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COORDINATED ENTRY EVALUATION

FIRST ANNUAL

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Contents

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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

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.

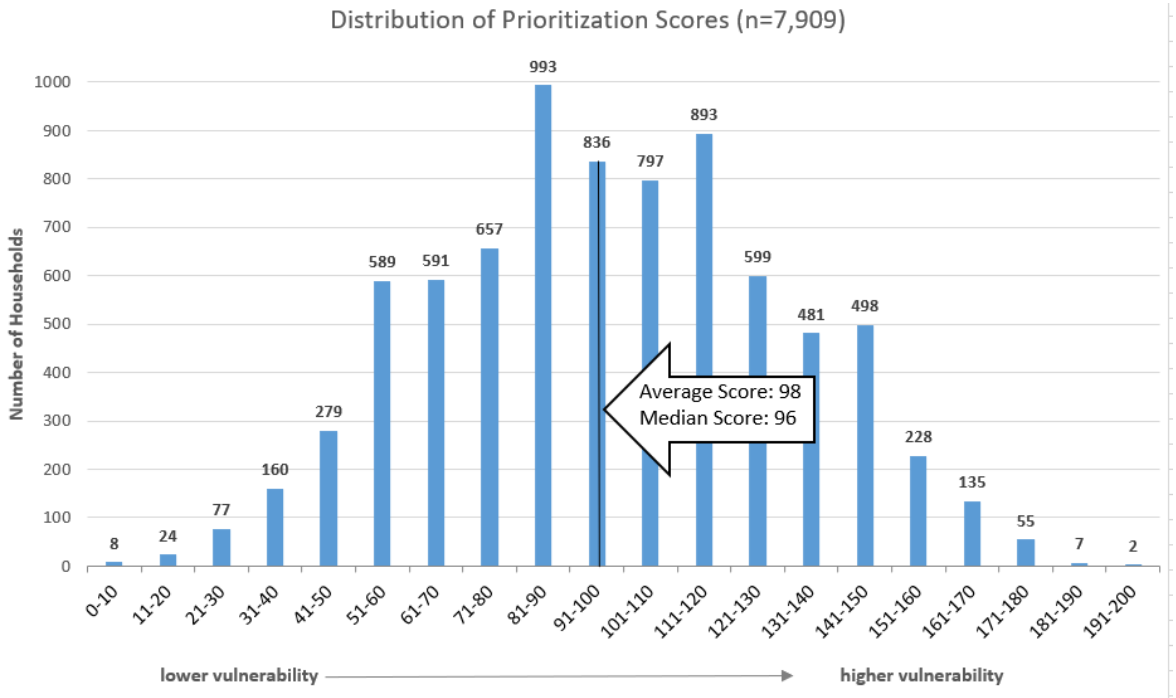
The By Name List: Demographics

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.

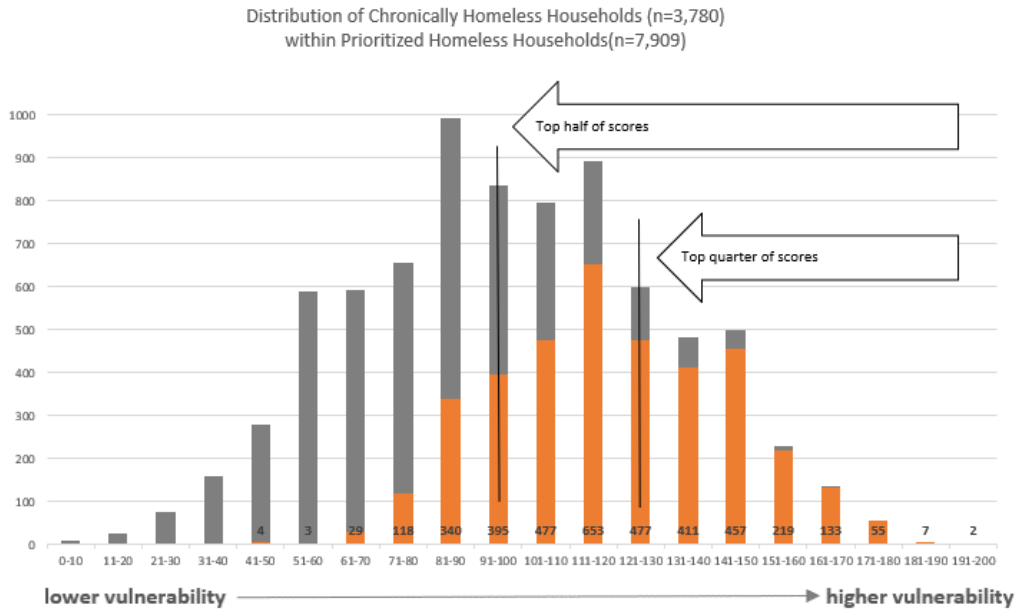


Subpopulations

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.

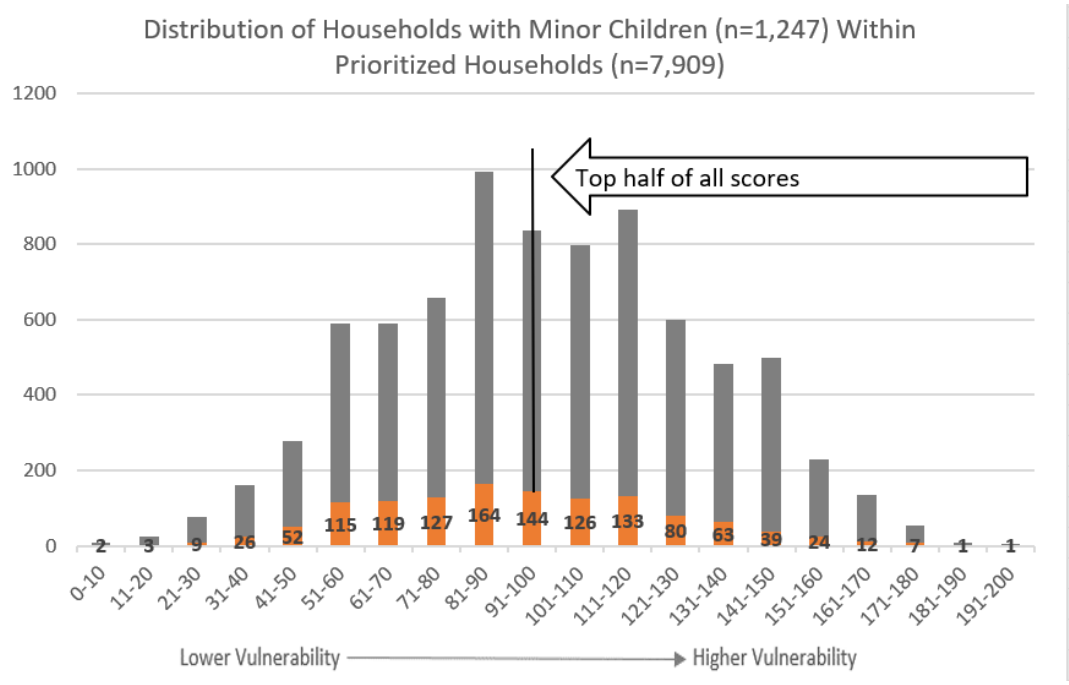


Households with Minor Children

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.

