support Coordinated Entry and Provide Data
Continued, significant work is needed in HMIS to:
• Use it to better match people to available housing resources
• Capture problem solving activities and results
• Produce even basic reports about Coordinated Entry and persons served, problem solving efficacy, timeliness outcomes, and racial and economic equity indicators, and
• Reduce and eliminate workarounds in HMIS and with parallel data management.

Use Data to Understand Outcomes and Adjust CE Accordingly
There is a significant desire to use performance data to improve Coordinated Entry to improve the person experience, system design and policy, such as to reduce the time between key activities (first contact to problem solving, housing navigation enrollment to permanent housing), assure no side doors to resources, improve flow through housing navigation, and mitigate existing problem areas (people being matched to permanent supportive housing don’t have housing navigators/Housing Navigation case load has lower need people who don’t have access to a housing resource and the expectation of one).

Manage the System
Regional communication and collaboration has flourished among providers and even with other local departments like police and public works. The system of care for people with a housing crisis has advanced and some pieces are working very well since the launch of Coordinated Entry. Still, a Coordinated Entry
A management entity is needed to manage the whole of the system and is a critical role to continuing advancement of the system in sophisticated ways. Other functions noted to complement the previously approved CE Management Functions and/or as imperative are:

- Increased integration with homelessness prevention
- Create connections to other systems, specifically other city-funded housing programs, behavioral health for substance use and mental health treatment, and Medi-Cal in other counties for more standardized ways to transfer Medi-Cal across county and possibly an associated MOU
- Provide coordination and consistent communication
- Assure appropriate level of documentation at the appropriate and respective points
- Funding the system with the most flexible funds
- Revamping the invoicing processes at every level to be less burdensome
- Consider investments and a campaign that could lead to functional zero with specific populations like families.

Support Staff Development Via Training

More training is needed for front line staff. Webinar trainings have been a helpful way of providing trainings recently. To be most beneficial to providers, trainings need to be available more readily or on demand to support onboarding new staff and retraining; webinar-based, on-line, or other virtual trainings that don’t require staff to travel are useful. Specific desired trainings include:

- Staff training about available resources and how to access them, particularly those outside the homeless system such as mainstream services and
- Domestic violence training to front line staff.
Prioritization Analysis: October 2017 through June 30, 2019

Alameda County’s housing crisis response system implemented a standard assessment process in October 2017. Since then, 8,548 households have been assessed. Once assessments are entered into the Homelessness Management Information System (HMIS), a weighted scoring framework prioritizes the highest need households for housing and support resources by quantifying housing barriers, household characteristics, history and length of homelessness, risk factors, and health vulnerabilities. The prioritized list is called the By-Name List (BNL).

Housing Status

Households on the BNL can have the status of active, inactive, or housed. Households marked “housed” have ended their homelessness by moving into permanent housing. Permanent housing includes subsidized or unsubsidized rentals, permanent supportive housing, family or friends. Households in rapid re-housing programs remain active on the by name list in order to retain eligibility for permanent supportive housing. Housing status becomes “inactive” when a household cannot be located or has not engaged with the housing crisis response system for six months or longer. Households can become active again by renewing contact with a coordinated entry access point.

For the time being, housing status must be manually changed on the household’s assessment. That this process is unconnected to other HMIS processes, like housing move in date, may inhibit the use of that field. For instance, the number of assessments marked “housed” is much lower than would be expected or can be corroborated: at the end of June 2019, 364 households had “housed” status on their assessment. As a counterpoint, the HUD system performance measure that tracks successful placement in permanent housing shows 1,214 persons obtained permanent housing between July 1, 2018 and June 30, 2019. On one hand, the system is struggling to manage the by name list to the extent that successes like moves into permanent housing are not being recorded. The reconfiguration of coordinated entry in Clarity presents an opportunity to structure the workflow so that changes in housing status are more integrated, and even automatic.

Similarly, only 252 households have been marked “inactive” on the BNL. The staff who do matching at the HRCs reported reluctance to make households inactive on the BNL because the HMIS cannot substantiate the change in status by tracking failed outreach attempts, the presence or absence of 211 calls, or contact with Housing Resource Centers. Matchers reported erring on the side of keeping a household active because inactive status will mean that the household comes off the BNL and is not matched to resources until they re-engage. While all the Matchers want a list that is fresh, making a specific household inactive without documentation feels like foreclosing the possibility of permanent housing. This sensibility translates into a
prioritized list in which the majority of assessments are outdated: 8% (641/7,909) of active households on the by name list have assessments dated in 2017. Another 48% (3,759/7,909) of active households have assessments dated in 2018. Only 44% (3,509/7,909) of households have assessments that took place between January 1, 2019 through June 30, 2019. Retaining outdated assessments is a practice rooted in the belief that assessment is the avenue to ending homelessness.

