HUD CoC Committee – Meeting #5  
5/19/20– 2:00 – 4:30 pm

Topic: HUD CoC Committee Meeting  
Time: May 19, 2020 02:00 PM Pacific Time (US and Canada)  
Every month on the Third Tue,

Join Zoom Meeting  
https://us02web.zoom.us/j/82227753659  
Meeting ID: 822 2775 3659

Dial by your location  
+1 669 900 6833 US (San Jose)  
+1 346 248 7799 US (Houston)  
+1 253 215 8782 US (Tacoma)  
+1 312 626 6799 US (Chicago)  
+1 646 558 8656 US (New York)  
+1 301 715 8592 US (Germantown)

Find your local number:  
https://us02web.zoom.us/u/kdmbhL1CaV

All HUD CoC Committee Meetings are public. Homeless and Formerly Homeless Alameda County residents are encouraged to attend. **Public Comment will be taken at the beginning of each meeting and is limited to 2 minutes per person.**

Goals for The Meeting
- Public Comment, if any
- Approval of past Meeting Minutes (Meeting #4 – 4.21.20)
- Review and approval of recommendation of SCC for designation of Management Entity

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<tr>
<th>#</th>
<th>Item</th>
<th>Purpose</th>
<th>Time</th>
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<tbody>
<tr>
<td>1</td>
<td>Welcome and Introductions – Doug Biggs, HUD CoC Committee Chair</td>
<td>• Welcome and introductions and roll call</td>
<td>2:00 – 2:05 pm</td>
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<tr>
<td>2</td>
<td>Public Comment</td>
<td>• Public addresses HUD CoC Committee</td>
<td>2:05 – 2:10 pm</td>
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|   | Approval of Meeting Minutes - **ACTION ITEM** | • Review and approve past minutes-  
  o Meeting #4 – 4.21.20  
  o VOTE | 2:10 – 2:15 pm |
|---|---|---|---|
| 4 | Staff Report – Jessie, EOH Team **UPDATE** | • Update on NOFA  
  • Update on EOH staffing and consulting | 2:15 – 2:30 pm |
| 5 | HIC and Needs Assessment  
HMIS team **DISCUSSION** | • HIC update, Needs Assessment | 2:30 – 3:00 pm |
| 6 | Management Entity Approval  
EOH Staff **ACTION ITEM** | • Review and approve recommendation of SCC for designation of Management Entity - **VOTE** | 3:00-3:30 pm |
| 7 | System Modeling – Jessie Shimmin, EOH Staff **DISCUSSION** | • The most recent presentation on System Modeling with Racial Equity Impact is included in the packet.  
  • Jessie will provide an update on System Modeling. | 3:30-4:00pm |
| 8 | Announcements and Next Meeting/Agenda | • Announcements | 4:00-4:10pm |
HUD CoC Committee – Meeting #4
4/21/20– 2:00 – 4:30 pm

Zoom: Topic: HUD CoC Committee Meeting
Time: Apr 21, 2020 02:00 PM Pacific Time (US and Canada)

Join Zoom Meeting
https://zoom.us/j/99832354100
Meeting ID: 998 3235 4100

All HUD CoC Committee Meetings are public. Homeless and Formerly Homeless Alameda County residents are encouraged to attend. Public Comment will be taken at the beginning of each meeting and is limited to 2 minutes per person.

Goals for The Meeting
- Public Comment, if any
- Approval of past Meeting Minutes (Meeting #3 – 3.17.20)
- Review and approval of modification of 2020 HUD CoC Work Plan

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<tr>
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<td>Welcome and Introductions – Doug Biggs, HUD CoC Committee Chair</td>
<td>• Welcome and introductions and roll call</td>
<td>2:00 – 2:05 pm</td>
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<td></td>
<td></td>
<td>Committee: Doug Biggs, Paulette Franklin, Marnelle Timson, Riley Wilkerson, C’Mone Falls, Ja’Nai Aubry, Andrew Wicker</td>
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<td>EveryOne Home Staff: Elaine de Coligny, Jessie Shimmin, Dorcas Chang, Alexis Lozano</td>
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<td>HCD: Patrick Crosby, Andy Duong</td>
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<tr>
<td>2</td>
<td>Public Comment</td>
<td>• Public addresses HUD CoC Committee</td>
<td>2:05 – 2:10 pm</td>
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<td></td>
<td></td>
<td>• No Public Comment</td>
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| 3 | Approval of Meeting Minutes - **ACTION ITEM** | • Review and approve past minutes-  
  o Meeting #3 – 3.17.20 | 2:10 – 2:15 pm  
  • 3rd page, Item 5, 3rd Column:  
  o Clarify that DV set aside project Ruby’s Place was funded and DV expansion was not  
  o Typo - should be ‘says’ instead of ‘stays’  
  • Andrew made motion to approve minutes with edits. Marnelle seconded.  
  • Abstentions: 0  
  • In favor: all  
  • Opposed: None |
|---|---|---|---|
| 4 | Staff Report – Elaine de Coligny, EOH Team **UPDATE** | • Update on NOFA  
  • Update on EOH staffing and consulting  
  • Update on HHAP funds | 2:15 – 2:40 pm  
  • NOFA:  
  o HUD recognized how burdened the projects are in COVID-19 response but by law there still needs to be an annual competition. They are working to reduce the burden on the competition.  
  o Unsheltered NOFA and YDHP are delayed.  
  • Staffing and Consulting:  
  o For EOH Staffing, EOH is working on Tides to get approval for CoC manager position to release within a week.  
  o EveryOne Home is preparing to send out an RFP sometime next week for a consulting firm to help with our NOFA submission.  
  ▪ 4 consulting firms are interested  
  • HHAP funds:  
  o Working with Kerry Abbot and Suzanne Warner on defining use of the 5 million that is going to housing subsidy and/or prevention and housing problem solving  
  o We have committed as a system to using housing problem solving strategy and will use the funding for CoC design and strategy to train and build skills for housing problem solving  
  o Board of Supervisors will vote next week to receive the HHAP funds  
  • Management Entity:  
  o Anticipate an evaluation of what came in from RFI and how to move forward  
  o Will go through SCC and then come to HUD CoC for a formal vote and then expect to enter a formal MOU negotiation |
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<tr>
<th>Request from HMIS Oversight Committee on Consent Policy – Jessie Shimmin, EOH Staff</th>
<th>Action</th>
<th>Discussion</th>
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<tr>
<td><strong>System Performance – Jessie Shimmin, EOH Staff</strong></td>
<td><strong>System performance measures submitted. They are provided in packet.</strong></td>
<td><strong>3:10-3:40pm</strong></td>
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<td>Jessie gave presentation on system performance measures that were submitted at the end of February.</td>
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<td>Discussion:</td>
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<td>People are staying in our programs longer and are not able to resolve their homelessness and there are more people homeless.</td>
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<td><strong>Request from HMIS Oversight Committee on Consent Policy – Jessie Shimmin, EOH Staff</strong></td>
<td><strong>Review and approve modification to 2020 CoC Work Plan on HMIS Oversight activity for Review and Approval of HMIS Privacy and Security Plans in June to focus on consent - VOTE</strong></td>
<td><strong>2:40–3:10 pm</strong></td>
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<td>Out of COVID-19, HMIS lead created a new emergency policy in late March/early April to allow for electronic signature and verbal consent to participate in HMIS. This allows HMIS to be done over the phone and in person at a safe distance.</td>
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<td>This practice is already in place.</td>
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<td>HMIS oversight co-chairs and Doug worked with Patrick and Jessie to produce a revised policy to include the electronic signature/verbal consent, but still prioritized a hard signature.</td>
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<td>In general, everyone is supportive of broadening ways to allow consent to be collected during COVID-19 and interested in expanding way we offer consent. This will segue into looking at how we collect things and what is allowable.</td>
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<td>Suzanne Warner at HCD has recommended creating a document that summarizes what the policy/practice is right now, what is required by HUD, and what we want the policy/recommendations to be.</td>
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<td>However, it is too big of a lift for the HMIS team to revise the entire privacy and security right now. June would be a good starting place.</td>
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<td>Marnelle made motion for the HUD CoC Committee approve the interim change to allow electronic signature and verbal agreement and will wait for report recommendations in June.</td>
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<td>C’Mone seconded.</td>
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<td>Abstentions: 0</td>
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<td>In favor: all</td>
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<td>Opposed: None</td>
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- Anything you want to communicate to HUD about reducing burden for the NOFA process can be done through the AAQs
While the proportion of people exiting out of homelessness is an improvement, we know that we are serving a smaller slice of the overall homeless population.