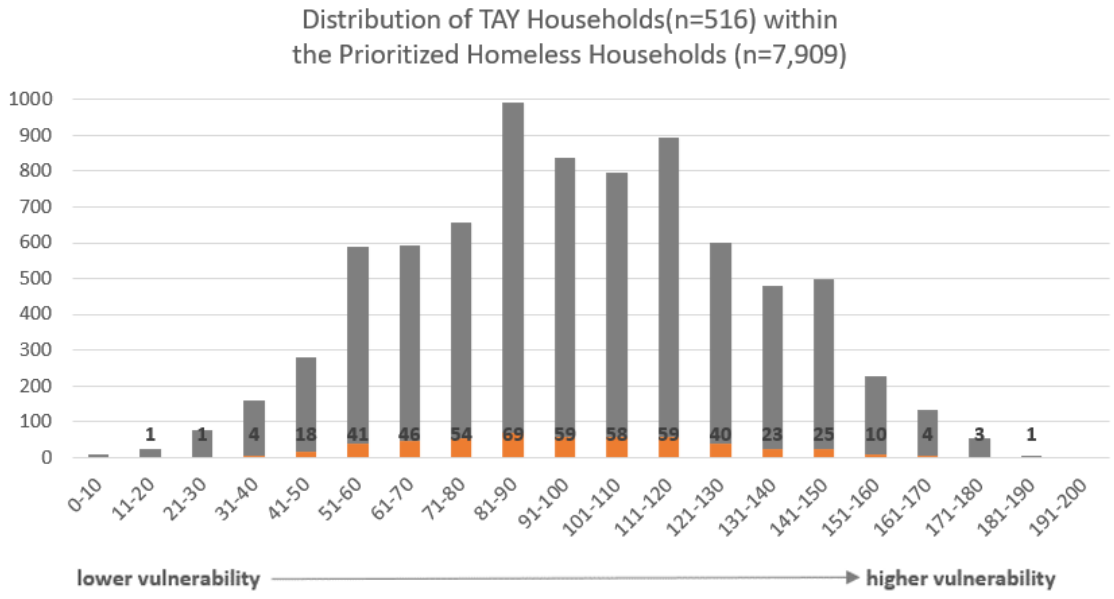
In general, households with minor children score as slightly less vulnerable than households with adults only. Forty-six percent of households with minor children are in the top half of all scores, and the average and median scores for adult-only households is 99 compared with 93 for households with 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

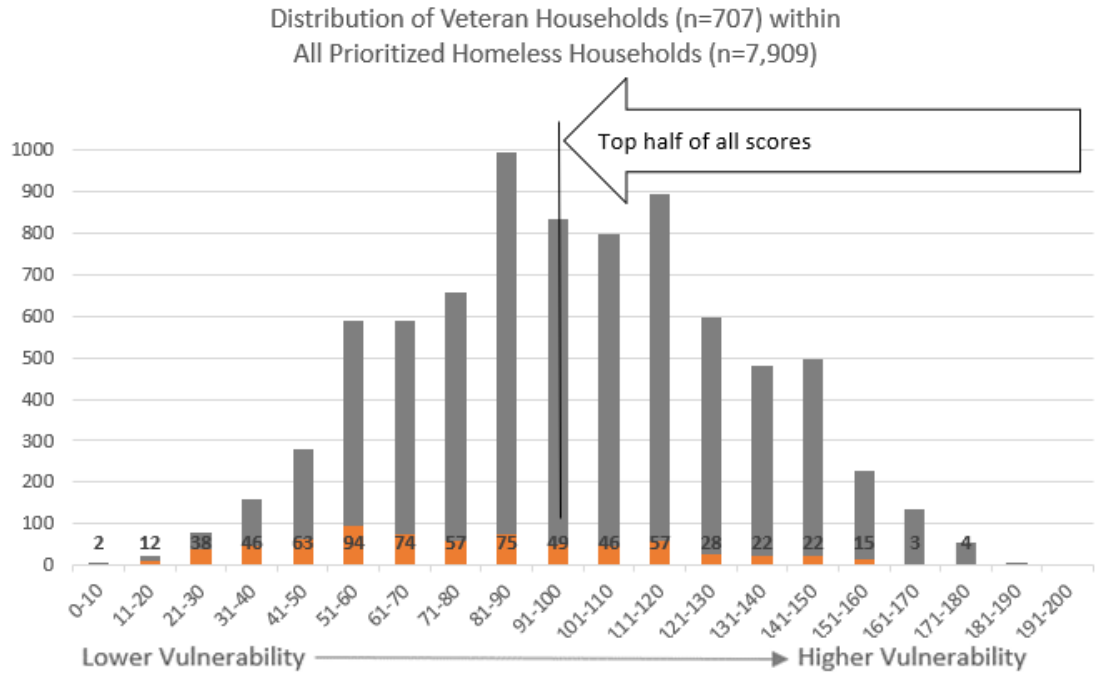
Five hundred sixteen (516) of the active households are headed by Transition Aged Youth aged 18-24 years, making up 7% of active households on the BNL. Prioritization scores for this subpopulation range from 18 to 183 with an average and median score of 96. One hundred thirty-one (131) TAY heads of households 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.

