

HUD CoC Committee Agenda - Meeting #7

7/21/20

2:00 – 4:00 pm

Due to the COVID-19 pandemic, HUD CoC Committee meetings will be held via zoom.

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

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 HUD CoC Committee and included in the public meeting notes. Written comments should be submitted to:

cwelch@everyonehome.org

or

Courtney Welch
101 Callan Ave, Ste 230,
San Leandro, CA 94577

Goals for The Meeting

- Public Comment, if any
- Approval of past Meeting Minutes (Meeting #5 – 6.16.20)
- Elect new HUD CoC and HMIS committee member.

#	Item	Purpose	Time
1.	Welcome and Introductions – Doug Biggs, HUD CoC Committee Chair	<ul style="list-style-type: none"> • Welcome, introductions, and roll call <ul style="list-style-type: none"> ○ Welcome Courtney Welch, EveryOne Home’s new CoC Specialist! 	2:00 – 2:05 pm
2.	Public Comment	<ul style="list-style-type: none"> • Public addresses HUD CoC Committee 	2:05 – 2:10 pm
3.	Approval of Meeting Minutes - <u>ACTION ITEM</u>	<ul style="list-style-type: none"> • Review and approve past minutes- <ul style="list-style-type: none"> ○ Meeting #5– 6.16.20 ○ <u>VOTE</u> 	2:10 – 2:15 pm
4.	Vacant Seats – Doug Biggs Andrew Wicker <u>ACTION ITEM</u>	<ul style="list-style-type: none"> • Doug and Andrew present top candidate for vacant HUD CoC and HMIS seats. <ul style="list-style-type: none"> ○ <u>VOTE</u> 	2:15 – 2:35 pm
5.	Contract & Governance Charter- Doug Biggs <u>UPDATE & DISCUSSION</u>	<ul style="list-style-type: none"> • Doug provides update on status of county contract. <ul style="list-style-type: none"> ○ Discussion of contract’s impact on Governance Charter. 	2:25-2:55pm
6.	CE Self-Assessment- Jessie Shimmin <u>UPDATE</u>	<ul style="list-style-type: none"> • Jessie presents SCC approved CE Self-Assessment. 	2:55-3:05pm
7.	Review Final HIC – HMIS Team <u>UPDATE</u>	<ul style="list-style-type: none"> • HMIS Team provides update regarding final/submitted HIC. 	3:05 – 3:25pm

8.	MOU & Project Management Evaluation - Doug Biggs Jessie Shimmin UPDATE	<ul style="list-style-type: none"> • Doug and Jessie provide update on Management Entity MOU. <ul style="list-style-type: none"> ○ Review Katharine Gale’s findings and recommendations for jointly monitoring CoC and ESG projects. 	3:25-3:45pm
9.	NOFA Consultant Status - Jessie Shimmin UPDATE	<ul style="list-style-type: none"> • Jessie provides update on NOFA Consultant RFP. 	3:45pm-3:55pm
10.	Announcements and Next Meeting/Agenda	<ul style="list-style-type: none"> • Announcements <ul style="list-style-type: none"> ○ HUD CoC committee member check-ins • Next Meeting/Agenda <ul style="list-style-type: none"> ○ Review Workplan 	3:55-4:00pm

HUD CoC Committee – Meeting #6

6.16.20

2:00 – 4:00 pm

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Goals for The Meeting

- Public Comment, if any
- Approval of past Meeting Minutes (Meeting #5 – 5.19.20)
- Review and approve support in HUD NOFA on counting homeless youth0
- Review and approval of HIC

#	Item	Purpose	Time
1.	Welcome and Introductions – Doug Biggs, HUD CoC Committee Chair	<ul style="list-style-type: none">• Welcome and introductions and roll call	2:00 – 2:05 pm <ul style="list-style-type: none">• HUD CoC Committee Attendance: Doug Biggs, Marnelle Timson, Andrew Wicker, Paulette Franklin, Riley Wilkerson• Public: Katie Martin (Leadership Board representative) and Tunisia Owens (Family Violence Law Center)• HMIS team (HCD): Patrick Crosby and Andy Duong• EveryOne Home (EOH): Jessie Shimmin, Alexis Lozano, Dorcas Chang, Ja’Nai Aubry
2.	Public Comment	<ul style="list-style-type: none">• Public addresses HUD CoC Committee	2:05 – 2:10 pm <ul style="list-style-type: none">• Public Comment: Katie Martin urges committee to fill vacant seat with someone who has lived experience and identifies as a person of color (particularly Black identified).

