



**SYSTEM COORDINATION COMMITTEE AGENDA
5-13-2020**

System Coordination Committee meetings are open to the 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.

Due to the COVID-19 stay-at-home restrictions, System Coordination Committee meetings will be held via zoom.

Join Zoom Meeting

<https://us02web.zoom.us/j/83120821986?pwd=aGFNMVYzL3VDNFFZVjVSYTFTWHBYdz09>

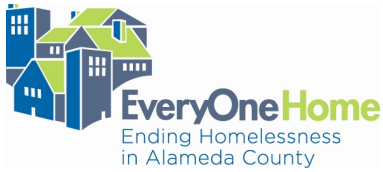
Persons who are unable to attend the meeting may submit written comments. Comments should address an item on the agenda and be submitted prior to the meeting. Comments which include "For Public Distribution" in either the title and/or body of the email or letter will be brought to the attention of the SCC Committee and included in the public meeting notes. Written comments should be submitted to:

jleadbetter@everyonehome.org

or

*Julie Leadbetter, Director of System Coordination
101 Callan Ave, Ste 230,
San Leandro, CA 94577*

- | | |
|--|--------------------|
| 1. Public Comment (Julie) | 2:00-2:10pm |
| a. Public comment | |
| b. Reading of written comments submitted, if any | |
| 2. Director's Report (Julie) | 2:15-2:30pm |
| a. CE Triage Protocol Work Groups | |
| b. Coordinated Entry Management Entity RFI Review Subcommittee | |
| c. Housing Problem Solving Policy Guidance finalized | |
| d. EveryOne Home Staffing Updates | |
| 3. Urgent Items (Julie) | 2:30-2:45pm |
| a. Technical Assistance Guidance on CE and COVID-19 (Vivian) | |
| 4. Discussion Items (Suzanne) | 2:45-3:00pm |
| a. Results of CE Triage Protocol Work Groups (Katharine) | |
| i. Next Steps | |
| b. Housing Problem Solving Final Version (Katharine) | 3:00-3:15pm |
| i. Next Steps | |



2. Action Items for Vote (Lara)

a. CE Management Entity Recommendation to HUD CoC Committee (Julie)

3:15-4:00pm

- i. Presentation of Recommendation
- ii. Amendments
- iii. Call to Vote
- iv. Vote

3. Consent Items

- a. None

Homeless System Response: Changes to Coordinated Entry Prioritization to Support and Respond to COVID-19

Background

As Continuums of Care (CoCs) across the country respond to the COVID-19 pandemic, many are asking about the role of Coordinated Entry (CE) in their response efforts. HUD strongly encourages CoCs to contact local public health departments, Healthcare for the Homeless agencies, and other local health partners to ensure the unique needs and opportunities related to the homeless service system are incorporated. CoCs can take steps now to implement community changes to further protect and prioritize families and individuals experiencing homelessness. Coordinated Entry remains a requirement for CoC and ESG projects and can be used to meet urgent housing needs associated with COVID-19 risk factors. CE policies have the potential to protect those most vulnerable to the virus' severe effects by speeding up connections to permanent housing for people at high risk of COVID-19 complications.¹ CE system grants may be utilized to review and adapt workflow, intake, assessment, and service approaches that may impact participants' access to services and housing.

Changes to Coordinated Entry Prioritization to Support and Respond to COVID-19

CE systems should actively evaluate policies and procedures affecting access and interventions for different subpopulations based on vulnerability to public health outbreaks. Communities are always encouraged to evaluate and adjust their prioritization policies based on evolving information and circumstances, including new or improved data, changing needs and priorities, and available resources. The spread of COVID-19 has created new, urgent needs and has shifted priorities in communities throughout the country. With new and expanded resources available through the CARES Act, communities should make sure their prioritization criteria efficiently and accurately targets resources to families and individuals impacted by or at high risk of being impacted by COVID-19. This is a crucial moment to make these changes as systems like justice and healthcare are rapidly updating their operations in response to the outbreak; both of which could dramatically impact the flow of families and individuals into homelessness.

What populations need to be prioritized for permanent housing due to COVID-19?

During this public health crisis, [people at high risk of developing severe COVID-19 symptoms](#) (those 65+ and people of all ages with underlying medical conditions, per the CDC) are at higher risk of death than most others living in congregate settings or unsheltered. Rehousing this high-risk population will limit the spread and impact of COVID-19, so prioritization policies should support swift assessment and rehousing for anyone meeting ANY of the risk factors indicated by the CDC. CoCs should continue working with local health partners, including public health authorities, and monitoring [CDC guidance](#) to maintain an updated understanding of who is most vulnerable to severe illness or death from COVID-19 and adjust prioritization criteria as appropriate. The science is changing as we learn more about COVID-19 and the CE assessment and prioritization process needs to adapt accordingly.