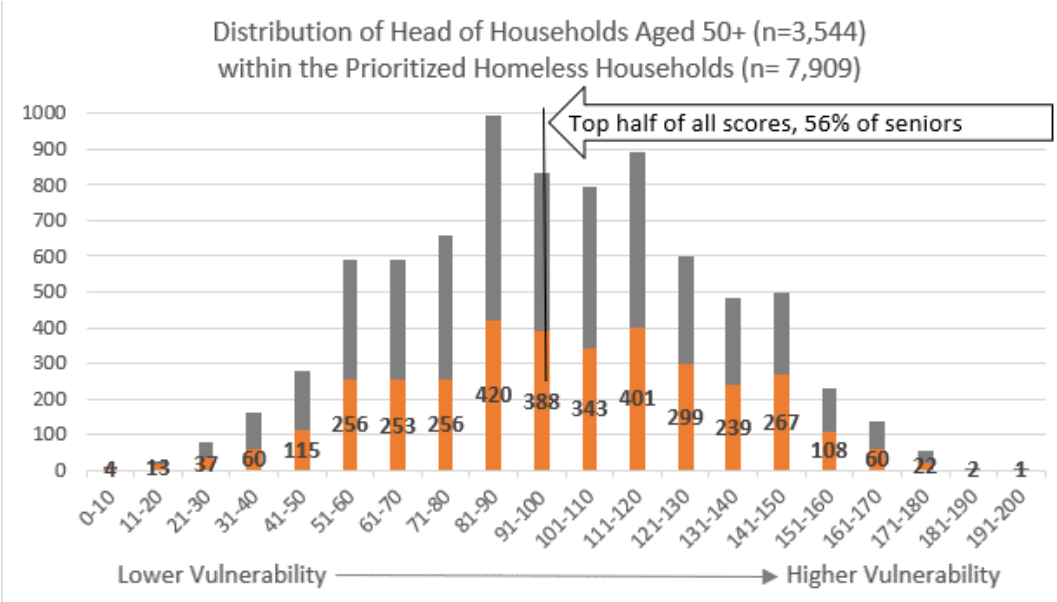
Veteran Households

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+)

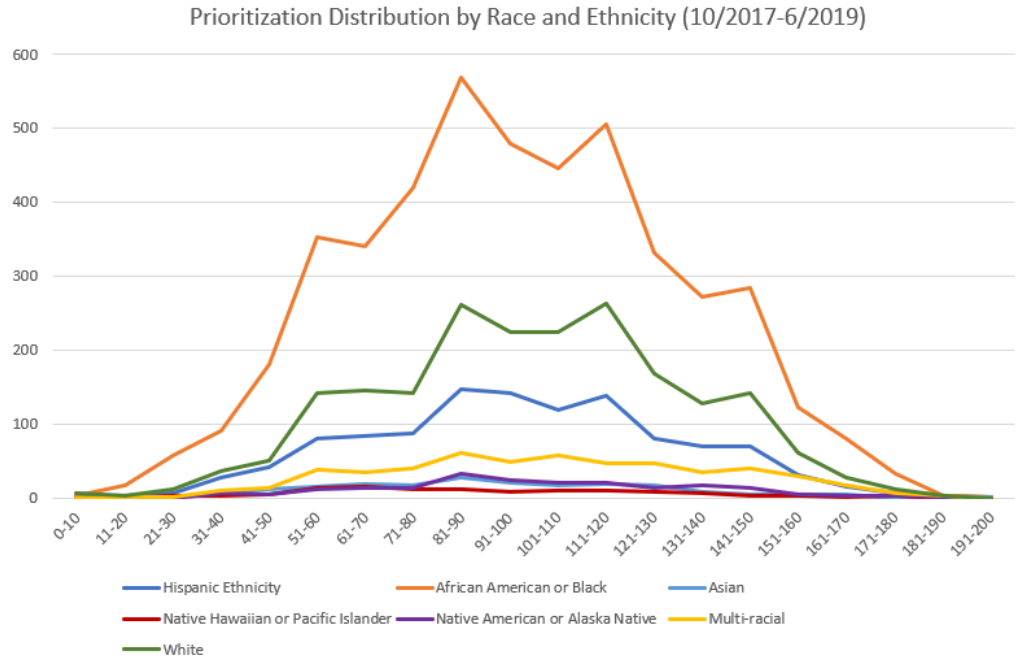
Forty-five percent all the active households on the by name list are headed by a person aged 50 or older, a total of 3,544 households. There are 690 active head of households aged 65 and older; 97 active head of households aged 75 and older. Scores range from 6 at the lowest vulnerability to 192 at highest 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.

Score Range	Hispanic		AA/Black		Asian		Hawaiian/PI		Native American		Multi-Racial		White	
	# HH	% Hispanic HH	# HH	% of AA/Black HH	# HH	% of Asian HH	#HH	% Hawaiian/PI HH	# HH	% Native Am. HH	# HH	% Multi HH	# HH	% White HH
0-10	2	0%	2	0%	0	0%	0	0%	0	0%	0	0%	6	0%
11-20	2	0%	17	0%	1	1%	0	0%	1	0%	1	0%	3	0%
21-30	6	1%	57	1%	1	1%	3	3%	0	0%	1	0%	12	1%
31-40	27	2%	91	2%	6	3%	3	3%	6	3%	10	2%	37	2%
41-50	42	4%	181	4%	12	6%	4	4%	5	2%	14	3%	51	2%
51-60	80	7%	353	8%	15	8%	13	12%	11	5%	38	7%	142	7%
61-70	83	7%	340	7%	18	9%	15	13%	14	7%	35	7%	146	7%
71-80	88	8%	419	9%	17	9%	11	10%	14	7%	40	8%	141	7%
81-90	147	13%	569	12%	27	14%	11	10%	32	16%	60	11%	262	13%
91-100	142	12%	479	10%	21	11%	8	7%	24	12%	49	9%	224	11%
101-110	118	10%	446	10%	16	8%	10	9%	21	10%	58	11%	225	11%
111-120	139	12%	506	11%	19	10%	10	9%	20	10%	47	9%	263	13%
121-130	81	7%	331	7%	17	9%	8	7%	13	6%	47	9%	168	8%
131-140	70	6%	272	6%	8	4%	7	6%	17	8%	35	7%	127	6%
141-150	70	6%	284	6%	5	3%	3	3%	13	6%	39	7%	142	7%
151-160	31	3%	123	3%	5	3%	3	3%	5	2%	29	6%	61	3%
161-170	15	1%	80	2%	5	3%	1	1%	3	1%	16	3%	28	1%
171-180	7	1%	32	1%	0	0%	2	2%	2	1%	6	1%	12	1%
181-190	2	0%	2	0%	0	0%	0	0%	1	0%	2	0%	2	0%
191-200	1	0%	1	0%	1	1%	0	0%	0	0%	0	0%	0	0%
Total	1153		4585		194		112		202		527		2052	
Average	98		97		93		91		100		104		100	
Median	99		96		91.5		88.5		99		102		102	

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:

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

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.