The By Name List: Demographics
As of June 30, 2019, there are 7,909 active households on the BNL. Active households on the by name list have the following characteristics:

- 70% of households are composed of a single adult
- 16% of households have minor children
- 45% of households are headed by women and 54% are headed by men. Less than .5% of households are headed by someone who identifies as gender nonconforming or transgender.
- 58% of households identify as African American or Black, 26% as White, 7% as Multiple Races, 3% as American Indian or Alaska Native, 2% as Asian, 1% as Native Hawaiian or Other Pacific Islander, and 3% refused to identify their race.
- 15% of households describe themselves as Hispanic or Latinx

Prioritization
The distribution of active households by prioritization score is nearly normal. Scores range from 3 at the lowest vulnerability, to 195 at the highest vulnerability. The average score is 98 and the median score is 96. There are no outliers. As a whole, the distribution shows that the assessment tool is sensitive to variations in vulnerability within the population and is working well to elevate highly vulnerable households.
Subpopulations

**Chronic Homelessness**

3,780 assessed households fit the criteria of chronic homelessness, making up 47% of assessed households. These households tend to score higher than non-chronically homeless households, with an average score of 120 and median score of 120. Chronically homeless households make up most of the highest scoring households: 84% of households in the top half of scores are chronically homeless, and 89% of households in the top quarter of scores are chronically homeless.

Although chronically homeless households tend to be more vulnerable, the prioritization tool does not equate chronic homelessness with high vulnerability. Highly vulnerable households that do not fit the HUD definition of chronic homelessness can and do obtain high scores. In the graph to the right, orange represents chronically homeless households within the total distribution of all active prioritized households.

**Households with Minor Children**

As of June 30, 2019, 1,247 active households with minor children appear on the by name list, making up 16% of the total households. The distribution of scores is nearly normal, with a scores ranging from 3 to 195. The average score is 93 and the median score is 93, an increase from 91 and 90 the previous quarter. In general, households with minor children score as slightly less vulnerable than households with adults only. Forty-six percent of households with minor children are in the top half of all scores, and the average and median scores for adult-only households is 99 compared with 93 for households with minor children. Yet
some of the highest scoring households on the BNL have minor children. In the graph, the orange color represents the distribution of households with minor children within the distribution of all active prioritized households.

**Transition Aged Youth Headed Households**
Five hundred sixteen (516) of the active households are headed by Transition Aged Youth aged 18-24 years, making up 7% of active households on the BNL. Prioritization scores for this subpopulation range from 18 to 183 with an average and median score of 96. One hundred thirty-one (131) TAY heads of households are parenting minor children. Scores among parenting TAY headed households range from 36-174, with an
average score of 97 and a median score of 96. In the graph, the orange color represents TAY headed households within the distribution of all active prioritized households.

Veteran Households
A total of 707 active households are headed by veterans, making up 9% of all households on the BNL. Forty-four of those households include minor children. The distribution of veteran households is concentrated at the lower end of the distribution, with a long narrow tail of households with higher vulnerability to the right. 32% of veteran households score in the top 50% of all scores. Measures of center are lower among veterans than the prioritized population generally: the average score for a veteran is 79 and the median is 75 compared with 100 and 99, respectively, for non-veteran households. This may be the result of several years of targeted work on the veteran by name list by Operation Vets Home as well as the abundance of dedicated resources for veteran households. In the graph, the orange color represents veteran headed households within the distribution of all active households.

Seniors (aged 50+)
Forty-five percent all the active households on the by name list are headed by a person aged 50 or older, a total of 3,544 households. There are 690 active head of households aged 65 and older; 97 active head of households aged 75 and older. Scores range from 6 at the lowest vulnerability to 192 at highest vulnerability, with an average score of 100 and a median score of 99. Seniors tend to score slightly higher than prioritized households generally; 56% of senior headed households scored in the top half of all households. In the graph, senior headed households are shaded orange to show their distribution among all active households.
Racial and Ethnic Disparities

The assessed population shows similar racial disparity in the homeless population as in the homeless population: 58% of households identify as African American or Black, as compared with 47% of the Point In Time Count, and 11% of Alameda County’s general population. The BNL has a higher representation of households identifying as African American or Black, which could be descriptive of the homeless population, but may also reflect the way in which assessment has been implemented. Specifically, assessment is distributed across many nonprofit organizations in Oakland, where the Point in Time Count found 70% of the homeless population identifies as African American or Black. Fifteen percent of households identified as Hispanic or Latinx on the assessment, compared with 17% at the Point in Time Count. Again, it is useful to ask whether these data describe the homeless population, or the way in which assessment has been implemented.

Generally, the prioritization tool is working consistently across racial and ethnic groups to prioritize those with the highest need. The tool is designed to show similar patterns of vulnerability across racial and ethnic groups, and this pattern is shown in the distribution of scores by race and ethnicity, with very few households showing the highest degree of vulnerability, many households in a middle-range of vulnerability, tapering off to a very few households with the lowest degree of vulnerability.
The summary table below shows some variations, particularly when comparing measures of center such as the average and median. For example, Multi-Racial, White, and Native American households have the highest average and median scores, while Native Hawaiian/Pacific Islander and Asian households have the lowest average and median scores. In the middle, African American/Black households have average and median scores of 97 and 96, and Hispanic households have average and median scores of 98 and 99. In some cases the small sample size means the results may not be representative. For instance, on a list of nearly 8,000 households, only 112 households identify as Native Hawaiian/Pacific Islander and 194 as Asian.