One original goal of creating CE systems was to ensure that we were not leaving out the most vulnerable among those experiencing homelessness. However, despite the implementation of CE systems, Black people, people of color, and LGBTQ - identified people continue to have longer periods of homelessness, longer times to be housed, and higher

¹ The policies discussed in this document are those established through Coordinated Entry to prioritize households for referral to permanent housing resources. CoCs should consult with their local public health authorities around referral pathways into temporary isolation and quarantine facilities.

rates of returns to homelessness. Black people and people of color also experience [disproportionate impacts of COVID-19](#). These health and housing disparities represent high vulnerabilities that CE assessment and prioritization processes should be actively addressing. Although CoCs cannot set prioritization based solely on protected classes, CoCs can and should prioritize the vulnerabilities created by the compounding effect of other systems' inequities that contribute to people of color experiencing homelessness and impacts of COVID-19 at higher rates. Consider, for instance, housing barriers such as criminal records, poor credit histories, and histories of evictions—all of which disproportionately impact people of color—as vulnerabilities, as these factors often contribute to difficulties accessing and maintaining housing.

As new and additional permanent housing resources are developed, communities should also consider the opportunity to prioritize people based on much simpler criteria, even when that includes a large number of people. For example, if resources allow large numbers of people in unsheltered locations, congregate shelters, or temporary non-congregate shelters to be moved into permanent housing, then sophisticated assessment and prioritization could be unnecessary. CE system prioritization in nearly every community across the country has been shaped by a scarcity of resources, and CE policies must adapt to quickly and effectively use the current resources to rehouse people who otherwise have been left without options.

How must the Coordinated Entry assessment process change to collect the information needed for adjusted prioritization policies?

CE managers, access and assessment providers, current or former participants with lived expertise, working groups or other system-level committees, CoC and HMIS Lead agencies, and ESG recipients should be involved to implement and evaluate your prioritization strategy. This may require temporary changes to your governance or leadership structure and decision-making process. Your system should have the ability to evaluate, update, and implement changes in 10 days or less. Ensure you have discussed and communicated changes with all individuals or organizations who will be directly involved.

Jails, prisons, hospitals, and other institutions have prioritized diverting or releasing individuals to reduce populations and protect public health. CoCs should collaborate closely with mainstream systems discharging individuals to ensure at-risk and vulnerable populations have identified housing resources or access to Coordinated Entry.

As always, when considering changes to prioritization policies, it is important to think about who is likely to shift to a lower priority as a result of those changes. Each community can and should shift its policies in light of COVID-19 to prioritize those who are currently most vulnerable, but it is important to keep the broader population in mind when doing so and consider potential effects on (and alternative supports and resources still available to help) those who will not immediately be prioritized for permanent housing resources.

What specific tasks need to be completed to implement this strategy?

Prioritization policies should continue to change in response to additional learning, adjustments in resources available, and evolving needs of your community. The following steps will assist you in assessing, updating, and implementing changes to your policies and procedures:

- Create values to specifically address your community's immediate needs and guide decisions.
- Merge leadership teams and staffing to review, approve, and evaluate ongoing implementation.
- Identify processes that can or must be simplified to reduce time and increase staff capacity. This should include identifying recipients who are utilizing [available CoC, ESG, and HOPWA waivers](#).
- Document how current prioritization standards will change, which projects will be impacted (e.g. Diversion, Emergency Shelter, Permanent Supportive Housing, Rapid Rehousing, etc.), eligibility criteria, priority populations, and the applicable time period of changes.
- Update your assessment process and tools to allow for collecting the minimum required information for prioritization and ensure diversion, housing-focused problem solving, flexible fund resources, and other resources are available and accessible for participants and staff during assessments.
- Implement accompanying changes to expedite the matching and referral process.
- Ensure housing programs receiving CE referrals have the guidance, tools, and logistics to facilitate move-ins while also following local public health orders.

- Communicate changes widely and in writing with remote/recorded training for new/updated tools or data entry processes.
- Meet frequently with leadership to monitor for further changes and evaluation of impact.
- Support efforts to reduce system-wide barriers to housing such as ID and documentation requirements.