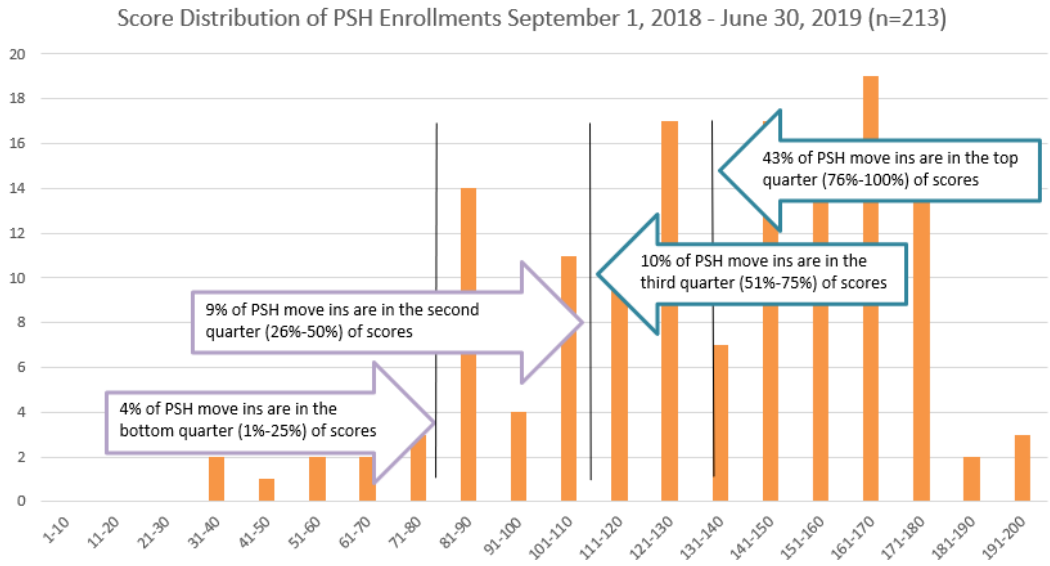
Matching

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.

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

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

Coordinated Entry Process Self-Assessment (Ver. 1.1)

Version 1.1

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

1. **Section A. Planning.** Item #1 has been updated to correct the date that CoCs are expected to achieve full compliance with Coordinated Entry requirements established by the Notice. The correct date is January 23, 2018.
2. **Section C. Assessment.** Item #9 has been updated to correct an earlier error in citation. The privacy protections noted in the requirement are from HUD's Coordinated Entry Notice: Section II.B.12.f.
3. **Section E. Referral.** Item #2, in "***Referrals to Participating Projects.***" has been moved from Required to Recommended. The CoC's Coordinated Entry policies and procedures used to prioritize homeless persons within the CoC's geographic area for referral to housing and services must be made publicly available and must be applied

A. PLANNING

	Click on the checkbox to indicate that the item is fulfilled.	☑	Please elaborate on the reasons for the indicated answer. How can we
= Required	**Deadline for Compliance.**	☑	
	1. CoC established or updated its coordinated entry process in full compliance with HUD requirements by [redacted]		
	CoC Program interim rule: 24 CFR 578.7(a)(8), HHS Coordinated Entry Notice: Section I.B		
	Core Requirements since 2012.		
	CoC's coordinated entry process meets the requirements (below) established by the CoC Program		
	CoC Program interim rule: 24 CFR 578.3 & 24 CFR 578.7(a)(8)		
	2. CES covers the entire geographic area claimed by the CoC.	☑	
	3. CES is easily accessed by individuals and families seeking housing or services.	☑	Currently accessible through website, street outreach, limited drop-in hours, and 24 hour 2-1-1. Improvements needed: expansion and clear advertisement of drop-in hours and reduced wait times for 2-1-1 and HRC services. Coordination needed with institutions serving people who have stayed in them less than 90 days and were homeless prior to entry such as healthcare,
	4. CES is well-advertised.	☑	Now have a standard marketing flier, drop in hours and telephone, still working toward population and language specific. Meeting basic requirements, and internally we have work to do in terms of marketing to subpopulations.
	5. CES includes a comprehensive and standardized assessment tool(s).	☑	
	6. CES provides an initial, comprehensive assessment of individuals and families for housing and	☑	
	7. CES includes a specific policy to guide the operation of the centralized or 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 seeking shelter or services from non-victim specific providers.	☐	DV providers don't have training or understanding about the assessment. Not enough connection between the two systems. HCRS providers aren't always allowing DV victims to opt into our system. We do not have a policy in the system manual. Also don't have clear and current HMIS privacy and security policies for victims of DV. This could be developed in the HMIS Privacy and Security policies. Received CoC bonus grant to improve coordination
	Core Requirements.		Policies are in place for RRH and PSH but want to expand these policies to various RRH funding streams. Eligibility and matching criteria for TH isn't aren't standardized as RRH and
	8. CoC, in consultation with recipients of Emergency Solutions Grants 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 578.		
	• 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 what percentage or amount of rent 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.		
	CoC Program interim rule: 24 CFR 578.7(a)(8)		
	9. CoC and 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.	☑	
	CoC Program interim rule: 24 CFR 578.7(a)(8) ESG interim rule: 24 CFR 576.400(d) and (e)		
	Full Coverage.		
	10. If multiple CoCs have joined together to use the same regional coordinated entry process, written policies and procedures describe the following:	☑	
	• The relationship of the CoC(s) geographic area(s) to the geographic area(s) covered by the coordinated entry process(es); and		
	• How the requirements of ensuring access, standardizing assessments, and implementing uniform referral processes occur in situations where the CoCs' geographic boundaries and the geographic boundaries of the coordinated entry process are different.		
	HHS Coordinated Entry Notice: Section II.B.1		
	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 special outreach.	☑	
	CoC Program interim rule: 24 CFR 578.93(e) ESG Program interim rule: 24 CFR 576.407(a) and		
	12. Coordinated entry written policies and procedures include a strategy 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, gender identity, or marital status.	☑	
	HHS Coordinated Entry Notice: Section II.B.5 HHS Equal Access rule: 24 CFR 5.105(a)(2) and		
	13. Coordinated entry written policies and 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.	☑	
	HHS Coordinated Entry Notice: Section II.B.5		
	Nondiscrimination.		
	14. CoC has developed and operates a coordinated entry that permits recipients of Federal and State funds to comply with applicable civil rights and fair housing laws and requirements. 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, including 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.		