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<th>AA/Black</th>
<th>Asian</th>
<th>Hawaiian/PI</th>
<th>Native American</th>
<th>Multi-Racial</th>
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<td>12</td>
<td>6%</td>
<td>4</td>
</tr>
<tr>
<td>51-60</td>
<td>80</td>
<td>7%</td>
<td>353</td>
<td>8%</td>
<td>15</td>
<td>8%</td>
<td>13</td>
</tr>
<tr>
<td>61-70</td>
<td>83</td>
<td>7%</td>
<td>340</td>
<td>7%</td>
<td>18</td>
<td>9%</td>
<td>15</td>
</tr>
<tr>
<td>71-80</td>
<td>88</td>
<td>8%</td>
<td>419</td>
<td>9%</td>
<td>17</td>
<td>9%</td>
<td>11</td>
</tr>
<tr>
<td>81-90</td>
<td>147</td>
<td>13%</td>
<td>569</td>
<td>12%</td>
<td>27</td>
<td>14%</td>
<td>11</td>
</tr>
<tr>
<td>91-100</td>
<td>142</td>
<td>12%</td>
<td>479</td>
<td>10%</td>
<td>21</td>
<td>11%</td>
<td>8</td>
</tr>
<tr>
<td>101-110</td>
<td>118</td>
<td>10%</td>
<td>446</td>
<td>10%</td>
<td>16</td>
<td>8%</td>
<td>10</td>
</tr>
<tr>
<td>111-120</td>
<td>139</td>
<td>12%</td>
<td>506</td>
<td>11%</td>
<td>19</td>
<td>10%</td>
<td>10</td>
</tr>
<tr>
<td>121-130</td>
<td>81</td>
<td>7%</td>
<td>331</td>
<td>7%</td>
<td>17</td>
<td>9%</td>
<td>8</td>
</tr>
<tr>
<td>131-140</td>
<td>70</td>
<td>6%</td>
<td>272</td>
<td>6%</td>
<td>8</td>
<td>4%</td>
<td>7</td>
</tr>
<tr>
<td>141-150</td>
<td>70</td>
<td>6%</td>
<td>284</td>
<td>6%</td>
<td>5</td>
<td>3%</td>
<td>3</td>
</tr>
<tr>
<td>151-160</td>
<td>31</td>
<td>3%</td>
<td>123</td>
<td>3%</td>
<td>5</td>
<td>3%</td>
<td>3</td>
</tr>
<tr>
<td>161-170</td>
<td>15</td>
<td>1%</td>
<td>80</td>
<td>2%</td>
<td>5</td>
<td>3%</td>
<td>1</td>
</tr>
<tr>
<td>171-180</td>
<td>7</td>
<td>1%</td>
<td>32</td>
<td>1%</td>
<td>0</td>
<td>0%</td>
<td>2</td>
</tr>
<tr>
<td>181-190</td>
<td>2</td>
<td>0%</td>
<td>2</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>191-200</td>
<td>1</td>
<td>0%</td>
<td>1</td>
<td>0%</td>
<td>1</td>
<td>1%</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>1153</td>
<td></td>
<td>4585</td>
<td></td>
<td>194</td>
<td></td>
<td>112</td>
</tr>
<tr>
<td>Average</td>
<td>98</td>
<td></td>
<td>97</td>
<td></td>
<td>93</td>
<td></td>
<td>91</td>
</tr>
<tr>
<td>Median</td>
<td>99</td>
<td></td>
<td>96</td>
<td></td>
<td>91.5</td>
<td></td>
<td>88.5</td>
</tr>
</tbody>
</table>
The current coordinated entry configuration makes it challenging to explore patterns of racial or ethnic disparity in assessment responses. And, because understanding racial and ethnic disparities and striving toward equity is a system value, the coordinated entry restructure in HMIS presents an opportunity to develop a structure and reporting capabilities that are conducive to analyzing outcomes by race and ethnicity.

Regional Distribution
Assessment, case conferencing, and matching to shelter, transitional housing, and rapid re-housing have been taking place for adult only households (Adults) and households with minor children (Families) across five geographical regions: East County (Dublin, Pleasanton, and Livermore), Mid-County (City of Alameda, San Leandro, Hayward, and unincorporated areas Ashland, San Lorenzo, Castro Valley), North County Adults (Albany, Berkeley, Emeryville), North County Families (Albany, Berkeley, Emeryville, Oakland), Oakland Adults, and South County (Fremont, Newark, Union City) as shown below:

<table>
<thead>
<tr>
<th>Resource Zone Assignments</th>
<th>Households Prioritized</th>
<th>% of Total</th>
<th>Lowest Score</th>
<th>Highest Score</th>
<th>Average Score</th>
<th>Median Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>East County Adults</td>
<td>223</td>
<td>3%</td>
<td>12</td>
<td>183</td>
<td>97</td>
<td>96</td>
</tr>
<tr>
<td>East County Families</td>
<td>47</td>
<td>1%</td>
<td>33</td>
<td>144</td>
<td>89</td>
<td>93</td>
</tr>
<tr>
<td>Mid-County Adults</td>
<td>895</td>
<td>11%</td>
<td>6</td>
<td>189</td>
<td>94</td>
<td>93</td>
</tr>
<tr>
<td>Mid-County Families</td>
<td>253</td>
<td>3%</td>
<td>3</td>
<td>177</td>
<td>85</td>
<td>81</td>
</tr>
<tr>
<td>North County Adults</td>
<td>1353</td>
<td>17%</td>
<td>9</td>
<td>183</td>
<td>102</td>
<td>102</td>
</tr>
<tr>
<td>North County Families</td>
<td>522</td>
<td>7%</td>
<td>18</td>
<td>195</td>
<td>91</td>
<td>90</td>
</tr>
<tr>
<td>Oakland Adults</td>
<td>4049</td>
<td>51%</td>
<td>9</td>
<td>192</td>
<td>100</td>
<td>99</td>
</tr>
<tr>
<td>South County Adults</td>
<td>427</td>
<td>5%</td>
<td>12</td>
<td>168</td>
<td>96</td>
<td>96</td>
</tr>
<tr>
<td>South County Families</td>
<td>124</td>
<td>2%</td>
<td>9</td>
<td>156</td>
<td>88</td>
<td>87</td>
</tr>
</tbody>
</table>

The table above shows some regional differences in scoring and rates of assessment. However, the meaning of this variation is lost at least in part because of geographically inconsistent assessment and case conferencing practices, where the by name list is managed in real time in conversation with service providers.

For example, households with minor children in the North County have an average score of 91 and median of 90, while families in Mid-County have an average score of 85 and median score of 81. How can we explain this variation? Does it describe regional differences in the vulnerability of households experiencing homelessness? Or, regional differences in assessment practices? Or, something else entirely?
It is also notable that families with minor children comprise such a large proportion of households. Looking at the households served in a comparable group of projects in HMIS shows 6% have minor children, while the
BNL shows 17% of households assessed in East County have minor children, 22% in Mid-County, 23% in South County, and 9% in Oakland/North County. Again, without consistency in the implementation of coordinated entry, it is impossible to know if these numbers describe differences in the homeless population, differences in rates or modes of assessment, or other differences all together.

Matching
Matching and referral describe the way households are connected to housing and services according to vulnerability score and the eligibility criteria of the resource. As mentioned earlier, coordinated entry is not fully integrated into the HMIS, but matching is not captured in a standard electronic form at all. As a result, it is difficult to know very much about housing and services matches, refusal and acceptance rates, or client outcomes such as permanent housing exits or returns to homelessness.

As a system, the continuum of care seeks to use coordinated entry to fill all vacancies in permanent supportive housing by prioritizing the highest need people to this, the most intensive of available interventions. Currently Permanent Supportive Housing (PSH) is matched by Home Stretch at the system level, rather than regionally, with the goal of housing the most vulnerable on the by name list. What follows is a preliminary attempt to understand matching to permanent supportive housing by cross referencing permanent supportive housing enrollments beginning September 1, 2018, when Home Stretch retired their previous prioritization list and began using the BNL, through June 30, 2019.

<table>
<thead>
<tr>
<th>Prioritization</th>
<th>Count</th>
<th>% of all move ins</th>
<th>% of scored move ins</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Quartile/bottom 25%</td>
<td>9</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>2nd Quartile/26-50%</td>
<td>19</td>
<td>9%</td>
<td>13%</td>
</tr>
<tr>
<td>3rd Quartile/51-75%</td>
<td>21</td>
<td>10%</td>
<td>15%</td>
</tr>
<tr>
<td>4th Quartile/Top 25%</td>
<td>93</td>
<td>44%</td>
<td>65%</td>
</tr>
<tr>
<td>No Score</td>
<td>71</td>
<td>33%</td>
<td>n/a</td>
</tr>
<tr>
<td>Total</td>
<td>213</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

After cleaning the HMIS data, it appears that 213 households were newly enrolled into PSH projects during the time period. Many of those households are very vulnerable, with 44% of all move ins prioritized to the highest quarter of scores. However, a significant number were less vulnerable with 10% in the upper middle range, and 13% in the bottom half of vulnerability scores. Additionally, 71 move ins (33%) had no coordinated entry assessment prior to project enrollment.
In discussion with the matchers and Home Stretch, there emerged some reasons that households with low or no score may have moved into PSH:

- PSH units and/or services are CoC funded, and therefore should be filled through coordinated entry, but Home Stretch was not notified of the vacancy.
- Sites with existing wait lists are exhausting those before filling vacancies through coordinated entry.
- The PSH match and referral took place through Home Stretch before September 1, 2018 but the enrollment was recorded at move in, which was after September 1, 2018.
- Referral process through coordinated entry and Home Stretch was too long and the site filled their vacancy on their own.
- Eligibility criteria including but not limited to HIV status, shared housing stock, age, or domestic violence, forced Home Stretch to look further down on the prioritized list for an eligible household.
- The highest need households are not always document ready, which leads to enrolling lower priority households in PSH.
- Some PSH are not filled through coordinated entry but through a related system of care, such as those serving the re-entry population and Veteran Affairs Supportive Housing.