Since we will be judged in the NOFA by these performance measures, as a CoC we should look at which measures we want to try to improve and come up with a strategy.

- Look at returns to homelessness from PSH
- Look at trying to drive down returns to homelessness with new HHAP investment for housing problem solving
- How do we make exits stick better since a lot of times people don’t have enough income to sustain their housing long term in the private housing market?
  - When it comes to PSH, people move in and stay
  - People’s housing fall apart in shared housing or an independent market housing
    - We can target these folks with our prevention funds if this is a measure we want to try and impact
- Looking at system performance measures more often would be helpful.
- It is not a heavy lift to generate the report in HMIS but data accuracy might be an issue.
- Doug, Andrew, Jessie, and Elaine can have a conversation on what performance measures we want to impact and what is the strategies we want to deploy over the next to try and impact this.
  - Maybe look at returns to homelessness or length of time homeless
  - Get back to HUD CoC in a couple of months
- At some point this year, good to have a conversation on how we want to use HIC/PIT and system performance measures to set agenda for impacting performance.
- Possible for programs to run system performance measures? How do we educate program on what is being collected?
  - Can work to educate providers what they are seeing in APR and how that contributes to system performance
  - All agencies should be running reports about how many people are in their program and close to what they think should be in their program
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<th>7</th>
<th>System Modeling – Jessie Shimmin, EOH Staff</th>
<th>DISCUSSION</th>
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<td>• The most recent update provided to the System Modeling Leadership is included in the packet.</td>
<td>3:40-4:10pm</td>
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<td></td>
<td>• Jessie presented system modeling work.</td>
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<td></td>
<td>o We folded a racial equity impact analysis into the modeling project which impacts the thinking in what our system needs to be successful.</td>
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<td>o Big shift from one time/time limit support based on funding needs towards ongoing support based on income</td>
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<td></td>
<td>o Thinking about structural racism in a way that puts up barriers and impediments to economic mobility</td>
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<td>o A lot of collaboration and support to do the equity analysis.</td>
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<td>▪ Susan Shelton, Public Health Department, Supervisor Chan’s office are key partners</td>
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<td>o We are seeing the struggle in making RRH work in this market at this time. We need to connect folks to long term public housing subsidies</td>
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<td></td>
<td>▪ Afraid that people are going to use more RRH in covid-19</td>
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<td>▪ A lot of people trying to make it work with RRH while they wait for PSH</td>
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<td>▪ Foregone conclusion is that they can’t afford this market</td>
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<td></td>
<td>▪ Note that FMR fluctuates and has direct impact on what we get from PSH</td>
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<td>• Comments:</td>
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<td>o System modeling has really upscaled our projection of needs to solve homelessness in our current market with the difference between housing cost and people’s income.</td>
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<td>o Impressed with how things have progressed</td>
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<td>o The system modeling work is going to impact the NOFA process and the recommendation the committee makes around the allocation of funds.</td>
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<td>o By Friday, Jessie will have a better version of the system modeling work to circulate publicly.</td>
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<th>X</th>
<th>HIC – HCD and Jessie Shimmin, EOH Staff</th>
<th>UPDATE</th>
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<tr>
<td></td>
<td>• Update from staff and HMIS lead on progress</td>
<td>4:10-4:20pm</td>
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<td></td>
<td>• Andy presents the HIC.</td>
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<td>• The agencies highlighted in red are the ones HCD does not have contact with.</td>
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<td>o 9 agencies total</td>
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<td>o Need help for these agencies</td>
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<td>• Rest of the agencies, they have back and forth communication with.</td>
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<td>• Bottom line, HCD will have a pretty complete draft by the end of the month</td>
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| 9 | Announcements and Next Meeting/Agoenda | COVID-19 Update  
Ballot Measure Update | 4:20-4:30pm  
Dorcas will send calendar invites for rest of HUC CoC meetings.

- Riley will draft email to individual jurisdiction about agencies in red and ask them to send it on CoC behalf to get a response.
- EBCRP – doesn’t have SSVF grants anymore. Delete.
- In a few weeks, we will have the HDX.
- HUD deadline extended to June so the HIC should be available at the next meeting.
- Can send draft to Jessie and Joyce for system modeling
- HUD CoC can take a look before it is finalized
RECOMMENDATION: Recommendation to HUD CoC Committee to Develop and Negotiate a Coordinated Entry Management Entity MOU between HUD CoC Committee and Alameda County Healthcare Services Agency

DEVELOPED BY: SCC Work Group

DATE: May 12, 2020

BACKGROUND
On March 26, 2020, the HUD CoC Committee released the Request for Interest for Coordinated Entry Management Entity. One response was received from the Alameda County Healthcare Services Agency and reviewed by a subcommittee of the System Coordination Committee. The subcommittee reviewed the submission, scored the submission to ensure it met minimum expectations of a respondent, and provided comments for consideration by the HUD CoC Committee in the formulation of an MOU.