	• 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 assessment and referral assistance.		
	• Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which includes shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.		
	HUD Coordinated Entry Notice: Section I.B		
B. ACCESS			
	Click on the checkbox to indicate that the item is fulfilled.	☑	**Please elaborate on the reasons for the indicated answer. How can we**
Required	**Access Models.**		
	1. CoC 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 identified to meet the needs of one of the five populations allowable by HUD's Coordinated Entry Notice, initial screening at each access point allows for immediate linkage to the appropriate subpopulation access point (e.g. 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 families, don't have other sub population access points. Assessment approach is the same, strategy for access points may differ across regions.
	HUD Coordinated Entry Notice: Section II.B.2.a		
	Accessibility.		
	2. CoC ensures that households who are included in more than one of the populations for which an access point is dedicated (for example, a parenting unaccompanied youth who is fleeing domestic violence) can be served at all of the access points for which they qualify as a target population.	☑	
	HUD Coordinated Entry Notice: Section II.B.2.f		
	3. CoC provides the same assessment approach, including standardized decision-making, at all access points.	☑	JL - This was identified as any area of compliance concern by HUD CoC Committee when the manual was adopted.
	HUD Coordinated Entry Notice: Section II.B.2.a		
	4. CoC 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.	☑	Policy is that victims can decide which system they want to use. This is formalized in the access packet. Some individual programs may have preferences that conflict, and we will work with DV providers in ch coming year to address this (possible) issue.
	HUD Coordinated Entry Notice: Section II.B.12.c		
	5. CoC's access point(s) must be easily accessed by individuals and families seeking homeless or homelessness prevention services.	☐	We're not doing this, needs improvement. 211 does some prevention work. SCC passed a resolution to target prevention as close to the door of homelessness as possible.
	HUD Coordinated Entry Notice: Section II.B.3		
	Emergency Services.		
	6. CoC's CE process allows emergency services, including all domestic violence and emergency services hotlines, drop-in service programs, and emergency shelters, including domestic violence shelters and other short-term crisis residential programs, to operate with as few barriers to entry as possible. People are able to access emergency services, such as emergency shelter, independent of the operating hours of the system's intake and assessment processes.	☐	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.
	HUD Coordinated Entry Notice: Section II.B.7		
	7. CoC's written CE policies and procedures document a process by which persons are ensured access to emergency services during hours when the coordinated entry's intake and assessment processes are not operating. CE written policies and procedures document how CE participants are connected, as necessary, to coordinated entry as soon as the intake and assessment processes are operating.	☐	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.
	HUD Coordinated Entry Notice: Section II.B.7.b		
	Prevention Services.		

	8. CoC's written CE policies and procedures document a process for persons seeking access to homelessness prevention services funded with ESG program funds through the coordinated entry process. If the CoC defines separate access points for homelessness prevention services, written policies and procedures must describe the process by which persons are prioritized for referrals to homelessness prevention services. To the extent to which other (i.e., non ESG-funded) homelessness prevention services participate in coordinated entry processes, the policies and procedures must also describe the process by which persons will be prioritized for referrals to these programs.	☐	Not up to date and merits revisiting.
	HUD Coordinated Entry Notice: Section II.B.1		
	Full Coverage.		
	9. CoC's access points cover and are accessible throughout the entirety of the geographic area of the	☑	
	HUD Coordinated Entry Notice: Section II.B.1		
	Marketing.		
	10. CoC's written coordinated entry policies and procedures document steps taken to ensure access 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.	☐	Marketing flier 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.
	HUD Coordinated Entry Notice: Section II.B.2.a		JL - Marketing flyer does not document ADA locations, EOH never received that info.
	11. CE policies and procedures document steps taken to ensure effective communication with individuals with disabilities. Recipients of Federal funds and CoCs 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.	☐	2-1-1 is the access point best resourced in this area, HRCs and outreach need additional support in this area.
	HUD Coordinated Entry Notice: Section II.B.2.a		
	12. Access point(s) take reasonable steps to offer CE process materials and participant instruction in	☐	Access packet is available in Spanish, language lines are standard. 211 has language capacity. Marketing materials need to be translated. Need better documentation of how to access the system in various languages. We're getting close.
	multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency		
	HUD Coordinated Entry Notice: Section II.B.2.d		
	Safety Planning.		
	13. CoC has a 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 hotlines and shelter.	☑	
	HUD Coordinated Entry Notice: Section II.B.1.e		
	Street Outreach.		
	14. Street outreach efforts funded under ESG or the CoC program are linked to the coordinated entry process. Written policies and procedures 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.	☑	
	HUD Coordinated Entry Notice: Section II.B.5		
Recommended	**Accessibility.**		
Recommended	15. Access points, if physical locations, are sited in proximity to public transportation and other services to facilitate participant access. A CoC or recipient of Federal funds may be required to offer some variation to the process, e.g., a different access point, 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.	☐	
Recommended	16. CoCs access points provide connections to mainstream and community-based emergency assistance services such as supplemental food assistance programs and applications for income assistance.	☐	

Optional	**Access Models.**	☐	
	17. Access points provide virtual entry where individuals and families experiencing a housing crisis may present for initial assessment screening (e.g. a 211 or other hotline systems that screens and directly connects callers to appropriate crisis housing and service providers in the area).	☐	
	18. CoC has multiple access points, each assigned to a specific sub-region within the CoC.	☐	
	19. CoC has partnered with neighboring CoCs to create a single access point covering the multi-CoC region.	☐	
	20. The CoC has multiple access points to facilitate access, coordinate entry processes, and improve the quality of information gathered for the following subpopulations:	☐	
	• Adults without children;		
	• Adults accompanied by children;		
	• Unaccompanied youth;		
	• Households fleeing or attempting to flee domestic violence; or		
	• Persons at risk of homelessness.		
	21. CoC has a "no wrong door" approach in which a homeless family or individual can present at any homeless housing and service provider in the geographic area.	☐	
	Prevention Services.		
	22. CE process includes separate access point(s) for homelessness prevention so that people at risk of homelessness can receive urgent services when and where they are needed. If separate access points for homelessness prevention services exist in the CoC, written CE policies and procedures describe the process by which persons will be prioritized for referrals to homelessness prevention services.	☐	
	HHS Coordinated Entry Notice: Section II.B.3		
	Safety Planning.		
	22. Victim service providers funded by CoC and ESG program funds are not required to use the CoC's coordinated entry process, but CoC- and ESG-funded victim service providers are allowed to do so. Or, victim service providers may use an alternative coordinated entry process for victims of domestic violence, dating violence, sexual assault, and stalking.	☐	
	Note – if an alternative CE process is used for victims of domestic violence, dating violence, sexual assault and stalking, that alternative process must meet HUD's minimum coordinated entry		