Clearly when HMIS is restructured to better support coordinated entry, more will be known with greater certainty about matching and referral across all types of resources. Until then, this glimpse into PSH matching suggests that much can be done outside of assessment to better coordinate with housing partners and with homeless households in order to realize the system’s value of prioritizing the highest need households gain access to PSH.
# Coordinated Entry Process Self-Assessment

## Contents
- A. Planning
- B. Access
- C. Assessment
- D. Prioritization
- E. Referral
- F. Data Management
- G. Evaluation

## Coordinated Entry Process Self-Assessment (Ver. 1.1)

### Version 1.1

This document is Version 1.1 which replaces the original version dated on the HUD Exchange on January 23, 2017. The Version 1.1 reflects the following changes:

1. **Section A. Planning**. Item 81 has been updated to correct the data that CaCGRs are expected to achieve full compliance with latest requirements, including any new regulations or directives.

2. **Section B. Access**. Item 88 has been updated to correct earlier errors in citations. The privacy protections noted in the requirements are from HUD's Coordinated Entry Notice: Section II.B.12.f.

3. **Section C. Referral**. Item 82, in "Referrals to Participating Projects," has been moved from Required to Recommended. The CaCGRs Coordinated Entry policies and procedures used to prioritize homeless persons within the CaCGR geographic area for referral to housing and services must be made publicly available and must be applied.

## A. PLANNING

**Deadline for Compliance:**

- 1. CaCGR establishes or updates its coordinated entry process in full compliance with HUD requirements by January 23, 2017.


### Core Requirements since 2012.

- CaCGR coordinated entry process meets the requirements (below) established by the CoC Program.


1. **OES covers the entire geographic area claimed by the CaCGR.**

2. **OES is easily accessed by individuals and families seeking housing assistance.**

3. **OES is well-advertised.**

4. **OES includes a comprehensive and standardized assessment tool(s).**

5. **OES provides an initial, comprehensive assessment of individual housed and unsheltered individuals.**

6. **OES includes a specific policy to guide the operation of the centralized and coordinated assessment system to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are not seeking shelter services from non-victim-specific providers.**

7. **OES includes a specific policy to guide the operation of the centralized and coordinated assessment system to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are not seeking shelter services from non-victim-specific providers.**

### Core Requirements.

- CaCGR, in consultation with recipients of Emergency Solutions Grant program funds within the geographic area, has established and consistently follows written standards for providing Continuum of Care assistance which can guide the development of formalized policies and procedures for the...
• Written standards provide guidance for evaluating individuals and families’ eligibility for assistance under 24 CFR Part 576.

• Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive transitional housing assistance.

• Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance.

• Written standards provide guidance for determining the percentage amount of each program participant must pay while receiving rapid rehousing assistance.

• Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance.

9. Each ESG recipient operating within the CoC’s geographic area must work together to ensure the CoC’s coordinated entry process allows for coordinated screening, assessment, and referrals for ESG projects consistent with the written standards for administering ESG assistance.

Full Coverage

10. If multiple CoCs have joined together to use the same regional coordinated entry process, written policies and procedures describe the following:

• How the requirements of ensuring access, standardizing assessments, and implementing uniform referral processes occur in situations where the CoC’s geographic boundary and the geographic boundaries of the coordinated entry process are different.

Marketing

11. CoC affirmatively markets housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, handicap, or who are least likely to apply in the absence of such outreach.

Coordination

12. Coordinated entry written policies or procedures include strategies to ensure the coordinated entry process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, or marital status.

13. Coordinated entry written policies or procedures ensure all people in different populations and subpopulations in the CoC’s geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated entry process.

Non-discrimination

14. The CoC has developed and operated a coordinated entry that permits recipients of Federal or State funds to comply with applicable civil rights and fair housing laws and requirements. Recipients and sub-recipients of CoC’s programs and ESG Program funds and projects must comply with the non-discrimination and equal opportunity provisions of Federal civil rights laws, including the following:

• Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, handicap, 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.
### B. Access

**Click on the checkboxes to indicate that the item is fulfilled.**

**Please elaborate on the reasons for the indicated answer. How can we improve?**

#### Access Models.

1. CO offers the same assessment approach at all access points and all access points are usable by all people who may be experiencing homelessness or at risk of homelessness. If separate access points are used, initial screenings at each access point allow for immediate linkage to the appropriate subpopulation access point (i.e., unaccompanied youth who access CES at the access point defined for adults without children are immediately connected to the youth-specific access point).

   **Improvements in coordination around familiar, don't have any other subpopulation access points. Assessment approach is the same, strategy for access points may differ across regions.**

2. CO ensures that households who are included in more than one of the populations for which an access point is dedicated (e.g., serving an unaccompanied youth who is fleeing domestic violence) can be served at all of the access points for which they qualify as a target population.

3. CO provides the same assessment approach, including standardized decision-making, at all access points.

4. CO ensures 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.

5. CO's access point(s) must be easily accessed by individuals and families seeking homeless or homeless prevention services.

#### Emergency Services.

6. CO offers emergency services, including all domestic violence and emergency service programs, day centers, service programs, and emergency shelters, including domestic violence shelters and others that are open to all residents of the community.

   **Policy is that victims can decide which system they want to use. This is formalized in the access packet. Homeless program may have preferences that conflict, and we will work with DHV providers in coming years to address this (possible) issue.**

7. CO offers written OES policies and procedures documents or access to emergency services during hours that the coordinated entry intake and assessment process are not operating. CO offers written policies and procedures documents that OES participants are connected to, as necessary, to coordinated entry as soon as the intake and assessment process are operating.