RECOMMENDATION TO HUD COC COMMITTEE
Develop and execute an MOU between HUD CoC Committee and the Alameda County Healthcare Services Agency which designates HCSA as the Coordinated Entry Management Entity and outlines the expectations and responsibilities of the Coordinated Entry Management Entity. The MOU should be in alignment with the EveryOne Home Governance Charter and may also outline expectations and responsibilities of the HUD CoC Committee (and related committees) in the planning, oversight, and evaluation of Coordinated Entry. Authorize consultant Katherine Gale to develop the MOU in consultation with both parties, and authorize the CoC Chair, SCC Chair and EveryOne Home ED to negotiate the MOU on behalf of the HUD CoC Committee.
REQUEST FOR INTEREST
Coordinated Entry Management Entity

RELEASED BY
HUD Continuum of Care Committee

MARCH 26, 2020

PURPOSE
EveryOne Home, as the lead agency for the CA-502 Oakland, Berkeley/Alameda County Continuum of Care (CoC), is requesting expressions of interest from potential partners to serve as the Coordinated Entry Management Entity on behalf of the CoC and covering its entire geographic area. The intent of this Request for Interest (RFI) is to:

- Identify parties interested in being designated by the HUD CoC Committee to act as the Coordinated Entry Management Entity;
- Outline specific activities, implementation timelines, reporting and communication structures, and funding sources that may be used by interested parties to fulfill the responsibilities of a Coordinated Entry Management Entity;
- Inform the development of a Memorandum of Understanding between the HUD CoC Committee and any potential Coordinated Entry Management Entity.

BACKGROUND
CoC’s are required by the Department of Housing and Urban Development to establish and operate a “centralized or coordinated assessment system” (referred to as “coordinated entry” or “coordinated entry process”) with the goal of increasing the efficiency of local crisis response systems and improving fairness and ease of access to resources. The documents below provide information about federal requirements and guidelines, as well as, system design, governance, policies and procedures, and evaluations of coordinated entry in Alameda County:

CoC Program Interim Rule
Coordinated Entry Notice
Coordinated Entry Policy Brief
ESG Program interim rule
Coordinated Entry Core Elements
2014 Prioritization Notice
2016 Prioritization Notice
The Alameda County coordinated entry process was launched in November 2017. EveryOne Home’s HUD CoC Committee is responsible for establishing and operating coordinated entry in Alameda County and for ensuring that the appropriate formal structures are in place to complete the work, including:

- **An evaluation entity** to assess the performance of the system and create a feedback loop to the policy oversight entity. System Coordination Committee authorized EveryOne Home, to act as the evaluation entity in 2019-2020. During that time period EveryOne Home conducted the Coordinated Entry Compliance Review, 2020 Coordinated Entry Evaluation, and the Coordinated Entry Assessment and CE 2.0 Action Plan. All monitoring and evaluation reports are reviewed by the HUD CoC Committee.
A policy oversight entity to establish and review coordinated entry policies and procedures. The HUD CoC Committee authorized the System Coordination Committee to act as the policy oversight entity. Policies and procedures adopted by System Coordination Committee are documented in the Alameda County Housing Crisis Response System Manual. The manual is reviewed and approved annually by HUD CoC Committee.

A management entity to implement the day-to-day operations of the process. Through this RFI, the HUD CoC Committee is seeking information from potential partners interested in acting in this capacity.

The System Coordination Committee and HUD CoC have identified the following responsibilities to be fulfilled by the Coordinated Entry Management Entity.

a. Ensure that the Coordinated Entry process is conducted in an accessible, standard, fair, and consistent manner and connects households to the appropriate service or resource in a timely manner according to requirements and recommendations outlined by HUD, and addresses the required Core Operational Functions for CE Management Entities identified by System Coordination Committee as necessary for a functioning system in Alameda County
b. Provide appropriate staffing levels to fulfill management entity tasks
c. Communicate clearly and accessibly to the public on how to access and use Coordinated Entry, as well as how to grieve any part of the process
d. Authority to make operational decisions and to ensure participation in CE
e. Provide system wide training to CE staff/ host learning communities or other practices to ensure standard practices
f. Manage an updated inventory of CE resources and ensure fair and efficient matching to resources
g. Provide regular CE Management Reports to System Coordination Committee/HUD CoC similar to the Sample Coordinated Entry Monitoring Reports developed by System Coordination Committee
h. Carry out the improvement recommendations as outlined in the Coordinated Entry Assessment and CE 2.0 Action Plan

REQUESTED INFORMATION
Any partner interested in acting as the Coordinated Entry Management Entity, should provide the following information to the HUD CoC Committee:

1. Official Name of Potential Partner
2. Street Address, City, State, Zip Code

3. Primary Contact Name

4. Primary Contact Email Address

5. Primary Contact Phone Number

6. Describe the partner’s interest in serving as the Coordinated Entry Management Entity.

7. Based on the responsibilities detailed (a-h) above, describe the capacity the partner has, or plans to have, and what activities the partner will undertake as the Coordinated Entry Management Entity to meet the expectations and requirements of the CoC? Be sure to address staffing, technology, and communications capacity as well as authority to ensure participation and compliance with CE policies and procedures in the response.

8. If additional capacity is necessary to meet expectations and requirements, please provide information on how the partner would develop and sustain that capacity.

9. Provide a preliminary budget, potential staffing structure, and implementation timeline for Coordinated Entry Management Entity functions.

10. Identify existing funding sources or potential sources for covering the costs of the Coordinated Entry Management Entity.

RESPONSE FORMAT

All submissions must be received through the online form (link provided below) by 5pm on May 1, 2020.

Link to online form: Response to Coordinated Entry Management Entity RFI

CONTACT INFORMATION

For questions related to this RFI, please contact jleadbetter@everyonehome.org.
Official Name of Potential Partner: Alameda County Health Care Services Agency
Street Address, City, State, Zip Code: 1000 San Leandro Blvd #300, San Leandro, CA 94577
Primary Contact Name: Kerry Abbott
Primary Contact Email Address: Kerry.abbott@acgov.org
Primary Contact Phone Number: (510) 914-1832

Description of Interest in Serving as the Coordinated Entry Management Entity:
Alameda County Health Care Services Agency (HCSA) is the administrative and oversight body for our health jurisdiction which includes the County Departments of Behavioral Health Care, Environmental Health, and Public Health. The ultimate mission of HCSA is to achieve health equity by working in partnership to provide high quality services, foster safe and healthy communities, and promote fair and inclusive opportunities for all residents.

Safe, quality and affordable housing is one of the most basic social determinants of health. When our residents do not have a stable healthy place to live, it affects both individual health as well as the health of our county as a whole. Ensuring a highly effective Coordinated Entry System - guaranteeing that the highest need, most vulnerable households in the community are prioritized for services and that the housing and supportive services in the system are used as efficiently and effectively as possible - is core to HCSA's mission to achieve health equity and paramount to supporting our community’s health and well-being.

To this end, HCSA has acted as a leader in Coordinated Entry administration in Alameda County since 2017, contracting for Housing Resource Centers, outreach, navigation, and landlord liaison services, in addition to providing the tools for prioritization and referral to shelter and housing assistance.

HCSA established the Office of Homeless Care and Coordination (OHCC) in 2019 to improve efficiency and collaboration within the agency and with external partners, and to serve as a point of contact across the county. With the goal of building a robust, integrated, and coordinated system of homelessness and housing services, the new office works across two key objectives:

1. Planning and Coordination, which includes:
   • Participating in Systems Modeling with a goal of integrating the work into existing strategic plans;
   • Facilitating increased partnership with cities;
   • Representing the County in the Continuum of Care and Coordinated Entry;
   • Supporting countywide collaboration in areas of governance – including facilitation of the Department Head Round Table and Operations Committee, policy development, and data sharing;
   • Working on sustainability and integration of services.