3.	Approval of Meeting Minutes - <u>ACTION ITEM</u>	<ul style="list-style-type: none"> • Review and approve past minutes- <ul style="list-style-type: none"> ○ Meeting #5 – 5.19.20 ○ <u>VOTE</u> 	2:10 – 2:15 pm <ul style="list-style-type: none"> • Discussion on second page in the minutes section – delete, not relevant • Minor typo in the last page, second bullet “algin” should be “align” • Andrew made motion to approve minutes with edits. Paulette seconded • Doug- yes • Marnelle – yes • Andrew – yes • Paulette – yes • Riley – yes • Abstentions - 0 • In favor – all • Opposed - 0
4.	Vacant Seat – Doug Biggs <u>DISCUSSION</u>	<ul style="list-style-type: none"> • Welcome Ja’Nai as the new Director of CoC Strategies! • Who should fill Ja’Nai’s vacant position? 	2:15 – 2:25 pm <ul style="list-style-type: none"> • Vacant position: <ul style="list-style-type: none"> ○ HMIS Oversight Committee also has an open seat since Ja’Nai was serving there as well. ○ Tunisia is interested in both positions. Her connection to DV system would be a strength. ○ Public (Katie Martin) continues to urge members to think about the composition and size of committee to expand the group to a more inclusive, diverse and efficient CoC. <ul style="list-style-type: none"> ▪ Committee is limited to nine seats based on the governance charter, which means a charter amendment would be needed to expand. • Next steps: <ul style="list-style-type: none"> ○ Send an application to Tunisia. ○ Look at list of who expressed interest during November community meeting. EOH will reach out to them. ○ Send broad email blast stating there is an opening and the prioritization of applicants with lived experience of homelessness, are black identified and/or HMIS interest. ○ Governance Charter is reviewed annually. Committee will revisit idea about expanding CoC membership during the next annual meeting. ○ Doug and Andrew will do an initial pass at applicants and make recommendation to full committee for approval.

5.	HUD CoC Retreat- Doug Biggs <u>UPDATE</u>	<ul style="list-style-type: none"> Doug provides update on status of CoC Retreat 	2:25-2:30pm <ul style="list-style-type: none"> The HUD CoC retreat was originally postponed because there wasn't staff to support it. The Leadership Board (LB) is also scheduling a retreat and they can signal changes they would like to see. Even though EveryOne Home (EOH) has hired dedicated staff, it makes more sense to wait until the Leadership Board has their retreat. The LB retreat will most likely happen in early fall or later. Committee expressed that postponing makes sense.
6.	Estimating the prevalence and probability of homeless youth NOFA - Jessie Shimmin <u>ACTION ITEM</u>	<ul style="list-style-type: none"> There is a request to see if CoC is interested in supporting a Cal Professor's interest in turning in the HUD NOFA on counting homeless youth. <u>VOTE</u> 	2:30-2:40pm <ul style="list-style-type: none"> An associate professor at UC Berkeley is interested in applying for the HUD NOFA on improving methodology for counting homeless youth and asking the CoC for a letter of support and to share administrative data from HMIS. This may help the CoC improve the Youth PIT count. This is just a proposal and a step the CoC could take while it waits for the Youth Homeless Demonstration Program (YHDP) to be released. The professor would be willing to write a letter of support for YHDP as well. High level of ethics review for the privacy side which is the level of integrity the CoC is looking for if it's sharing HMIS data. Project will include other communities in the Bay Area besides Alameda County. Andrew made a motion to support the HUD NOFA on counting homeless youth application with HMIS data and ask EOH staff to sign a letter of support on behalf of the CoC. Paulette seconded. Doug- yes Marnelle – yes Andrew – yes Paulette – yes Riley – yes Abstentions - 0 In favor – all Opposed – 0
7.	Review and approve HIC –	<ul style="list-style-type: none"> HIC Presentation Vote to approve HIC before submitted to 	2:40 – 3:15pm <ul style="list-style-type: none"> Patrick presented an updated HIC and reviewed changes.