**We're not doing this, need improvement. If done same prevention work, SOO passed a resolution to target prevention as close to the door of homelessness as possible.**

**Doing this in bits and pieces, each zone has different processes. Shelter standards are aligned to reinforce CES. We don't have it, need to improve.**

### Prevention Services.

**Doing this in bits and pieces, each zone has different processes. Shelter standards are aligned to reinforce CES. We don't have it, need to improve.**
<table>
<thead>
<tr>
<th>8. CoC’s written CE policy and procedure document a process for persons seeking access to homeless prevention services funded with ESG program funds through the coordinated entry process. If the CoC defines separate accrual points for homeless prevention services, written policy and procedure documents must describe the processes by which persons are prioritized for referrals to homeless prevention services. To the extent to which other (i.e., non ESG-funded) homeless prevention services participate in coordinated entry processes, the policy and procedure must also describe the process by which persons will be prioritized for referrals to those programs.</th>
<th>Not up to date and merits revisiting.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full Coverage.</strong></td>
<td></td>
</tr>
<tr>
<td>9. CoC’s accrual points cover and are accessible throughout the entirety of the geographic area of the</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>RBD Coordinated Entry Policy: Section 11.9.1</strong></td>
</tr>
<tr>
<td><strong>Marketing.</strong></td>
<td></td>
</tr>
<tr>
<td>10. CoC’s written coordinated entry policy and procedure document steps taken to ensure accrual points, if physical locations, are accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance.</td>
<td>Marketing flyer documents ADA locations, street outreach design is meant to make the system accessible to people who are least likely to access homeless assistance. Could do better with language access.</td>
</tr>
<tr>
<td></td>
<td><strong>RBD Coordinated Entry Policy: Section 11.9.1</strong></td>
</tr>
<tr>
<td>11. CE policy and procedure document steps taken to ensure effective communication with individuals with disabilities. Recipients of Federal funds and CoC must provide appropriate auxiliary aids and services necessary to ensure effective communication (e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters).</td>
<td>2-1-1 is the access point best resourced in this area, HRGr and outreach need additional support in this area.</td>
</tr>
<tr>
<td></td>
<td><strong>RBD Coordinated Entry Policy: Section 11.9.1.4</strong></td>
</tr>
<tr>
<td>12. Access point(s) take reasonable steps to offer CE process materials and participant instruction in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency.</td>
<td>Access packet is available in Spanish, language line is not standard. sillar language capacity. Marketing materials need to be translated. Need better documentation of how to access the system in various languages. We're getting close.</td>
</tr>
<tr>
<td></td>
<td><strong>RBD Coordinated Entry Policy: Section 11.9.3.3</strong></td>
</tr>
<tr>
<td><strong>Safety Planning.</strong></td>
<td></td>
</tr>
<tr>
<td>13. CoC has specific written CE policy and procedure to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. At a minimum, 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 hotline and shelters.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>RBD Coordinated Entry Policy: Section 11.9.11</strong></td>
</tr>
<tr>
<td><strong>Street Outreach.</strong></td>
<td></td>
</tr>
<tr>
<td>14. Street outreach efforts funded under ESG to the CoC program are linked to the coordinated entry process. Written policy of procedure describe the process by which all participating street outreach staff, regardless of funding source, ensure that persons encountered by street outreach workers are offered the same standardized process as persons who access coordinated entry through site-based access points.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>RBD Coordinated Entry Policy: Section 11.9.4</strong></td>
</tr>
<tr>
<td><strong>Accessibility.</strong></td>
<td></td>
</tr>
<tr>
<td>15. Access points, if physical locations, are sited in proximity to public transportation and other services to facilitate participant access. A CoC recipient of Federal funds may be required to offer an accommodation to the process, e.g., a different accrual point, or an in-person accommodation for a person with a disability. For example, a person with a mobility impairment may request an in-person accommodation in order to complete the coordinated entry process at a different location.</td>
<td></td>
</tr>
<tr>
<td>16. CoC accrual points provide connections to mainstream and community-based emergency assistance services such as supplemental food assistance programs and applications for income assistance.</td>
<td></td>
</tr>
<tr>
<td>C. ASSESSMENT</td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td><strong>Safety Planning.</strong></td>
<td></td>
</tr>
<tr>
<td>1. Information is secured and made available to participants in the case management process.</td>
<td></td>
</tr>
<tr>
<td>2. CoC monitoring units diagnose and address problem areas that prohibit the case management progress.</td>
<td></td>
</tr>
<tr>
<td>3. Enhanced PRS (Prevention and Relief Services) are developed and implemented within the CoC.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Prevention Services.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CoC members will identify and address problem areas that prohibit the case management progress.</td>
</tr>
<tr>
<td>2. Enhanced PRS (Prevention and Relief Services) are developed and implemented within the CoC.</td>
</tr>
<tr>
<td>3. Information is secured and made available to participants in the case management process.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Assessment Process.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CoC members will identify and address problem areas that prohibit the case management progress.</td>
</tr>
<tr>
<td>2. Enhanced PRS (Prevention and Relief Services) are developed and implemented within the CoC.</td>
</tr>
<tr>
<td>3. Information is secured and made available to participants in the case management process.</td>
</tr>
</tbody>
</table>
### Assessor Training

4. CoCs are encouraged to participate in at least one annual training session to ensure that all staff and volunteers at organizations that serve or access services are aware of CoC's policies and procedures. The purpose of the training is to ensure that all staff and volunteers are aware of CoC's policies and procedures.