2. Implementation of Proposed Service Expansions to include:
   • The expansion of coordinated countywide street engagement, building on existing efforts to provide low-barrier access to physical and behavioral health services, and linkages to housing and services through Coordinated Entry;
   • Improving client experience and flow with increased interim housing options; and
   • Improving encampment health response, to be aligned and coordinated with existing county/city outreach and sanitation services.

Agency Capacity
Ensure an accessible, standard, fair, and consistent Coordinated Entry process
HCSA is prepared to provide accessible coordinated entry processes and to make sure that practices across all regions/zones are standard, fair and consistent through monitoring, training, regular communication, convening, and ongoing contract oversight. To this end, HCSA is aware of and will ensure that all core Coordinated Entry (CE) management functions are fulfilled, including all the detailed functions listed within the seven categories of: System Management; Access; Assessment; Prioritization; Referral, Matching, and Placement; Data Management; and Monitoring and Evaluation. Uniquely poised to achieve this task, HCSA’s capacity to serve as CE management entity is exemplified by:

1. Long-standing partnerships - HCSA has a proven history of successful collaboration with local government housing, planning, education, and community development agencies, community-based organizations, public health departments, philanthropic organizations, healthcare providers, and other stakeholders working collectively to address homelessness in the county.

2. Innovative Funding Practices - HCSA has demonstrated a strong history of leveraging resources to improve the health of its jurisdiction. As an example, we pioneered the strategy of acquiring a designation of a 230H Federally Qualified Health Center for our Health Care for the Homeless Program, which provides over $10 million annually in health and supportive services to our county’s homeless population, and has been looked to as a national model of homeless health service provision.

3. Established Fiscal Management, Procurement and Reporting Infrastructure - HCSA manages an annual budget of close to $1 Billion of which approximately $45 million is dedicated to homeless programming, and brings a sound track record of conformance to all external fiscal and programmatic requirements and extensive experience providing contract oversight, requisite documentation, and funds management.

4. Ongoing and future collaboration with the CoC to improve the CES including:
   a) Improving CE data collection in HMIS by engaging with the Housing and Community Development Department and Bitfocus to restructure the CE workflow in HMIS and implement HMIS changes to meet the HUD CE data standards;
   b) Undertaking a CE 2.0 redesign and implementation process with EveryOne Home, focusing on simplifying the CE structure for improved efficiency and access, funding and implementing an enhanced housing problem solving (diversion) practice, streamlining and phasing the assessment process, and clearly identifying the inventory of housing resources available through Coordinated Entry; and
   c) With support from HUD Technical Assistance team from Abt Associates and Corporation for Supportive Housing, HCSA is working with the CoC and many stakeholders on a countywide system modeling effort to design and implement an optimal Housing Crisis Response system that will both address the crisis needs of people experiencing homelessness as well as their permanent housing needs. This work, with a foundational race equity analysis has already informed funding and services decisions within the system of care.

5. Investment in Outcomes - HCSA is committed to ongoing evaluation and improvement of homeless services, spearheading the implementation of Results Based Accountability efforts to assess efficacy of services across the entire homeless system of care on an on-going basis. In addition, HCSA was instrumental in assessment and analysis of existing capacity and budgeted for the implementation phase of the CE 2.0 Action Plan, acting as a key participant in designing the new action plan and evaluating the prior plan.
Provide Appropriate Staffing Levels to Fulfill Management Entity Tasks

HCSA's proposed staffing of the CES management team is as follows:

1. OHCC Director (0.25) - to oversee overall implementation and integration of CES into the county homeless system of care.
2. CES Coordinator (1.0 FTE)- to oversee daily implementation of CES management activities including data management, staffing, contract oversight, training, staff supervision, and other activities as indicated.
3. CES Program Specialist (3.0 FTE) to lead Housing Resource Center, Outreach, and Problem Solving CES planning, communication and implementation across the three identified areas.
4. Senior Data Analyst (1.0)- Responsible for monitoring, analyzing, and reporting of HMIS data, providing training, designing security procedures and developing reports.
5. Home Stretch Staff (4.0 FTE)- to ensure implementation of matching and prioritization protocols for permanent supportive housing across regions and providers.
6. Administration Assistant (1.0 FTE) – to provide administrative support to OHCC Director and CES Coordinator.
7. CE Grievance Program Specialist (1.0) – Responsible for implementation and handling of all CE grievances and training/support to all county homeless service providers around handling of grievances.

In addition, Homeless Zone Coordinators employed by Health care for the Homeless (4 FTE) will support system implementation by participating in regional case conference meetings and Housing Resource Center (HRC) operations meetings; maintaining regular communication with cities, providers, and other stakeholders from the 5 regions; and incorporating street health outreach teams with the Coordinated Entry System.

Communicate on How to Access and Use the Coordinated Entry Process

HCSA has and continues to implement numerous strategies to ensure effective communication regarding the use of the CES, including but not limited to:

1. Facilitating the collection of information from HRC providers to inform the creation of informational materials to help the public access Coordinated Entry;
2. Providing regular communication with Eden I&R/211 which acts as the information and referral line with multiple language and TDD capacity as an initial referral portal;
3. Presenting on the Coordinated Entry System to providers across the safety net system (housing providers, health care, mental health, substance use etc.) and creating tools and information in a resource database (Elemeno);
4. Posting information for the public on the Health Care for the Homeless website, COVID-related on the Public Health website; and
5. Implementation of the county’s CES grievance system.

Authority to Make Operational Decisions

As the designated point of contact for homeless response efforts in the county, HCSA OHCC has the authority and infrastructure to make operational decisions to ensure participation in CE. A key operational component to achieve this is the implementation of contracting mechanisms. For example, HCSA together with the Housing and Community Development Department implemented CE in Alameda County by funding leads in each of the 5 regions to create brick-and-mortar access points, and infrastructure (monthly meetings and subcontracts) to bring providers together, provide outreach and assessments, and to match people in need to available resources. As part of this initiative, Eden I&R was also contracted to provide housing problem solving over the phone and a single access point to connect individuals with the Housing Resource Centers. In addition, HCSA contracts with street outreach and Social Services Contracts with shelter providers include language requiring participation in CE.
Provide system wide training
HCSA has extensive experience providing system wide training to implement varied county-wide initiatives. Some specific training activities relevant to CE include:

1. Alameda County Care Connect (AC3), the county’s Whole Person Care pilot, provides ongoing learning collaboratives and a monthly training calendar for homeless providers. They have also hosted two 6-month-long Care Communities intensives to bring together homeless service providers, health care, and behavioral health providers serving the Care Connect eligible population and provide these organizations with extensive training and coaching for quality improvement.
2. HCSA assisted EOH and City of Oakland with trainings across the five regions including Housing Navigation and Housing Problem Solving.
3. HCSA staff has conducted provider trainings on a menu of topics including documenting chronic homelessness, housing assistance funds, outreach best practices, using HMIS, and shelter operator best practices.
4. HCSA co-hosted the first HRC Implementation Learning Community from 2017-2018 with weekly and then biweekly meetings as Coordinated Entry was just beginning.
5. HCSA is currently hosting a Permanent Supportive Housing provider learning community to improve quality.