	<p>HMIS TEAM <u>ACTION ITEM</u></p>	<p>HUD -<u>VOTE</u></p>	<ul style="list-style-type: none"> ○ Difficult to include projects provide services but do not provide shelter beds. ○ There is an increase in emergency shelter, TH, PSH over the year. Safe housing has remained the same and RRH decreased by 43%. For projects with huge shifts in RRH, EOH will follow up in preparation for NOFA to see whether changes need to be made. ● On emergency shelters, there is a significant increase in beds on the HIC but not an increase in HMIS beds. Patrick will look into this. ● HMIS team and EOH will work on this collaboratively and HMIS will address Jessie’s questions. ● Motion to approve HIC in substantially the format submitted, the HIC and PIT for submission by the deadline of June 30th 2020. ● Riley made motion and Andrew seconded. ● Doug- yes ● Marnelle – yes ● Andrew – yes ● Paulette – yes ● Riley – yes ● Abstentions - 0 ● In favor – all ● Opposed – 0
<p>8.</p>	<p>HMIS Privacy and Security Policy - Jessie Shimmin <u>UPDATE</u></p>	<ul style="list-style-type: none"> ● Jessie provides update on the HMIS Privacy and Security Policy 	<p>3:15-3:25pm</p> <ul style="list-style-type: none"> ● There is relevant state legislation that mandates/defines informed consent. Patrick will research and send legislation to Jessie, Alexis, and HMIS co-chair to determine HMIS committee’s next steps. HMIS committee meets again in August. ● From the HUD TA initiative, there was a recommendation from the SNAPs office to increase HMIS lead monitoring to have a higher functioning HMIS. ● The HMIS committee is looking at a draft tool over the next few months and will determine what should be included. ● The Privacy and Security Policy will be part of the HMIS oversight committee’s work plan during the summer. The goal is to propose a new revision for the consent to participate (ROI) that includes an electronic signature to the county council.

9.	NOFA Consultant Status - Jessie Shimmin <u>DISCUSSION</u>	<ul style="list-style-type: none"> • Jessie provides draft of RFP for NOFA consultant and asks committee for comments 	<p>3:25pm-3:35pm</p> <ul style="list-style-type: none"> • In preparation for the FY20 NOFA, EOH will release a RFP for consultants to support Ja’Nai and the EOH team. • This RFP was prepared to be flexible, as HUD has said they will streamline the process. • The Heroes Act has specific language related to NOFA that if the act passes, there may not be a competitive application process. • One suggestion is including a caveat in the RFP about the possibility of the local competition going away. <ul style="list-style-type: none"> ○ There is language in the RFP that deals with the federal government.
10.	PIT Count Contract- Jessie Shimmin <u>UPDATE</u>	<ul style="list-style-type: none"> • Jessie provides update on the PIT Count contracting 	<p>3:35-3:45pm</p> <ul style="list-style-type: none"> • EOH is considering contracting with Kathie Barkow, who has project managed the PIT for many years. • However, EOH’s contract with the County for the HUD planning grant and for the state/city match ends at the end of June and will renegotiate. • EOH wants to plan the PIT as early as July and negotiate with Applied Survey Research (ASR) soon, as there is a high demand for their services.
11.	Announcements and Next Meeting/Agenda	<ul style="list-style-type: none"> • Announcements <ul style="list-style-type: none"> ○ CoC Specialist 	<p>3:45-4:00pm</p> <ul style="list-style-type: none"> • EOH received a lot of responses for the CoC specialist position and interviewed a strong group of candidates. An offer was made to a job candidate who accepted it. Both Doug and Ja’Nai participated in the interviews and this person was everyone’s preferred candidate. • She will start late June. • EOH will send an announcement out once the hiring process is completed.

Coordinated Entry Process Self-Assessment

Contents

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

Coordinated Entry Process Self-Assessment (Ver. 1.1)

Version 1.1

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

1. **Section A. Planning.** Item #1 has been updated to correct the date that CoCs are expected to achieve full compliance with Coordinated Entry requirements established by the Notice. The correct date is January 23, 2018.
2. **Section C. Assessment.** Item #9 has been updated to correct an earlier error in citation. The privacy protections noted in the requirement are from HUD's Coordinated Entry Notice: Section II.B.12.f.
3. **Section E. Referral.** Item #2, in "*Referrals to Participating Projects*," has been moved from Required to Recommended. The CoC's Coordinated Entry policies and procedures used to prioritize homeless persons within the CoC's geographic area for referral to housing and services must be made publicly available and must be applied consistently throughout the CoC's area for all subpopulations. HUD *recommends* that each CoC homeless assistance project also make its prioritization policies and procedures publicly available. That is, the requirement is at the CoC level, not the individual project level.