C. ASSESSMENT

	Click on the checkbox to indicate that the item is fulfilled.	☑	**Please elaborate on the response for the indicated answer. How can we**
= Required =	**Assessment Process.**		
	1. CoC consistently applies one or more standardized assessment tool(s), applying a consistent process throughout the CoC in order to achieve fair, equitable, and equal access to services within the	☑	
	HHS Coordinated Entry Notice: Section II.B.2.a		
	2. Written policies and procedures describe the standardized assessment process, including assessment information, factors, and documentation of the criteria used for uniform decision-making across access	☑	
	HHS Coordinated Entry Notice: Sections II.B.2.g.1 and II.B.3		
	3. CoC maintains written policies and procedures that prohibit the coordinated entry process from screening people out of the coordinated entry process due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a	☑	

	HUD Coordinated Entry Notice: Section II.B.4		
	Assessor Training.		
	4. CoC provides training opportunities at least once annually to organizations and staff persons at	☑	Assessor training has been provided quarterly by the CoC. Plans to provide training by webinar during calendar year 2019.
	organizations that serve as access points or administer assessments. CoC updates and distributes training protocols at least annually. 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 written policies and procedures.		
	HUD Coordinated Entry Notice: Section II.B.11		
	5. CoC's coordinated entry process training curricula includes the following topics for staff conducting	☑	
	• Review of CoC's written CE policies and procedures, including any adopted variations for specific		
	• Requirements for use of assessment information to determine prioritization; and		
	• Criteria for uniform decision-making and referrals.		
	HUD Coordinated Entry Notice: Section II.B.11		
	Client-Centered.		
	6. Participants must be informed of the ability to file a nondiscrimination complaint.	☐	Hoped to check this box with grievance procedure, which is contingent on management entity. Work to be done to be compliant.
	HUD Coordinated Entry Notice: Section II.B.12.g		
	Participant Autonomy.		
	7. CoC coordinated assessment participants are freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. Written policies and procedures specify the conditions for participants to maintain their place in coordinated entry	☑	Assessment training emphasizes gathering self-reported information from the client, recognizing a client's decision to provide or not provide information. Incomplete assessments are scored and can be updated over time. P&P could address this with greater specificity.
	Note – Programs may require participants to provide certain pieces of information to determine program eligibility only when the applicable program regulation requires the information to establish or document eligibility.		
	HUD Coordinated Entry Notice: Section II.B.11		
	Privacy Protections.		
	8. CoC has established written policies and procedures concerning protection of all data collected through the CE assessment process.	☑	
	HUD Coordinated Entry Notice: Section II.B.12		
	9. CoC has established written policies and procedures establishing that the assessment process cannot require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.	☑	
	HUD Coordinated Entry Notice: Section II.B.12.f		
Recommended	**Assessment Process.**		
	10. CoC uses locally specific assessment approaches and tools that reflect the characteristics and attributes of the CoC and CoC participants.	☐	
	11. CoC uses a valid, tested, and reliable assessment process which gathers only enough participant information to determine the severity of need and eligibility for housing and related services.	☐	
	12. CoC uses a shared approach to assessment which progressively collects only enough participant information to prioritize and refer participants to available CoC housing and support services.	☐	
	13. CoC employs a shared approach to assessment which requires the collection of participant information into the following stages:	☐	
	• Initial Triage – resolving the immediate housing crisis; identification of the CoC crisis response system or the appropriate system to address the potential participant's immediate needs.		
	• Diversion and/or Prevention Screening – examination of existing CoC and participant resources and options that could be used to avoid entering the homeless system of care.		
	• Crisis Services Intake – information necessary to enroll the participant in a crisis response project such as emergency shelter or other homeless assistance project.		

	• Initial Assessment – information to identify a participant's housing and service needs with the intent to resolve participant's immediate housing crisis.		
	• Comprehensive Assessment – information necessary to refine, clarify, and verify a participant's housing and homeless history, barriers, goals, and preferences. Assessment information supports the evaluation of participant's vulnerability and prioritization for assistance.		
	• Next Steps/Move On Assessment – information revealed or known after an Initial Assessment is conducted when that new information may suggest a revised referral strategy. Or, re-evaluating participants who have been stably housed for some time and who may be ready for less intensive housing		
	14. CoC employs a Housing First oriented assessment process which is focused on rapidly housing participants without preconditions.	☐	
	Assessor Training.		
	15. All staff administering assessments are culturally and linguistically competent practices, including	☐	
	• CoC incorporates cultural and linguistic competency training into the required annual training protocols for participating projects and staff members; and		
	• Assessments are culturally and linguistically competent questions for all persons that reduce cultural or linguistic barriers to housing and services for special populations.		
	16. All assessment staff are trained on how to conduct a trauma-informed assessment of participants. Special consideration and application of trauma-informed assessment techniques are afforded victims of domestic violence or sexual assault to help reduce the chance of re-traumatization.	☐	
	17. All Assessment staff are trained on safety planning and other next-step procedures 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 or safety issues in a private and secure setting.	☐	
	19. Assessment questions are adjusted according to specific subpopulations (i.e. Youth, Individuals, Families, and Chronically Homeless) and responses 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 being	☐	
	21. CoC's assessment process incorporates a person-centered approach, including the following:	☐	
	• Assessments are based in part 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 choice in decisions about location and type of housing.		
	• Participants are able to easily understand to which program they are being referred, what the program expects of them, what they can expect of the program, and evidence of the program's rate of success.		
	Incorporating Mainstream Services.		
	22. CoC 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. CoC has established written CE policies and procedures describing how each participating mainstream housing and service provider will participate, including the process by which referrals will be	☐	