Manage an updated inventory of CE resources
HCSA is well placed to manage and update inventory for CE resources. Existing agency efforts include:

1. Management of the Permanent Supportive Housing resource and matching system
3. Management of state and local COVID-19 emergency non-congregate shelter programming for homeless individuals
4. Working in coordination with the county Department of Housing and Community Development to make HMIS and existing resource inventory responsive to HUD standards.
5. Use of the Social Health Information Exchange, an electronic record application that summarizes curated information from different organizations involved in the care of homeless individuals, to take health conditions into account and help with prioritization, connecting to other data systems, a larger community of providers and a menu of resources.

Provide regular CE Management Reports to System Coordination Committee/HUD CoC
Capacity to provide reports is incorporated into the proposed addition of a Data Management Analyst on the CES management team who will take the lead on the following activities:

1. Coordinate CES monitoring and evaluation activities;
2. Coordinate and provide training for data analysis to service providers;
3. Provide quality control/assurance;
4. Manage analysis of point of service data;
5. Ensure regular, accurate monitoring reports from providers on all required indicators; and
6. Facilitate annual workplans and additional trainings as necessary.

Carry out 2.0 Action Plan improvement
As detailed above, HCSA has been integral in the development of the 2.0 Action Plan, is committed to realizing the improvements identified in the Coordinated Entry assessment, and has existing mechanism (training, contracting, communication, etc.) to carry out the improvements identified above.
**Need for Additional Capacity**

HCSA has already secured funding to support core staff to implement essential CES management functions. Moving forward, additional staff will be necessary to carry out CE improvement and expansion. Further, over the next 18 to 24 months HCSA will build up capacity to implement data, training, evaluation, and communications activities necessary to meet expectations and requirements across the CES seven management functions outlined by HUD.

**Preliminary Budget, Potential Staffing Structure, and Implementation Timeline**

<table>
<thead>
<tr>
<th>Personnel</th>
<th>FTE</th>
<th>Annual Salary</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>OHCC Director</td>
<td>0.25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CES Coordinator</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CES Program Specialists: HRC, Matching, Problem solving, Grievance</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Management Analyst</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Stretch program Specialists: Matching and Prioritizations</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative Assistant</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>1,207,250</td>
<td></td>
</tr>
</tbody>
</table>

| Benefits @50%                                  | 603,625 |

<table>
<thead>
<tr>
<th>Other Costs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training Materials - venue costs, workshop supplies, food</td>
<td>10,000</td>
</tr>
<tr>
<td>Operations - equipment, software fees, postage, telephone, utilities, supplies, etc.</td>
<td>98,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>108,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contract</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>IT Data Integration - combining data across systems to improve tracking and provision of services</td>
<td>25,000</td>
</tr>
<tr>
<td>Evaluation and Planning -</td>
<td>50,000</td>
</tr>
<tr>
<td>Communications - Implementation of multi-system, multi-lingual digital and grass roots communication strategies to improve of CES</td>
<td>50,000</td>
</tr>
<tr>
<td>CES Consulting - to implement planning efforts including systems modeling and the CES 2.0 Action Plan</td>
<td>122,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>247,000</td>
</tr>
</tbody>
</table>
CES Management Implementation Timeline

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onboard staff</td>
<td>7/1/2020</td>
</tr>
<tr>
<td>Develop and disseminate updated CES service communication materials</td>
<td>9/1/2020</td>
</tr>
<tr>
<td>Design and deliver provider trainings</td>
<td>10/1/2020</td>
</tr>
<tr>
<td>Facilitate and Convene Meetings</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Implement Case Conference review</td>
<td>8/1/2020</td>
</tr>
<tr>
<td>Quality Control</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Communication and Marketing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Policies and procedure</td>
<td>10/1/2020</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Annual</td>
</tr>
</tbody>
</table>

**TOTAL BUDGET** 2,165,875

**Existing and Potential Funding Sources**

Existing and Potential funding sources include the Alameda County General Fund, U.S. Department of Housing and Urban Development CoC funding, the California Homeless Housing, Assistance, and Prevention Program (HHAP) grant program, Alameda County’s 1115 Waiver Whole Person Care program (AC3) funds, California Local Mental Health Services Act funds, and County-Based Medi-Cal Administrative Activities (CMAA) funds.
EveryOne Home/HUD CoC Committee - CE Management Entity Request for Interest

Coordinated Entry Management Entity Subcommittee Scoring Sheet

General comments/discussion from the Subcommittee:

With only one respondent, the scoring sheet was not used for scoring since it is not a competitive process. Subcommittee agreed that the HCSA RFI response met the requirement for submission and comments on the response will be documented for the purposes of procurement accountability and for guidance to Katharine Gale in developing the MOU with the HUD CoC Committee and HCSA.

Subcommittee agreed:

- Appreciation and thanks go to HCSA for stepping up to this necessary role and for bringing the agency’s experience and capabilities to manage and improve Coordinated Entry. The agency is a good fit for this countywide role and having HCSA as the CE Management Entity has great promise for an improved CE and housing crisis response system.
- Response did a great job detailing general experience and capacity of HCSA but did not spell out what they are planning to do and how they might do it very clearly. Subcommittee sees the process of developing the MOU as an opportunity to learn more about what HCSA is considering and to plan together.
- Subcommittee recommends to SCC that HUD CoC Committee moves forward with the development of an CE Management Entity MOU with HCSA. And that it considers a conversation framed as:
  - Here are things we think HCSA has thought about and we’d like to know more.
  - Here are things we think we need to negotiate.
- One significant question that the subcommittee had was: How will HCSA ensure that all homeless and at-risk populations are served by CE? The direction coming out of system modeling for the future includes a lot of interventions for extremely low-income people who are not necessarily in poor health. Racial equity analysis has also shown that there are communities that don’t want to or need to engage in healthcare as the access to the housing system. How will HCSA manage a holistic, integrated set of CE activities and housing interventions, expanding or changing from their prior focus of PSH and health vulnerability? How will they operationalize to provide truly equitable and accessible services?
- The second significant question that the subcommittee had was: How can the MOU define and structure both the operational role of the management entity and the monitoring, oversight, and evaluation role of the SCC/HUD CoC so that both roles support and enhance the responsiveness and quality of CE and the housing crisis response system? What should reporting and communication look like between HCSA and SCC/HUD CoC? What accountabilities/responsibilities do the two parties have to each other?
- Other areas of attention that the subcommittee highlighted were: operational and staffing structure, training resources, collaboration and communication across CE participants, and public communications.
<table>
<thead>
<tr>
<th>Questions</th>
<th>Comments/ clarifications needed for the MOU</th>
</tr>
</thead>
</table>
| Describe the partner’s interest in serving as the Coordinated Entry Management Entity. | It’s a good fit and we see it as a positive move to enhance the relationship between County and CoC and support an effective system.  
Health focused, more housing emphasis needed |
| Ensure that the Coordinated Entry process is conducted in an accessible, standard, fair, and consistent manner and connects households to the appropriate service or resource in a timely manner according to requirements and recommendations outlined by HUD, and addresses the required Core Operational Functions for CE Management Entities identified by System Coordination Committee as necessary for a functioning system in Alameda County. Authority to make operational decisions and to ensure participation in CE. | Minimum expectations for operational infrastructure to support participation in CE—will there be operations meetings, learning collaboratives, case conferences?  
Clarify reporting expectations to SCC and roles of monitoring and evaluation, HUD requires that evaluation is conducted by a separate entity from Management Entity  
Address existing need for training  
Address authority/resources of HCSA to improve HMIS and its utilization or CE  
Need more emphasis on all populations being served. There are a lot of populations that aren’t high-risk health groups but still need services. More spelled out on partnering with non-traditional providers of services to improve access.  
Access is important and it is a issue of client experience.  
Transparency/accountability, how will people feel that the system is fair?  
Would have been a good place to talk about language access, materials translated, etc.  
More specific plans to include and engage with other stakeholders/funders such as cities/jurisdictions/non-profits  
Some clarity/intention around operational decision-making vs. oversight vs. evaluation |
| Provide appropriate staffing levels to fulfill management entity tasks. If additional capacity is necessary to meet expectations and requirements, please provide information on how the partner would develop and sustain that capacity. | 4 staff for matching to limited PSH resources seems high, clarify staff role in matching to other resources or supporting other CE activities  
Address staffing resources for existing training needs. Who will be responsible for training?  
Is one data analyst sufficient? How does this overlay with HMIS/EOH data analyst/Home Stretch data analyst. What are plans for matrix staffing with HCD roles/HMIS |
<table>
<thead>
<tr>
<th>Task</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seems heavy on specialist and Home Stretch staff, could have 2-3 home stretch and the same for specialist. Missing a role like a program manager above the program specialist. For grievance specialist, is that the correct classification and reporting would need to be at higher level to give it authority.</td>
<td></td>
</tr>
<tr>
<td>Like to see an org chart and some depth to the bench. Who reports to whom and what is the job scope of each role? Needs to be a program manager or some role higher to operationalize.</td>
<td></td>
</tr>
<tr>
<td>As identified in the CE 2.0 Action Plan Home Stretch likely needs to be dissolved into a more integrated CE set of matching or zone activities. Can they talk about staff in terms of functions rather than current program names?</td>
<td></td>
</tr>
<tr>
<td>Communicate clearly and accessibly to the public on how to access and use Coordinated Entry, as well as how to grieve any part of the process</td>
<td>Needs to be some discussion about what communities need to be reached for CE and how to improve outreach marketing</td>
</tr>
<tr>
<td></td>
<td>How will public information be disseminated?</td>
</tr>
<tr>
<td></td>
<td>How will communication happen between CE participating entities and agencies?</td>
</tr>
<tr>
<td></td>
<td>Would like to hear more about how HCSA will bring their communication capabilities in a responsive way</td>
</tr>
<tr>
<td>Provide system wide training to CE staff/ host learning communities or other practices to ensure standard practices</td>
<td>Lacks clear training plan or resources to meet existing need</td>
</tr>
<tr>
<td></td>
<td>Clarify responsibility of Management Entity to develop, maintain, and publicize the policies and procedures manual, in accordance with policy development by SCC</td>
</tr>
<tr>
<td></td>
<td>Training is important and there are current gaps. Would like to know more about the impact of training, what changes have been achieved or are intended through training?</td>
</tr>
<tr>
<td></td>
<td>More detail needed about how they will implement training going forward and how that will help improve the system.</td>
</tr>
<tr>
<td></td>
<td>More virtual training, less reliant on in-person training, countywide training needed</td>
</tr>
<tr>
<td>Manage an updated inventory of CE resources and ensure fair and efficient matching to resources</td>
<td>Lacks clear plan for establishing centralized inventory of all CE resources or funding for HMIS vendor or enhancements</td>
</tr>
<tr>
<td></td>
<td>More discussion about how CE Management Entity would address problems that have been identified like vacancies and process difficulties, inventory and matching, through Home Stretch</td>
</tr>
<tr>
<td>Task</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
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</tr>
<tr>
<td>Resources in inventory should not be defined as PSH, but move to a full inventory of resources (shallow subsidy, realignment, rrh)</td>
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</tr>
<tr>
<td>How will HCSA support the on-going development of HMIS and technical capacity to keep inventory in HMIS</td>
<td>How will HCSA support the on-going development of HMIS and technical capacity to keep inventory in HMIS</td>
</tr>
<tr>
<td>We’re interested in how HCSA will approach getting an inventory and the effort to maintain it</td>
<td>We’re interested in how HCSA will approach getting an inventory and the effort to maintain it</td>
</tr>
<tr>
<td>Provide regular CE Management Reports to System Coordination Committee/HUD CoC similar to the Sample Coordinated Entry Monitoring Reports developed by System Coordination Committee</td>
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</tr>
<tr>
<td>Clarify oversight and evaluation roles and responsibilities of Management Entity vs HUD CoC/SCC, HUD requires a separate entity from the Management Entity to conduct monitoring and evaluation</td>
<td>Clarify oversight and evaluation roles and responsibilities of Management Entity vs HUD CoC/SCC, HUD requires a separate entity from the Management Entity to conduct monitoring and evaluation</td>
</tr>
<tr>
<td>Evaluation must be independent</td>
<td>Evaluation must be independent</td>
</tr>
<tr>
<td>What’s the frequency of reporting to SCC? Monthly? Quarterly? MOU should establish communication expectation so that SCC has the authority to call in the management entity when there is a concern, can call to report to committee and discuss problems as needed, and also has the responsibility to provide useful oversight, monitoring and planning to support the management entities efforts</td>
<td>What’s the frequency of reporting to SCC? Monthly? Quarterly? MOU should establish communication expectation so that SCC has the authority to call in the management entity when there is a concern, can call to report to committee and discuss problems as needed, and also has the responsibility to provide useful oversight, monitoring and planning to support the management entities efforts</td>
</tr>
<tr>
<td>SCC is a body like a planning council, HCSA is operational, HCSA is keeper of the manual</td>
<td>SCC is a body like a planning council, HCSA is operational, HCSA is keeper of the manual</td>
</tr>
<tr>
<td>Need definitions document for the reports</td>
<td>Need definitions document for the reports</td>
</tr>
<tr>
<td>When creating some sort of dashboard or data, SCC should also take into consideration what the county is doing, some alignment with County dashboard, alignment with County reporting</td>
<td>When creating some sort of dashboard or data, SCC should also take into consideration what the county is doing, some alignment with County dashboard, alignment with County reporting</td>
</tr>
<tr>
<td>Minimally, SCC needs to track and monitor CE data and system performance for HUD reporting</td>
<td>Minimally, SCC needs to track and monitor CE data and system performance for HUD reporting</td>
</tr>
<tr>
<td>A significant question remains in defining the SCC/HCSA relationship</td>
<td>A significant question remains in defining the SCC/HCSA relationship</td>
</tr>
<tr>
<td>Carry out the improvement recommendations as outlined in the Coordinated Entry Assessment and CE 2.0 Action Plan</td>
<td>Carry out the improvement recommendations as outlined in the Coordinated Entry Assessment and CE 2.0 Action Plan</td>
</tr>
<tr>
<td>HCSA demonstrates commitment to Action Plan</td>
<td>HCSA demonstrates commitment to Action Plan</td>
</tr>
<tr>
<td>Provide a preliminary budget, potential staffing structure, and implementation timeline for Coordinated Entry Management Entity functions.</td>
<td>Provide a preliminary budget, potential staffing structure, and implementation timeline for Coordinated Entry Management Entity functions.</td>
</tr>
<tr>
<td>Timeline needs review – encourage urgency, but understand that timelines change</td>
<td>Timeline needs review – encourage urgency, but understand that timelines change</td>
</tr>
<tr>
<td>Address training and HMIS improvements-have more clarity on data management capacity and roles</td>
<td>Address training and HMIS improvements-have more clarity on data management capacity and roles</td>
</tr>
<tr>
<td>Salary average and benefits seems like a lot of money for those number of positions. Raises equity questions related to non-profit providers.</td>
<td>Salary average and benefits seems like a lot of money for those number of positions. Raises equity questions related to non-profit providers.</td>
</tr>
</tbody>
</table>
RECOMMENDATION: Recommendation to HUD CoC on Designating a Coordinated Entry Management Entity