A. PLANNING

Click on the checkbox to indicate that the item is fulfilled.		<input checked="" type="checkbox"/> Please elaborate on the reasons for the indicated answer. How can we improve?	
** Required **	Deadline for Compliance. 1. CoC establishes or updates its coordinated entry process in full compliance with HUD requirements by January 23, 2018. CoC Program interim rule: 24 CFR 578.7(a)(8), HUD Coordinated Entry Notice: Section I.B	<input checked="" type="checkbox"/>	
	Core Requirements since 2012. CoCs coordinated entry process meets the requirements (below) established by the CoC Program interim rule. CoC Program interim rule: 24 CFR 578.3 & 24 CFR 578.7(a)(8)		
	2. CES covers the entire geographic area claimed by the CoC.	<input checked="" type="checkbox"/>	
	3. CES is easily accessed by individuals and families seeking housing or services.	<input type="checkbox"/>	Efforts to make CES accessible include websites, street outreach and 2-1-1. Drop in hours had already been reduced and have been eliminated with COVID. Efforts to make CES more accessible are needed but should go hand-in-hand with making CES more meaningful and streamlined.
	4. CES is well-advertised.	<input checked="" type="checkbox"/>	No significant change over 2019: Standard marketing flier exists and provides drop in hours and telephone. Still working toward population and language specific. Meeting basic requirements, and internally we have work to do in terms of marketing to subpopulations.
	5. CES includes a comprehensive and standardized assessment tool(s).	<input checked="" type="checkbox"/>	
	6. CES provides an initial, comprehensive assessment of individuals and families for housing and services.	<input checked="" type="checkbox"/>	
7. CES includes a specific policy to guide the operation of the centralized or coordinated assessment system to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers.	<input type="checkbox"/>	This continues to be an area that needs improvement. DV concerns have been better incorporated into practices but a systematic approach and specific policy are still lacking.	
Core Requirements.		Policies are in place for PSH. Policies exist for who should receive RRH but in practice are implemented differently and are now under reconsideration. No policies exist for transitional housing.	

<p>8. CoC, in consultation with recipients of Emergency Solutions Grants program funds within the geographic area, has established and consistently follows written standards for providing Continuum of Care assistance which can guide the development of formalized policies and procedures for the coordinated entry process:</p> <ul style="list-style-type: none"> • Written standards provide guidance for evaluating individuals' and families' <u>eligibility for assistance</u> under 24 CFR Part 578. • Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive <u>transitional housing</u> assistance. • Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive <u>rapid rehousing</u> assistance. • Written standards provide guidance for determining what percentage or <u>amount of rent</u> each program participant must pay while receiving rapid rehousing assistance. • Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive <u>permanent supportive housing</u> assistance. <p style="text-align: center;">CoC Program interim rule: 24 CFR 578.7(a)(8)</p>	<p>1 </p>	
<p>9. CoC and each ESG recipient operating within the CoC' s geographic area must work together to ensure the CoC' s coordinated entry process allows for coordinated screening, assessment and referrals for ESG projects consistent with the written standards for administering ESG assistance.</p> <p style="text-align: center;">CoC Program interim rule: 24 CFR 578.7(a)(8) ESG interim rule: 24 CFR 576.400(d) and (e)</p>	<p>1 </p>	<p>System Manual includes ESG written standards. Written standards for ESG assistance which guide RRH and Prevention. Only RRH goes through CES at this time</p>
<p>Full Coverage.</p> <p>10. If multiple CoCs have joined together to use the same regional coordinated entry process, written policies and procedures describe the following:</p> <ul style="list-style-type: none"> • The relationship of the CoC(s) geographic area(s) to the geographic area(s) covered by the coordinated entry process(es); and • How the requirements of ensuring access, standardizing assessments, and implementing uniform referral processes occur in situations where the CoCs geographic boundaries and the geographic boundaries of the coordinated entry process are different. <p style="text-align: center;">HUD Coordinated Entry Notice: Section II.B.1</p>	<p>1 </p>	<p>N/A</p>
<p>Marketing.</p> <p>11. CoC affirmatively markets housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, handicap or who are least likely to apply in the absence of special outreach.</p> <p style="text-align: center;">CoC Program interim rule: 24 CFR 578.93(c) ESG Program interim rule: 24 CFR 576.407(a) and (b)</p>	<p>1 </p>	
<p>12. Coordinated entry written policies and procedures include a strategy to ensure the coordinated entry process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status.</p> <p style="text-align: center;">HUD Coordinated Entry Notice: Section II.B.5 HUD Equal Access rule: 24 CFR 5.105(a)(2) and 5.106(b)</p>	<p>1 </p>	
<p>13. Coordinated entry written policies and procedures ensure all people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated entry process.</p> <p style="text-align: center;">HUD Coordinated Entry Notice: Section II.B.5</p>	<p>1 </p>	
<p>Nondiscrimination.</p> <p>14. CoC has developed and operates a coordinated entry that permits recipients of Federal and State funds to comply with applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws, including the following:</p>	<p>1 </p>	

- Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.
- Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance.
- Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving Federal financial assistance.
- Title II of the Americans with Disabilities Act prohibits public entities, which includes State and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance.
- Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

HUD Coordinated Entry Notice: Section I.D

B. ACCESS

Click on the checkbox to indicate that the item is fulfilled.		<input checked="" type="checkbox"/> Please elaborate on the reasons for the indicated answer. How can we improve?
** Required **	Access Models. 1. CoC offers the same assessment approach at all access points and all access points are usable by all people who may be experiencing homelessness or at risk of homelessness. If separate access points are identified to meet the needs of one of the five populations allowable by HUDs Coordinated Entry Notice, initial screening at each access point allows for immediate linkage to the appropriate subpopulation access point (e.g. unaccompanied youth who access CES at the access point defined for adults without children are immediately connected to the youth-specific access point). HUD Coordinated Entry Notice: Section II.B.2.a	<input checked="" type="checkbox"/>
	Accessibility. 2. CoC ensures that households who are included in more than one of the populations for which an access point is dedicated (for example, a parenting unaccompanied youth who is fleeing domestic violence) can be served at all of the access points for which they qualify as a target population. HUD Coordinated Entry Notice: Section II.B.2.f	<input checked="" type="checkbox"/>
	3. CoC provides the same assessment approach, including standardized decision-making, at all access points. HUD Coordinated Entry Notice: Section II.B.2.a	<input type="checkbox"/>
	4. CoC ensures participants may not be denied access to the coordinated entry process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking. HUD Coordinated Entry Notice: Section II.B.12.e	<input type="checkbox"/>
	5. CoC's access point(s) must be easily accessed by individual and families seeking homeless or homelessness prevention services. HUD Coordinated Entry Notice: Section II.B.8	<input type="checkbox"/>
Emergency Services.	<input type="checkbox"/>	

The assessment process is the same, though it may not be administered in the same way. However, decision making is different at different access points. This is something that is being addressed at this time through the CE working group

Policy is that victims can decide which system they want to use. This is formalized in the access packet. There is no standard process for making referrals to DV organizations other than providing hotline numbers for each agency. CES procedures for matching resources to homeless victims who obtain services through DV organizations must be developed. Some individual programs may have preferences that conflict, and we will work with DV providers in the coming year to address this (possible) issue.

2-1-1 does some referrals for prevention but it is unclear what Access points do and how households can and should access prevention. Expansion of Housing Problem Solving may address some of this concern but coordination with primary or "upstream" prevention will also be needed.

<p>6. CoCs CE process allows emergency services, including all domestic violence and emergency services hotlines, drop-in service programs, and emergency shelters, including domestic violence shelters and other short-term crisis residential programs, to operate with as few barriers to entry as possible. People are able to access emergency services, such as emergency shelter, independent of the operating hours of the system's intake and assessment processes.</p> <p style="text-align: right;">HUD Coordinated Entry Notice: Section II.B.7</p>	<p> </p>	<p>Access to emergency services and shelter is variable across the county. This is an area that is being addressed by the CE Working Group</p>
<p>7. CoCs written CE policies and procedures document a process by which persons are ensured access to emergency services during hours when the coordinated entry's intake and assessment processes are not operating. CE written policies and procedures document how CE participants are connected, as necessary, to coordinated entry as soon as the intake and assessment processes are operating.</p> <p style="text-align: right;">HUD Coordinated Entry Notice: Section II.B.7.b</p>	<p> </p>	<p>211 provides weekend and evening phone service but it is unclear how persons are connected to emergency services outside of CES operating hours.</p>
<p>Prevention Services.</p>		
<p>8. CoC' s written CE policies and procedures document a process for persons seeking access to homelessness prevention services funded with ESG program funds through the coordinated entry process . If the CoC defines separate access points for homelessness prevention services, written policies and procedures must describe the process by which persons are prioritized for referrals to homelessness prevention services. To the extent to which other (i.e., non ESG -funded) homelessness prevention services participate in coordinated entry processes, the policies and procedures must also describe the process by which persons will be prioritized for referrals to these programs.</p> <p style="text-align: right;">HUD Coordinated Entry Notice: Section II.B.8</p>	<p> </p>	<p>not up to date and merits revisiting, particularly in light of CoC HHAP funds.</p>
<p>Full Coverage.</p>		
<p>9. CoC' s access points cover and are accessible throughout the entirety of the geographic area of the CoC.</p> <p style="text-align: right;">HUD Coordinated Entry Notice: Section II.B.1</p>	<p><input checked="" type="checkbox"/></p>	
<p>Marketing.</p>		
<p>10.CoC' s written coordinated entry policies and procedures document steps taken to ensure access points, if physical locations, are accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance.</p> <p style="text-align: right;">HUD Coordinated Entry Notice: Section II.B.5.c</p>	<p><input checked="" type="checkbox"/></p>	
<p>11. CE policies and procedures document steps taken to ensure effective communication with individuals with disabilities. Recipients of Federal funds and CoCs must provide appropriate auxiliary aids and services necessary to ensure effective communication (e.g. Braille, audio, large type, assistive listening devices, and sign language interpreters).</p> <p style="text-align: right;">HUD Coordinated Entry Notice: Section II.B.5.c</p>	<p><input checked="" type="checkbox"/></p>	<p>System manual requires these things, but it is not clear whether it is the case across the system</p>
<p>12. Access point(s) take reasonable steps to offer CE process materials and participant instruction in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency (LEP).</p> <p style="text-align: right;">HUD Coordinated Entry Notice: Section II.B.5.d</p>	<p><input checked="" type="checkbox"/></p>	
<p>Safety Planning.</p>		