Community Examples

The following communities have implemented changes to their prioritization policies due to COVID-19. CoCs can review these examples but should make decisions based on the unique conditions in their own communities, taking the above factors and questions into account:

Chicago Continuum of Care Expedited Housing Initiative

<https://allchicago.org/wp-content/uploads/2020/04/COVID-19-Expedited-Housing-Initiative-4.21.2020.pdf>

Washington State Temporary Changes and Suspensions for Coordinated Entry

<https://deptofcommerce.app.box.com/s/mx4yx38vuuhtq3uf2a45uxfmc6dccw8b>

State of Connecticut Rapid Re-Housing Prioritization

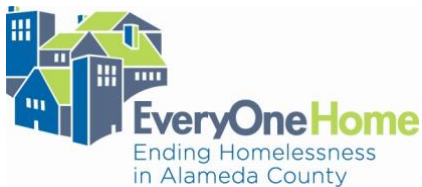
<https://cceh.org/wp-content/uploads/2020/03/COVID-19-DOH-Guidance-RRH-Prioritization-Paperwork-Requirements.pdf>

Greater Richmond Continuum of Care CE Policies and Procedures Addendum

http://endhomelessnessrva.org/images/Committees/Board/PoliciesStandards/GRCoc_CES_Emergency_Policies_and_Procedures.pdf

Rhode Island Continuum of Care Policies and Procedures Addendum

https://www.rihousing.com/wp-content/uploads/RI-CES-PP-COVID-addendum_4.15.2020_final.pdf



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](#)

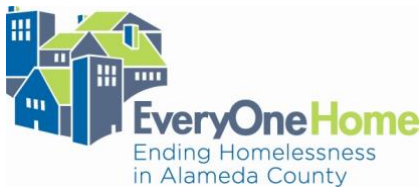
[Coordinated Entry Policy Brief](#)

[ESG Program interim rule](#)

[Coordinated Entry Core Elements](#)

[2014 Prioritization Notice](#)

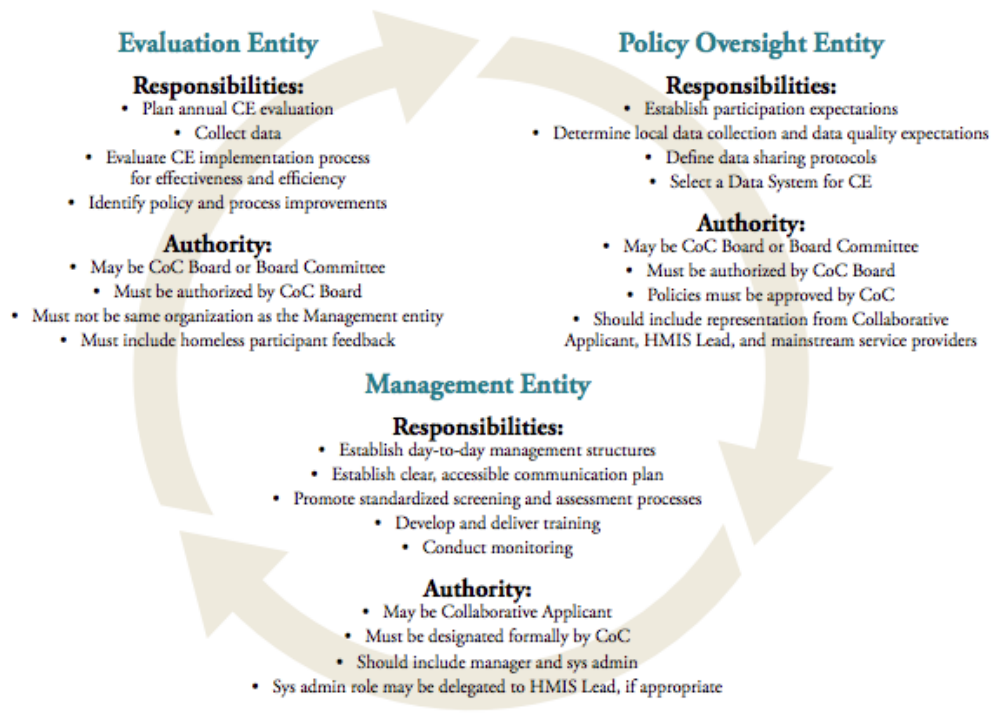
[2016 Prioritization Notice](#)