REQUESTED BY: HUD CoC

DEVELOPED BY: SCC Work Group

DATE: November 13, 2019

AMENDED AND APPROVED: December 11, 2019

BACKGROUND
The HUD CoC is responsible for defining the management functions of, undertaking a process to select, and formally designating a Coordinated Entry Management Entity on behalf of the Alameda County CoC. In June of 2019, the HUD CoC requested that System Coordination committee develop a recommendation for designating this entity. HUD CoC provided guidance that SCC should accomplish this using the following development process:

- System Coordination Committee (SCC) is responsible for developing a recommendation to the HUD CoC Committee that includes:
  - A limited process evaluation of Coordinated Entry in Alameda County to provide context for HUD CoC
  - Defining and prioritizing a set of centralized management functions including day-to-day management, establishing a communications plan, promoting standardized screening and assessment processes, developing and delivering training, identifying a process to handle grievances, and conducting monitoring, that would ensure effective operations of Alameda County’s Coordinated Entry.
  - Identifying reporting expectations of the CE Management Entity to the HUD CoC Committee and System Coordination Committee. Reporting may include regular CE monitoring reports, policy gaps or adjustments, and funding or resource needs.
  - Developing a timeline and selection process for the CE Management Entity
- SCC will establish a work group made up of SCC members and other appropriate community stakeholders to develop the recommendation.
• Abt Associates will provide technical assistance to SCC and HUD CoC to support the development process. Technical assistance is sponsored by the Department of Housing and Urban Development.

System Coordination Committee conducted this process between June 2019 and October 2019 by conducting the following activities:

June 2019:
• Discussed proposal with SCC and HUD CoC

June-July 2019:
• Refined process with SCC

July 10, 2019:
• SCC Working Session: Present best practices of Dynamic System Management and basic management functions to the SCC, discuss possible selection process for CE Management Entity

August 2019:
• HUD CoC Chair and SCC Chair Check-in to review process, roles, and responsibilities of SCC and HUD CoC
• SCC: Establish working group meeting times to develop recommendations to HUD CoC

September/October 2019
• SCC hosted a feedback session with CE providers as part of a limited process evaluation. Client feedback meetings are scheduled for October 23, 24, 25 of 2019.
• SCC was informed by County funders of funding shifts expected by December 2020 that would impact Coordinated Entry funding, management, and processes.
• Based on the communication of funding shifts, SCC determined that an expert assessment of Alameda County’s Coordinated Entry system and set of recommendations for improvement/redesign is necessary for the CoC to clearly define what it intends for the CE system to include and, therefore, what roles and responsibilities would be expected of a Coordinated Entry Management Entity.
• SCC hosted a meeting with County government partners to discuss the County’s understanding of the CE Management Entity role and potential interest in fulfilling this CoC responsibility on behalf of the CoC. County representatives stated that for them to consider the role there would need to be an RFI/RFQ/RFP process that they could respond to.

October 2019:
• SCC Co-Chairs held a meeting with expert, Katharine Gale, and received a proposal for a scope of work to assess the system and recommend changes.
SCC in October was cancelled due to emergency power outage, items postponed until November SCC meeting

Work group of SCC members to review and revise the first draft Recommendation to Designate Coordinated Entry Management Entity

November 2019:

- Recommendation presented to SCC
- SCC votes to send recommendation to HUD CoC

Simultaneous to this development process, the CoC is also conducting a redesign of the structure of Coordinated Entry in the HMIS System. This will present opportunities to improve CE data collection and management using the HMIS, ensure that HMIS supports an effective CE work flow, and meets HUD requirements for implementation of CE data elements by April 2020.

**RECOMMENDATION:**

The System Coordination Committee recommends that HUD CoC consider the following to define and designate a Coordinated Entry Management Entity on behalf of the Alameda County CoC:

**Timeline:**

- **November 2019:**
  - Coordinated Entry Evaluation is completed by EOH Systems Analyst. This includes a compliance review, a limited process evaluation, and a prioritization analysis.
  - SCC presents recommendation to HUD CoC

- **November 2019-April 2020:**
  - Coordinated Entry restructure is taking place in HMIS. SCC provides input and monitors for potential CE policy implications. This includes defining and building the CE management reports in HMIS.

- **November 2019-January 2020:**
  - Assessment of Alameda County’s Coordinated Entry system is conducted by Katharine Gale and a set of recommendations for improvement is submitted to SCC.

- **January-February 2020:**
  - Review results of the CE evaluation and the CE assessment and improvement recommendations
  - Develop a document that outlines the design, functions, and necessary improvements, of the Coordinated Entry system in Alameda County. This may include defining/refining the management functions and reports to support an effective CE system, depending on the progress of the development of CE structure in HMIS. Document will be the basis of an RFI and eventually an MOU.
Write and release an Request for Interest in serving as the Coordinated Entry Management Entity.

- **March- April 2020:** Review RFI responses and determine next steps.
- **May-June 2020:** Conduct specified next steps. Designate CE Management Entity and negotiate contract or MOU.