Recommended	<p>13. CoC has a specific written CE policy and procedure to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. At a minimum, people fleeing or attempting to flee domestic violence and victims of trafficking have safe and confidential access to the coordinated entry process and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelter.</p> <p style="text-align: right;">HUD Coordinated Entry Notice: Section II.B.10</p>	<p>1 1</p>	<p>Policies reference Safety Screening but not Safety Planning and is very limited in specifics about how to handle. This an area that needs improvement in the next round of policies</p>
	<p>Street Outreach.</p> <p>14. Street outreach efforts funded under ESG or the CoC program are linked to the coordinated entry process. Written policies and procedures describe the process by which all participating street outreach staff, regardless of funding source, ensure that persons encountered by street outreach workers are offered the same standardized process as persons who access coordinated entry through site-based access points.</p> <p style="text-align: right;">HUD Coordinated Entry Notice: Section II.B.6</p>	<p>1 1</p>	
Optional	<p>Accessibility.</p> <p>15. Access points, if physical locations, are sited in proximity to public transportation and other services to facilitate participant access. A CoC or recipient of Federal funds may be required to offer some variation to the process, e.g., a different access point, as a reasonable accommodation for a person with disabilities. For example, a person with a mobility impairment may request a reasonable accommodation in order to complete the coordinated entry process at a different location.</p>	<p>1 1</p>	
	<p>16. CoCs access points provide connections to mainstream and community-based emergency assistance services such as supplemental food assistance programs and applications for income assistance.</p>	<p>1 1</p>	
	<p>Access Models.</p> <p>17. Access points provide virtual entry where individuals and families experiencing a housing crisis may present for initial assessment screening (e.g. a 211 or other hotline systems that screens and directly connects callers to appropriate crisis housing and service providers in the area).</p>	<p>1 1</p>	
	<p>18. CoC has multiple access points, each assigned to a specific sub-region within the CoC.</p>	<p>1 1</p>	
	<p>19. CoC has partnered with neighboring CoCs to create a single access point covering the multi-CoC region.</p>	<p>1 1</p>	
	<p>20. The CoC has multiple access points to facilitate access, coordinate entry processes, and improve the quality of information gathered for the following subpopulations:</p> <ul style="list-style-type: none"> • Adults without children; • Adults accompanied by children; • Unaccompanied youth; • Households fleeing or attempting to flee domestic violence; or • Persons at risk of homelessness. 	<p>1 1</p>	
	<p>21. CoC has a "no wrong door" approach in which a homeless family or individual can present at any homeless housing and service provider in the geographic area.</p>	<p>1 1</p>	
	<p>Prevention Services.</p>		