Optional	**Assessment Process.**		
	24. CoC uses a publicly available, rather than locally specific, standardized assessment tool(s) to facilitate their assessment process (e.g. VI-SPDAT or vulnerability index-service prioritization decision	☐	
	25. CoC allows Veteran 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 policies and procedures and written standards for affected programs.	☐	
	Street Outreach.		
	26. Street outreach activities incorporate the assessment process, in part or whole, into street outreach activities or separate the assessment process so that it is only conducted by assessment workers who are	☐	
D. PRIORITIZATION			
	Click on the checkbox to indicate that the item is fulfilled.	☑	**Please elaborate on the response for the indicated answer. How can we**
Required	**Core Requirements.**		
	1. CoC uses the coordinated entry process to prioritize homeless persons within the CoC's geographic	☑	
	• 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 populations.		
	• CoC's written policies and procedures include the factors and assessment information with which prioritization decisions are made.		
	• CoC's prioritization policies and procedures are consistent with CoC and ESG written standards under 24 CFR 578(a)(9) and 24 CFR 576.4.		
	Note – Refer to HUD Prioritization Notice: CPD-16-11 for detailed guidance on prioritizing persons experiencing chronic homelessness and other vulnerable homeless populations in permanent		
	HUD Coordinated Entry Notice: Section II.B.3		
	2. CoC's written CE policies and procedures include the factors and assessment information with which prioritization decisions are made for all homeless assistance.	☑	
	HUD Coordinated Entry Notice: Section II.B.3		
	Emergency Services.		
	3. CoC's written CE policies and procedures clearly distinguish between the interventions that will not be prioritized based on severity of service need or vulnerability, such as entry to emergency shelter, allowing for an immediate crisis response, and those that will be prioritized, such as permanent	☑	Updated P&P addresses which resources are prioritized and which are not.
	HUD Coordinated Entry Notice: Section II.B.7		
	Nondiscrimination.		
	4. CoC does not use data collected from the assessment process to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex age, familial status, disability, actual or perceived sexual orientation, gender identity or marital status. CoC's written policies and procedures for CE document how determining eligibility is a different process than	☑	Written process included in P&P. Will need to be revisited when we have management entity.
	Note – In certain circumstances some projects may use disability status or other protected class information to limit enrollment, but only if Federal or State statute explicitly allows the limitation (e.g. HOPWA-funded projects may only serve participants who are HIV+/AIDS).		
	HUD Coordinated Entry Notice: Sections I.D and II.B.2.g[2]		
	5. CoC's written CE policies and procedures document process for participants to file a nondiscrimination complaint.	☐	Hoped to check this box with grievance procedure, which is contingent on management entity. Work to be done to be compliant.
	HUD Coordinated Entry Notice: Section II.B.12.g		
	7. CoC's written CE policies and procedures document conditions under which participants maintain their place in coordinated entry prioritization lists when the participant rejects referral options.	☑	
	HUD Coordinated Entry Notice: Section II.B.3		
	Prioritization List.		

	8. If the CoC manages prioritization order using a "Prioritization List," CoC extends the same HMIS data privacy and security protections prescribed by HUD for HMIS practices in the HMIS Data and Technical	☑	
	HHD Coordinated Entry Rubric: Section II.D.3		
	Prevention Services.		
	9. If separate access point(s) for homelessness prevention services exist in the CoC, written CE policies and procedures describe the process by which persons will be prioritized for referrals to homelessness	☐	N/A. Alameda County does not have a separate access point for prevention services.
	HHD Coordinated Entry Rubric: Section II.D.3		
Recommended	**Prioritization List.**		
	10. CoC has established a community-wide list of all known homeless persons who are seeking or may need CoC housing and services to resolve their housing crisis. The community-wide list generated during the prioritization process, variously referred to as a "By Name List," "Active List," or "Master List," provides an effective way to manage an accountable and transparent prioritization process.	☐	
	Prioritization Factors.		
	11. CoC uses any combination of the following factors to prioritize homeless persons:	☐	
	• Significant challenges or functional impairments, including physical, mental, developmental, or behavioral health challenges, which require a significant level of support in order to maintain permanent		
	• High utilization of crisis or emergency services to meet basic needs.		
	• Extent to which persons, especially youth and children, are unsheltered.		
	• Vulnerability to illness or death.		
	• Risk of continued homelessness.		
	• Vulnerability to victimization, including physical assault, trafficking, or sex work.		
	HHD Coordinated Entry Rubric: Section II.D.3		
	Prioritization Process.		
	12. CoC identifies a prioritization entity, agency, or other decision-making entity empowered by the CoC to manage the process of determining and updating participant prioritization for available CoC housing	☐	
	13. In cases where the assessment tool does 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, the CoC allows case workers and others working with households to provide additional information through case conferencing or	☐	
	14. CoC maintains a prioritization list such that participants wait no longer than 60 days for a referral to housing or services. If the CoC cannot offer a housing resource to every prioritized household experiencing homelessness within 60 days or less, then the CoC adjusts prioritization standards in order to more precisely differentiate and identify resources for those households with the most needs and	☐	
	15. In the event that two or more homeless households within the same geographic area are identically prioritized for the next available unit, and each household is also eligible for that unit, the CoC selects the household that first presented for assistance in the determination of which household receives a	☐	
Optional	**Prioritization Process.**		
	16. CoC establishes scoring criteria that translate the participant's current living situation and barriers impacting participant's ability to obtain and/or maintain housing into a numerical score that can also be used to inform the referral process.	☐	
E. REFERRAL			
			Please elaborate on the reasons for the indicated answer. How can we
Required	**Referrals to Participating Projects.**		
	1. CoC's CE process includes uniform and coordinated referral process for all beds, units, and services available at participating projects within the CoC's geographic area for referral to housing and services.	☐	Improvements needed in HMIS to track resource inventory and matches to inventory.
	HHD Coordinated Entry Rubric: Section II.D.3		