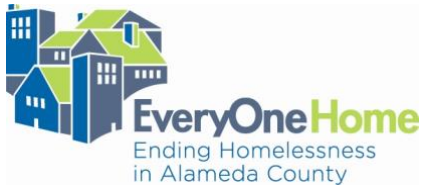
- [HUD CE Management and Data Guide](#)
- [EveryOne Home Governance Charter](#)
- [Alameda County Housing Crisis Response System Manual](#)
- [2020 Coordinated Entry Evaluation](#)
- [Coordinated Entry Assessment and CE 2.0 Action Plan](#)
- [CE Management Entity Functions and Sample Monitoring Reports](#)

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:

Coordinated Entry Implementation Entities and Responsibilities



- 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 inn 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
2. Matching of Housing Navigation and Tenancy Sustaining Services managed through Housing Resource Centers.
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

Proposed CES Management Annual Budget

Personnel	FTE	Annual Salary	Total
OHCC Director	0.25		
CES Coordinator	1		
CES Program Specialists: HRC, Matching, Problem solving, Grievance	4		
Data Management Analyst	1		
Home Stretch program Specialists: Matching and Prioritizations	4		
Administrative Assistant	1		
Total			1,207,250
		Benefits @50%	603,625
Other Costs			Total
Training Materials - venue costs, workshop supplies, food			10,000
Operations - equipment, software fees, postage, telephone, utilities, supplies, etc.			98,000
Total			108,000
Contract			Total
IT Data Integration - combining data across systems to improve tracking and provision of services			25,000
Evaluation and Planning -			50,000
Communications - Implementation of multi-system, multi-lingual digital and grass roots communication strategies to improve of CES			50,000
CES Consulting - to implement planning efforts including systems modeling and the CES 2.0 Acton Plan			122,000
Total			247,000

TOTAL BUDGET	2,165,875
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CES Management Implementation Timeline

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

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.



May 11, 2020

To: Members of the System Coordination Committee

From: Katharine Gale, Consultant

Re: Report-back from Coordinated Entry Triage Exploration

At your April meeting, the SCC named an ad-hoc committee to explore developing and piloting a coordinated entry triage protocol that would reduce the number of people given the full assessment. The purpose of this group was to determine if modifications could be made to:

1. Reduce the amount of time and quantity of information gathered from clients which is not used and/or does not lead to a high likelihood of getting a resource;
2. Increase attention and time available to meet immediate needs; and
3. Gather any information needed to respond to COVID-19

The group met twice and in between I held interviews with coordinators from the North, Oakland and Mid/South/East Zones.

While there is strong agreement that efforts should be made to reduce the time spent on unused information collection and to reorient CE interactions to be more immediately productive for staff and clients, it was difficult to determine how to move forward quickly given many other things in process. Zones do use scores, or at least the BNL, for things other than PSH (Homestretch) matching, especially in Mid/South/East County. In addition, while time spent on the assessment (and concerns about the ethics of assessing people for whom there will likely be no help) were shared, larger concerns involve the time that is spent *after assessment* to answer client's expectations about when they can expect assistance and to find them when there is a resource. And while desire to shorten the process is high, concerns about making the process more complex and requiring staff to make determinations during the process about whether to proceed were significant. Training on any new approach would be required and there are concerns that more training will be needed in the future when other changes, especially anticipated changes in HMIS, are made.

Some of the issues raised will be addressed by changes that are coming in HMIS. New workflows will allow assessors to see the score or a specific custom message that can be immediately shared with clients about their status, and the assessment flow can also use dependent logic to make determinations based on a partial assessment or a crisis assessment as to whether to proceed. Those changes are not yet operational, will require training, and also require that assessments be done directly into HMIS. The Triage work group does not know when the HMIS changes will be made, and discussions with HIMS oversight and BitFocus indicate that a second phase of work is likely to be where these decisions will be made.



Finally, there are pending suggestions for other changes such as some rewording, reweighting and the addition of new questions needed for matching purposes that also need to be worked out. The work group wants to move toward a phased or triage approach quickly but does not want to do so without more information about the time lines. The group recommends that a time line be developed and one set of changes be rolled out with training rather than multiple, if at all possible.

Recommendation: Move forward with a broader reworking of the assessment process and tool using what was learned from this work group. Include in the process:

- Determining and recommending a work flow, including in HMIS, that supports phased assessment or triage approach
- Focus on results being able to provide immediate information to client and staff at time of assessment
- Address concerns regarding current questions
- Prepares Zones for potential changes to current matching
- Prepare for the needed training and roll out in August/September to provide plenty of time to meet requirements for implementation of Coordinated Entry in HMIS (October 1)

With the likely selection of HCSA as a new management entity for Coordinated Entry, the group should be staffed/supported by HCSA. While HCSA may not take on formal Management Entity roles immediately, the group can begin and be staffed under HCSA's contract with Katharine Gale for the CES 2.0 work, with appropriate check-ins and considerations of policy matters by SCC (in keeping with whatever agreements are worked out as part of the MOU process.)