<p>22. CE process includes separate access point(s) for homelessness prevention so that people at risk of homelessness can receive urgent services when and where they are needed. If separate access points for homelessness prevention services exist in the CoC, written CE policies and procedures describe the process by which persons will be prioritized for referrals to homelessness prevention services.</p> <p style="text-align: right;">HUD Coordinated Entry Notice: Section II.B.8</p>	<p> </p>	
<p>Safety Planning.</p>		
<p>22. Victim service providers funded by CoC and ESG program funds are not required to use the CoCs coordinated entry process, but CoC- and ESG-funded victim service providers are allowed to do so. Or, victim service providers may use an alternative coordinated entry process for victims of domestic violence, dating violence, sexual assault, and stalking.</p> <p><i>*Note – if an alternative CE process is used for victims of domestic violence, dating violence, sexual assault and stalking, that alternative process must meet HUD’s minimum coordinated entry requirements.</i></p>	<p> </p>	

C. ASSESSMENT

<p>Click on the checkbox to indicate that the item is fulfilled.</p>		<p><input checked="" type="checkbox"/> Please elaborate on the reasons for the indicated answer. How can we improve?</p>
<p>Assessment Process.</p>		
<p>1. CoC consistently applies one or more standardized assessment tool(s), applying a consistent process throughout the CoC in order to achieve fair, equitable, and equal access to services within the community.</p> <p>HUD Coordinated Entry Notice: Section II.B.2.a</p>	<p><input checked="" type="checkbox"/></p>	
<p>2. Written policies and procedures describe the standardized assessment process, including assessment information, factors, and documentation of the criteria used for uniform decision-making across access points and staff.</p> <p>HUD Coordinated Entry Notice: Sections II.B.2.g.1 and II.B.3</p>	<p><input checked="" type="checkbox"/></p>	
<p>3. CoC maintains written policies and procedures that prohibit the coordinated entry process from screening people out of the coordinated entry process due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.</p> <p>HUD Coordinated Entry Notice: Section II.B.4</p>	<p><input checked="" type="checkbox"/></p>	
<p>Assessor Training.</p>		
<p>4. CoC provides training opportunities at least once annually to organizations and or staff persons at organizations that serve as access points or administer assessments. CoC updates and distributes training protocols at least annually. The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC’s coordinated entry written policies and procedures.</p> <p>HUD Coordinated Entry Notice: Section II.B.14</p>	<p><input checked="" type="checkbox"/></p>	<p>The CE Assessor training is available online and providers can access the training through the coordinated entry lead agency in their zone. The training and materials are updated annually, with the last update in August 2019.</p>
<p>5. CoC’s coordinated entry process training curricula includes the following topics for staff conducting assessments:</p> <ul style="list-style-type: none"> • Review of CoC’s written CE policies and procedures, including any adopted variations for specific subpopulations; • Requirements for use of assessment information to determine prioritization; and • Criteria for uniform decision-making and referrals. <p>HUD Coordinated Entry Notice: Section II.B.14</p>	<p><input checked="" type="checkbox"/></p>	

Recommended	<p>Client-Centered.</p> <p>6. Participants must be informed of the ability to file a nondiscrimination complaint.</p> <p>HUD Coordinated Entry Notice: Section II.B.12.g</p>	<input type="checkbox"/>	System manual requires these things to be true but it is not clear whether it is the case across the system
	<p>Participant Autonomy.</p> <p>7. CoC coordinated assessment participants are freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. Written policies and procedures specify the conditions for participants to maintain their place in coordinated entry prioritization lists when the participant rejects options.</p> <p><i>*Note – Programs may require participants to provide certain pieces of information to determine program eligibility only when the applicable program regulation requires the information to establish or document eligibility.</i></p> <p>HUD Coordinated Entry Notice: Section II.B.11</p>	<input checked="" type="checkbox"/>	
	<p>Privacy Protections.</p> <p>8. CoC has established written policies and procedures concerning protection of all data collected through the CE assessment process.</p> <p>HUD Coordinated Entry Notice: Section II.B.12</p>	<input checked="" type="checkbox"/>	
	<p>9. CoC has established written policies and procedures establishing that the assessment process cannot require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.</p> <p>HUD Coordinated Entry Notice: Section II.B.12.f</p>	<input checked="" type="checkbox"/>	
	<p>Assessment Process.</p> <p>10.CoC uses locally specific assessment approaches and tools that reflect the characteristics and attributes of the CoC and CoC participants.</p>	<input type="checkbox"/>	
	<p>11.CoC uses a valid, tested, and reliable assessment process which gathers only enough participant information to determine the severity of need and eligibility for housing and related services.</p>	<input type="checkbox"/>	
	<p>12.CoC uses a phased approach to assessment which progressively collects only enough participant information to prioritize and refer participants to available CoC housing and support services.</p>	<input type="checkbox"/>	
	<p>13.CoC employs a phased approach to assessment which segments the collection of participant information into the following stages:</p> <ul style="list-style-type: none"> • Initial Triage – resolving the immediate housing crisis; identification of the CoC crisis response system as the appropriate system to address the potential participant’s immediate needs. • Diversion and/or PreventionScreening – examination of existing CoC and participant resources and options that could be used to avoid entering the homeless system of care. • Crisis Services Intake – information necessary to enroll the participant in a crisis response project such as emergency shelter or other homeless assistance project. • Initial Assessment – information to identify a participant’s housing and service needs with the intent to resolve participant’s immediate housing crisis. • Comprehensive Assessment – information necessary to refine, clarify, and verify a participant’s housing and homeless history, barriers, goals, and preferences. Assessment information supports the evaluation of participant’s vulnerability and prioritization for assistance. • Next Step/Move On Assessment – information revealed or known after an Initial Assessment is conducted when that new information may suggest a revised referral strategy. Or, re-evaluating participants who have been stably housed for some time and who may be ready for less intensive housing and service strategies. 	<input type="checkbox"/>	
	<p>14. CoC employs a Housing First oriented assessment process which is focused on rapidly housing participants without preconditions.</p>	<input type="checkbox"/>	