Required			
	2. CoC and projects participating in the coordinated entry process do not screen potential project participants out for assistance based on perceived barriers related to housing or services.	☑	
	HHS Coordinated Entry Notice: Section II.B.3		
	3. CoC- and ESG-program recipients and subrecipients use the coordinated entry process established by the CoC as the only referral source from which to consider filling vacancies in housing and/or services	☑	JL - Not all RRH
	HHS Coordinated Entry Notice: Section I.B		
	Nondiscrimination.		
	4. CoC and all agencies participating in the coordinated entry process comply with the equal access and nondiscrimination provisions of Federal civil rights law.	☑	
	HHS Coordinated Entry Notice: Sections I.B and II.B.3		
	5. CoC's referral process is informed by Federal, State, and local Fair Housing laws and regulations and ensures participants are not "steered" toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children.	☑	
	HHS Coordinated Entry Notice: Sections I.B and II.B.3		
Recommended	**Referrals to Participating Projects.**		
	6. CoC maintains and annually updates a list of all resources that may be accessed through referrals from the coordinated entry process.	☐	
	7. Each CoC project establishes and makes publicly available the specific eligibility criteria the project uses to make enrollment determinations.	☐	
	8. Non HUD-funded CoC agencies participating in the coordinated entry process fill project vacancies only through referrals from the referring agency/entity.	☐	
	9. CoC's written CE policies and procedures include standardized criteria by which a participating project may justify rejecting a referral.	☐	
	10. CoC's written CE policies and procedures document uniform process for managing rare instances of referral rejection, as well as the protocol the coordinated entry process must follow to connect the rejected household with a new project.	☐	
	11. Upon referral, CoC participants receive clear information about the project they are referred to, what participants can expect from the project, and expectations of the project.	☐	
	12. CoC identifies a referral entity, agency, CoC-subcommittee, or other decision-making entity empowered by the CoC to manage the process of referring participants to available CoC housing and	☐	
	13. If a CoC participant is prioritized for permanent supportive housing (PSH) but no PSH resources are available, that participant is offered any other CoC resource available in the CoC's geographic area.	☐	
	14. CoC establishes a minimum set of participant information associated with a referral and which will be shared by a referring agency/entity with the project receiving the referral.	☐	
	15. CoC establishes alternate processes to identify suitable options when projects reject a participant and when participants reject a project.	☐	
	16. CoC employs a 'Housing Navigator' function to ensure efficient and effective enrollment, and subsequent movement from one CoC project to another. While specific 'Housing Navigator' functions will vary from CoC to CoC, typical duties include the following:	☐	
	• Work closely with referral agencies regarding eligibility determination.		
	• Develop a Housing Stability Plan.		
	• Complete housing applications.		

	• Perform housing search and placement.		
	• Outreach to and negotiations with landlords.		
	• Assisting with submitting rental applications and understanding leases.		
	• Addressing barriers to project admissions.		
	Participant Autonomy.		
	17. CoCs incorporate a person-centered approach into the referral process. That approach is documented in CoC's written policies and procedures for coordinated entry management. A person-	☐	
	• Participant choice in decisions such as location and type of housing, level and type of services, and other project characteristics, including assessment processes that provide options and recommendations that guide and inform participant choice, as opposed to rigid decisions about what		
	• Clear expectations concerning where participants are being referred, entry requirements, and		
Optional	**Referrals to Participating Projects.**		
	18. CoC establishes referral zones or referral regions within the geographic area of the CoC. These referral zones are designed to avoid forcing persons to travel or move long distances to be assessed or	☐	
	19. CoC transmits participant referral information electronically, via the CoC's HMIS or other data	☐	
F. DATA MANAGEMENT			
	Click on the checkbox to indicate that the item is fulfilled.	☑	**Please elaborate on the response for the indicated answer. How can we**
Required	**Core Requirements.**		
	1. When using an HMIS or any other data system to manage coordinated entry data, CoC ensures adequate privacy protections of all participant information per the HMIS Data and Technical Standards at (CoC Program interim rule) 24 CFR 578.7(a)(8).	☑	
	HMIS Coordinated Entry Notice: Sections II.B.3 and II.B.13		
	Privacy Protections.		
	2. CoC's written CE policies and procedures include protocols for obtaining participant consent to share	☑	
	store participant information for purposes of assessing and referring participants through the		
	HMIS Coordinated Entry Notice: Section II.B.12		
	3. CoC prohibits denying services to participants if the participant refuses to allow their data to be	☑	
	unless Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of program participation.		
	HMIS Coordinated Entry Notice: Sections II.B.12.a and II.B.13		
	4. If using HMIS to manage coordinated entry functions, CoC ensures all users of HMIS are informed and understand the privacy rules associated with collection, management, and reporting of client data.	☑	Meeting HUD requirements, but need to update privacy and security policies. Training could be expanded.
	HMIS Coordinated Entry Notice: Section II.B.12		
Recommended	**HMIS Use.**		
	5. CoC uses HMIS as part of its coordinated entry process, collecting, using, storing, sharing, and reporting participant data associated with the coordinated entry process.	☐	
	Privacy Protections.		
	6. CoC only shares participant information and documents when the participant has provided written	☐	
Optional	**Data Systems Management.**		
	7. CoC imports and exports data to support collaboration between homeless service providers and mainstream resource providers (Medicaid, criminal justice re-entry programs, healthcare services,	☐	
	8. CoC integrates data between multiple data systems to reduce duplicative efforts and increase care coordination across providers and funding streams.	☐	

	9. CoC manager and maintain a lirt of referral rerourcer in arystematic way that encouragerr high data quality and utilizer the AIRS Taxonamy to enrure uniformity in naming and dercribing rerourcer.	☐	
	HMIS Functionality.		
	10. CoC automater coordinated entry procerrer including rerource prioritization, prioritization lirt management, and eligibility determination.	☐	
G. EVALUATION			
	Click on the checkbox to indicate that the item is fulfilled.	☑	**Please elaborate on the response for the indicated answer. How can we**
-- Required --	**Core Requirements.**		
	1. CoC consults with each participating project and project participants at least annually to evaluate the intake, assessment, and referral processes associated with coordinated entry. Solicitations for feedback must address the quality and effectiveness of the entire coordinated entry experience for	☑	
	HUD Coordinated Entry Notice: Section II.B.1.5		
	Evaluation Methods.		
	2. CoC ensures through written CE policies and procedures the frequency and method by which the CE 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	☑	
	HUD Coordinated Entry Notice: Section II.B.1.5		
	Privacy Protections.		
	3. CoC ensures adequate privacy protections of all participant information collected in the course of the annual coordinated entry evaluation.	☑	
	HUD Coordinated Entry Notice: Section II.B.12		
Recommended	**Evaluation Methods.**		
	4. CoC incorporates system performance measures or other evaluation criteria into their required annual coordinated entry evaluation plan.	☐	
	5. CoC ensures that evaluation is part of the implementation planning process from the inception of CE:	☐	
	• Determine which aspects of the effectiveness of the system will be measured.		
	• Determine which aspects of the process will be evaluated for fidelity to the policies and procedures.		
	• Determine how to gather data to track the selected measures.		
	• Determine whether and how to use the evaluation results to inform other aspects of the system planning and monitoring.		
	Stakeholder Consultation.		
	6. CoCs employ multiple feedback methodologies to ensure participating projects and households have frequent and meaningful opportunities for feedback. Feedback methodologies include the following:	☐	
	• 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; and		
	• Individual interviews with participating providers and enough participants to approximate the diversity of participating households.		