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.

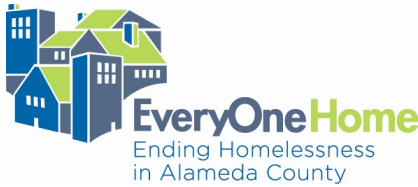
Subcommittee agreed:

- 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.

Questions	Comments/ clarifications needed for the MOU
<p>Describe the partner’s interest in serving as the Coordinated Entry Management Entity.</p>	<p>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.</p> <p>Health focused, more housing emphasis needed</p>
<p>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.</p>	<p>Minimum expectations for operational infrastructure to support participation in CE—will there be operations meetings, learning collaboratives, case conferences?</p> <p>Clarify reporting expectations to SCC and roles of monitoring and evaluation, HUD requires that evaluation is conducted by a separate entity from Management Entity</p> <p>Address existing need for training</p> <p>Address authority/resources of HCSA to improve HMIS and its utilization or CE</p> <p>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.</p> <p>Access is important and it is a issue of client experience.</p> <p>Transparency/accountability, how will people feel that the system is fair?</p> <p>Would have been a good place to talk about language access, materials translated, etc.</p> <p>More specific plans to include and engage with other stakeholders/funders such as cities/jurisdictions/non-profits</p> <p>Some clarity/intention around operational decision-making vs. oversight vs. evaluation</p>
<p>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.</p>	<p>4 staff for matching to limited PSH resources seems high, clarify staff role in matching to other resources or supporting other CE activities</p> <p>Address staffing resources for existing training needs. Who will be responsible for training?</p> <p>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</p>

	<p>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.</p> <p>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.</p> <p>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?</p>
<p>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</p>	<p>Needs to be some discussion about what communities need to be reached for CE and how to improve outreach marketing</p> <p>How will public information be disseminated? How will communication happen between CE participating entities and agencies?</p> <p>Would like to hear more about how HCSA will bring their communication capabilities in a responsive way</p>
<p>Provide system wide training to CE staff/ host learning communities or other practices to ensure standard practices</p>	<p>Lacks clear training plan or resources to meet existing need</p> <p>Clarify responsibility of Management Entity to develop, maintain, and publicize the policies and procedures manual, in accordance with policy development by SCC</p> <p>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?</p> <p>More detail needed about how they will implement training going forward and how that will help improve the system.</p> <p>More virtual training, less reliant on in-person training, countywide training needed</p>
<p>Manage an updated inventory of CE resources and ensure fair and efficient matching to resources</p>	<p>Lacks clear plan for establishing centralized inventory of all CE resources or funding for HMIS vendor or enhancements</p> <p>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</p>

	<p>Resources in inventory should not be defined as PSH, but move to a full inventory of resources (shallow subsidy, realignment, rrh)</p> <p>How will HCSA support the on-going development of HMIS and technical capacity to keep inventory in HMIS</p> <p>We're interested in how HCSA will approach getting an inventory and the effort to maintain it</p>
<p>Provide regular CE Management Reports to System Coordination Committee/HUD CoC similar to the Sample Coordinated Entry Monitoring Reports developed by System Coordination Committee</p>	<p>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</p> <p>Evaluation must be independent</p> <p>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</p> <p>SCC is a body like a planning council, HCSA is operational, HCSA is keeper of the manual</p> <p>Need definitions document for the reports</p> <p>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</p> <p>Minimally, SCC needs to track and monitor CE data and system performance for HUD reporting</p> <p>A significant question remains in defining the SCC/HCSA relationship</p>
<p>Carry out the improvement recommendations as outlined in the Coordinated Entry Assessment and CE 2.0 Action Plan</p>	<p>HCSA demonstrates commitment to Action Plan</p>
<p>Provide a preliminary budget, potential staffing structure, and implementation timeline for Coordinated Entry Management Entity functions.</p>	<p>Timeline needs review – encourage urgency, but understand that timelines change</p> <p>Address training and HMIS improvements</p> <p>Salary average and benefits seems like a lot of money for those number of positions. Raises equity questions related to non-profit providers.</p>



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.