5. CoC's coordinated entry program training curricula includes the following topics for staff conducting client-centered assessment.

- Review of CoC's written OE policies and procedures, including any adaptations for specific client needs.
- Requirements for use of assessment information to determine priority and eligibility.
- Criteria for uniform decision-making and referral process.

### Client-Centered

6. Participants must be informed of the ability to file a discrimination complaint.

### Participant Autonomy

1. CoC's coordinated entry program participants are allowed to decline any information that they do not wish to provide.

### Privacy Protections

8. CoC has established written policies and procedures concerning protection of all data collected through the OE assessment process.

### Assessment Process

10. CoC uses a locally specific assessment approach and tools that reflect the characteristics and needs of the CoC's participants.

11. CoC uses valid, reliable assessment tools that gather meaningful participant information.

12. CoC uses a shared approach to assessment which provides case management to all participant information.

13. CoC employs a shared approach to assessment which aggregates the collection of participant information into the following categories:

- Initial Triage - evaluating the immediate needs of the participant and the potential need for immediate care.
- Discharge and Prevention Screening - determining the appropriateness of the CoC's crisis response system and the appropriate system to address the potential participant's immediate needs.
- Crisis Services - information necessary to enroll the participant in a crisis response project.

Assessor training has been provided quarterly by the CoC. Plans to provide training by webinar during calendar year 2019.
| **Initial Assessment** | Information to identify a participant’s housing and service needs with the intent to resolve the participant’s immediate housing crisis.

**Comprehensive Assessment** | Information necessary to refine, clarify, and verify a participant’s housing and homeless history, barriers, needs, and preferences. Assessment information supports the evaluation of participant vulnerability and prioritization for assistance.

**Next Steps/Move On Assessment** | Information reviewed for known factors. Initial Assessment is conducted when new information may suggest a re-visited referral strategy. Or re-evaluating participants who have been stably housed for a specific time and who may be ready for less intensive housing.

14. C4C employs a Housing First oriented assessment process which is focused on rapidly housing participants without pre-conditions.

**Assessor Training**

15. All staff administering assessments are culturally and linguistically competent practitioners, including:

- Staff with appropriate cultural and linguistic competency training in the required annual training protocols for participating project staff members;
- Assessments are culturally and linguistically competent questions for all programs that reduce cultural or linguistic barriers to housing and service for special populations.

16. All assessment staff are trained to conduct trauma-informed assessments of participants. Special consideration and application of trauma-informed assessment techniques are afforded victims of domestic violence as an outreach tool to help reduce the chance of re-traumatization.

17. All Assessment staff are trained to use safety planning and other protocols if safety issues are identified in the process of participant assessment.

**Client-Centered**

18. Physical assessment areas are made safe and confidential to allow for individuals to identify sensitive information and safety issues in a private and confidential setting.

19. Assessment questions are adjusted according to specific subpopulations (e.g. Youth, Individuals, Families, and Chronically Homeless) and response to questions. For example, if a participant is under the age of 18, questions related to veteran status and experience with the armed services can be skipped.

20. Assessment questions and instructions reflect the developmental capacity of participants.

21. C4C’s assessment process incorporates a participant-centered approach, including the following:

- Assessments are based on participant’s strengths, goals, risks, and protective factors.
- Tools and assessment processes are easily understood by participants.
- Assessments are sensitive to participants’ lived experience.
- Participants are offered choices in decisions about location and type of housing.

22. C4C includes relevant mainstream service providers in the following activities:

- Identifying people at risk of 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.

23. C4C has established written CE policy and procedures describing how each participating mainstream housing and service provider will participate, including the process by which referrals will be
## Assessment Process

24. CoC case availability, rather than locally specific, standardized assessment tool(s) to facilitate their assessment process (e.g., H-SPDAT or Vulnerability Index Services prioritization decision.

25. CoC allows Veterans Affairs (VA) partners to conduct assessments and make direct placements into any homeless assistance program, with the method for doing so included in the CoC's coordinated entry policy and procedures written standards for affected programs.

### Street Outreach

26. Street outreach activities incorporate the assessment process, in part or all of, to ensure outreach activities are separate the assessment process that is only conducted by assessment workers who are

## D. Prioritization

<table>
<thead>
<tr>
<th>Core Requirements</th>
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<tbody>
<tr>
<td>1. CoC uses the coordinated entry process to prioritize homeless persons within the CoC's geographic area.</td>
</tr>
<tr>
<td>- Prioritization is based on a specific and definable set of criteria that are documented, made publicly available, and applied consistently throughout the CoC for all individuals.</td>
</tr>
<tr>
<td>- CoC's written, policy, and procedures include the factors and assessment information with which prioritization decisions are made.</td>
</tr>
<tr>
<td>- CoC's prioritization policy and procedures are consistent with CoC and ESG written standards under 24 CFR 576.4.</td>
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</tbody>
</table>

**Note:** Refer to 24 CFR 576.4 for the prioritization process in the CoC's annual plan. The CoC must also ensure that the program's assessment process is consistent with the CoC's annual plan.