**Recommended Selection Process:**

- SCC develops and drafts a Request for Interest (RFI) that outlines the HUD CoC’s expectations of a CE design and structure, expectations of a CE management entity, and current/possible funding sources for both the CE system and the CE management entity functions
- HUD CoC issues the Request for Interest (RFI)
- SCC identifies a Subcommittee to serve in the capacity similar to HUD NOFA Subcommittee. The Subcommittee would:
  - Be comprised of a diverse subgroup of SCC members. No person shall serve on the Subcommittee that belongs to agency that responds to the RFI.
  - Create criteria and/or rating and ranking system to evaluate responses
  - Review and score RFI responses using system
  - Based on responses, prepare a recommendation for HUD CoC on how to move forward. Recommendation could include: provide clarifying information to respondents, conduct meetings with respondents, recommend the designation of a management entity and development of an MOU.
  - Subcommittee reports back to SCC to present scoring/rating/ranking of responses and recommendation on how to move forward. SCC votes to send recommendation to HUD CoC.
  - HUD CoC reviews and makes a decision on course of action.
- HUD CoC reviews recommendation and determines course of action to designate the entity, enter into negotiations, and develop an MOU.
- HUD CoC designates the CoC Chair, SCC Chair and EveryOne Home ED, as parties responsible for negotiating the MOU.

**Recommended to be included in the RFI:**

- Vision of Coordinated Entry in Alameda County
- Description of Coordinated Entry and/or the Assessment and Improvement Recommendations completed by Katharine Gale
- Links to HUD Requirements and Guidance
- Outline of current and potential funding sources
- Sample CE Management Functions and CE Reports
- Questions:
  - Describe the entity’s interest in serving as the CE Management Entity for the Alameda County Continuum of Care.
What is the entity’s capacity to fulfill the outlined expectations and requirements of a CE Management Entity?

- Ability to ensure that the Coordinated Entry process is conducted in a standard, fair, and consistent manner and connects households to the appropriate service or resource in a timely manner
- Provide appropriate staffing levels to fulfill management entity tasks
- Authority to make operational decisions and to ensure participation in CE
- Provide system wide training to CE staff/ host learning communities or other practices to ensure standard practices
- Ensure active collaboration and buy-in from all partners
- Establish and manage agreements with all participating projects in CE
- Manage an updated inventory of CE resources
- Provide regular CE Management Reports to System Coordination Committee/HUD CoC

- Provide a preliminary budget, implementation timeline, potential staffing structure
- Identify existing funding sources or potential sources for covering the costs
System Modeling with Racial Equity Impact

Oakland-Berkeley-Alameda County (CA-502)
Large increases in homelessness prompted

- The need to evaluate our response to homelessness
- Develop a shared vision for the optimal system to address the crisis and housing needs
- Model the crisis and housing inventory and performance needed to address homelessness
- Create transition plan to right-size the system
- Modeling work facilitated by Abt Associates
Racial and Ethnic Distribution of Alameda County's General Population (blue) Compared With Alameda County's Homeless Population (orange)

- African American: 47% General, 11% Homeless
- American Indian or Alaska Native: 1% General, 4% Homeless
- Asian: 32% General, 2% Homeless
- Multi-Racial: 5% General, 14% Homeless
- Native Hawaiian or Pacific Islander: 1% General, 2% Homeless
- White: 50% General, 31% Homeless
- Hispanic/Latinx: 22% General, 17% Homeless

Legend:
- Alameda County General Population (U.S. Census Bureau, 2010-2018 QuickFacts)
- Homeless Population (P/T Count, 2019)
Racial Equity Analysis

The Equity Work Group formed in November 2019 with participation from:

- Alameda County Office of Homeless Care and Coordination
- Alameda County Public Health
- City of Oakland Department of Human Services
- City of Oakland Department of Race and Equity
- EveryOne Home staff and Leadership Board
- Supervisor Wilma Chan's Office
Racial Equity Impact Analysis

System Modeling Equity Outcome:

Identify opportunities and make recommendations to shape the systems and programs to effectively meet the needs of groups most impacted by racial disparities in the homeless population.
Timeline: Phase 1

- **first**: November-February
  - Convene Focus Groups to gather lived experience
- **second**: March
  - Coding/Qualitative Analysis
- **third**: April
  - Draft Findings and Recommendations
- **last**: May
  - Present Findings
Housing Market is not the full story

Housing market failures intersect with structural racism to fuel racial disparities in homelessness populations:

• People of color make up the majority (69%) of those experiencing homelessness.

• African Americans and Native Americans are homeless at a 4x higher rate than in Alameda County’s general population, and more than double their rate among people in poverty.

It is critical to re-envision the response to homelessness through a racial equity lens.
Structural Racism

A pattern of social institutions; such as governmental organizations, schools, banks, and courts of law, perpetuating negative treatment toward a group of people based on their race. Institutional racism leads to inequality in opportunity and inequity in life outcomes.
Homelessness has its Roots in Racist Housing Policies and Practices.

Home-Owners Loan Corporation Map, 1937
Disparities in Outcomes

Persistence of Neighborhood Poverty by Census Tract (ca 2013)
I am still looking [for housing] and two years into it…. Antioch and other places are miles away. I built a life here for myself and want to stay here. I want to be close to my son and grandsons. Nothing has come up in Oakland. – African American female, aged 65+
Equity Findings

High rents period. Having to have 5x the income. It’s hard for those with bad credit, or generations of bad credit. There is nothing to build upon. -American Indian Female, aged 25-39

- Racism is culturally entrenched and longstanding; most homeless housing interventions are temporary or one-time
Modeling Recommendations

- **Housing supports must be ongoing.**
  - Eliminate one time supports
  - Create new ongoing supports such as shallow subsidies for youth and working families
  - Increase ongoing supports from 42% to 70% of all interventions
Equity Findings

If I am going to pay rent, I can’t eat or buy gas. It’s hard. On $2,000 you can’t make it. You need $3,500 because rent is $1,800 or more. You need to work 3 jobs and sell peanuts on your lunch break.  -African American male, aged 50-64

- Racial discrimination and income inequality are interwoven, creating significant barriers to increasing income; the most common housing intervention available in the system expects that homeless households will assume full rent at the end of the program.
Modeling Recommendations

- **Ongoing housing supports must be linked to the household’s income.**
  - Decrease Rapid Re-Housing from 31% to 13% of the portfolio. Rapid Re-Housing is a temporary subsidy that requires households to assume full rent in 6-12 months.
  - Prevent and end homelessness with ongoing shallow subsidies that bridge the gap between earned income and the cost of housing.
Equity Findings

Yeah, [programs are] helping, but they’re very invasive and judgmental about other things. Because I don’t want to be on assistance. I just want an affordable place with a decent landlord. – American Indian female, aged 25-39

- Racism is a root cause of homelessness for Black, Indigenous and other people of color; only homeless households with documented disabilities are eligible for deeply subsidized housing in the homeless housing crisis response system
Modeling Recommendations

- *Create ongoing deeply subsidized housing opportunities for homeless people with low service needs*
  - Dedicated Affordable housing would serve Extremely Low Income (ELI) households with low service needs.
  - Rent fixed at 30%-50% of household income
Program Model
Recommendations

- How we think about how we do business needs to change.
- Hiring processes that ensure broad racial and ethnic diversity.
- Service approaches that integrate anti-racism, trauma informed care, and harm reduction.
- Lower barriers to crisis and housing programs
- All program information and services are available in county threshold languages.
Timeline: Next Steps

1. November-February
   - Convene Focus Groups to gather lived experience

2. March
   - Coding/Qualitative Analysis

3. April
   - Draft Findings and Recommendations

Last:
- May
  - Present Findings
Thanks!