**Examples:** The CoC may use a point system or other methods to determine eligibility for different programs.

### Emergency Services

3. CoC's written policy and procedures clearly distinguish between the interventions that will be provided to different types of service needs or vulnerabilities, such as entry to emergency shelters, allowing for an immediate crisis response, and those that will be prioritized, such as permanent supportive housing.

**Updated PnP address where resources are prioritized and which are not.**

### Non-discrimination

4. CoC does not use data collected as part of the assessment process to discriminate against households that are otherwise eligible or prioritized based on their race, gender, religion, national origin, age, familial status, disability, or sexual orientation, sex identity or marital status. CoC's written policies and procedures for CE document how determining eligibility or different programs.

**Note:** Certain Circumstances may require CoC to disclose an individual's information in the event of an emergency or threat to public safety. CoC must ensure that the information disclosed does not include direct identifiers, such as name, address, or other protected disclosure.

### Coordinated Entry Policy

5. CoC's written policy and procedures document the process by which participants file a non-discrimination complaint.

6. CoC's written policy and procedures document the process by which participants maintain their place in the coordinated entry prioritization list when the participant selects a referral option.

### Prioritization List

<table>
<thead>
<tr>
<th>Please elaborate on the reasons for the indicated answer. How can we improve this?</th>
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</thead>
<tbody>
<tr>
<td>Click on the checkbox to indicate that the item is fulfilled.</td>
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<tr>
<td>Section</td>
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<td>---------</td>
</tr>
<tr>
<td>E. REFERRAL</td>
</tr>
<tr>
<td>1. CoC’s CE process includes uniform and coordinated referral processes for all beds, units, and services available at participating projects within the CoC’s geographic area for referral to housing and services.</td>
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</table>
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### Participant Autonomy.

17. CaCo incorporate a person-centered approach into the referral process. flat approach is documented in CaCo's written policies and procedures for coordinated entry management. A person-centered approach is characterized by inclusive decision making and input from participants, such as location and type of housing, level and type of services, and other participant characteristics. Including assistance for those that are not interested in participating, and recommendations on the availability of referrals to other resources.

### Referrals to Participating Projects.

18. CaCo establish referral centers or referral regions within the geographic area of the CaCo. These referral centers or regions are designed to avoid forcing persons to travel longer distances to be served.

19. CaCo transmit participant referral information electronically via the CaCo's HMIS or other data systems.

### F. DATA MANAGEMENT

Click on the checkbox to indicate that the item is fulfilled. Please elaborate on the reason for the indicated answer. How can we improve?

#### Core Requirements.

1. When using an HMIS or any other data system to manage coordinated entry data, CaCo ensure adequate privacy protection of all participant information per the HMIS Data and Technical Standards at CaCo Program interim rule 24 CFR 570.7(g)(6).

#### Privacy Protections.

2. CaCo's written CE policies and procedures include protocols for obtaining and maintaining participant consent to share, store, and use participant information for purposes of assessing and referring participants through the CaCo's CE systems.

3. CaCo prohibits denying services to participants if the participant refuses to allow their data to be used under Federal statute, requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) or a condition of program participation.

4. If using an HMIS to manage coordinated entry functions, CaCo ensure all users of HMIS are informed and understand the privacy rules associated with collection, management, and reporting of client data.

#### HMIS Use.

5. CaCo use HMIS or parts of its coordinated entry process, collecting, using, storing, sharing, and reporting participant data associated with the coordinated entry process.

#### Privacy Protections.

6. CaCo only share participant information and documents when the participant has provided written consent.

#### Data Systems Management.

7. CaCo imports and exports data to support collaboration between homeless service providers and mainstream resource providers (Medicaid, criminal justice re-entry programs, health care services).

8. CaCo integrates data from multiple data systems to reduce duplicative efforts and increase care coordination across providers and funding streams.
<table>
<thead>
<tr>
<th>Core Requirements</th>
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<tbody>
<tr>
<td>1. CoC consults with each participating project and project participant at least annually to evaluate the intake, assessment, and referral processes associated with coordinated entry. Solicitation for feedback must address the quality and effectiveness of the entire coordinated entry experience.</td>
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**Evaluation Methods.**

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<tr>
<td>2. CoC ensures through written OE policies and procedures the frequency and method by which the OE evaluation will be conducted, including how project participants will be selected to provide feedback, and must describe a process by which the evaluation is used to implement updates to existing policies and procedures.</td>
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**Privacy Protections.**

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<tr>
<td>3. CoC ensures adequate privacy protections of all participant information collected in the course of the annual coordinated entry evaluation.</td>
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**Stakeholder Consultation.**

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<td>6. CoC employs multiple feedback methodologies to ensure participating providers and households have frequent and meaningful opportunities for feedback. Feedback methodologies include the following:</td>
</tr>
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- Surveyors 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.