Optional	Assessor Training.	
	15. All staff administering assessments use culturally and linguistically competent practices, including the following: <ul style="list-style-type: none"> • CoC incorporates cultural and linguistic competency training into the required annual training protocols for participating projects and staff members; and • Assessments use culturally and linguistically competent questions for all persons that reduce cultural or linguistic barriers to housing and services for special populations. 	☐
	16. All assessment staff are trained on how to conduct a trauma-informed assessment of participants. Special consideration and application of trauma-informed assessment techniques are afforded victims of domestic violence or sexual assault to help reduce the chance of re-traumatization.	
	17. All Assessment staff are trained on safety planning and other next step procedures if safety issues are identified in the process of participant assessment.	
	Client-Centered.	
	18. Physical assessment areas are made safe and confidential to allow for individuals to identify sensitive information or safety issues in a private and secure setting.	
	19. Assessment questions are adjusted according to specific subpopulations (i.e. Youth, Individuals, Families, and Chronically Homeless) and responses to questions. For example, if a participant is under the age of 18 questions related to Veteran status and experience with the armed services can be skipped.	
	20. Assessment questions and instructions reflect the developmental capacity of participants being assessed.	☐
	21. CoC' s assessment process incorporates a person-centered approach, including the following: <ul style="list-style-type: none"> • Assessments are based in part on participant' s strengths, goals, risks, and protective factors. • Tools and assessment processes are easily understood by participants. • Assessments are sensitive to participants' lived experience. • Participants are offered choice in decisions about location and type of housing. • Participants are able to easily understand to which program they are being referred, what the program expects of them, what they can expect of the program, and evidence of the program' s rate of success. 	☐
	Incorporating Mainstream Services.	
22. CoC includes relevant mainstream service providers in the following activities: <ul style="list-style-type: none"> • Identifying people at risk of homelessness; • Facilitating referrals to and from the coordinated entry process; • Aligning prioritization criteria where applicable; • Coordinating services and assistance; and • Conducting activities related to continual process improvement. 	☐	
23. CoC has established written CE policies and procedures describing how each participating mainstream housing and service provider will participate, including the process by which referrals will be made and received.		
Assessment Process.		
24. CoC uses a publicly available, rather than locally specific, standardized assessment tool(s) to facilitate their assessment process (e.g. VI-SPDAT or vulnerability index-service prioritization decision assistance tool).		

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

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Street Outreach.

26. Street outreach activities incorporate the assessment process, in part or whole, into street outreach activities or separate the assessment process so that it is only conducted by assessment workers who are not part of street outreach efforts.

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D. PRIORITIZATION

Click on the checkbox to indicate that the item is fulfilled.



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

** Required **

Core Requirements.

1. CoC uses the coordinated entry process to prioritize homeless persons within the CoC's geographic area:



- Prioritization is based on a specific and definable set of criteria that are documented, made publicly available and applied consistently throughout the CoC for all populations.
- CoC's written policies and procedures include the factors and assessment information with which prioritization decisions are made.
- CoC's prioritization policies and procedures are consistent with CoC and ESG written standards under 24 CFR 578(a)(9) and 24 CFR 576.4.

**Note – Refer to HUD Prioritization Notice: CPD-16-11 for detailed guidance on prioritizing persons experiencing chronic homelessness and other vulnerable homeless populations in permanent supportive housing.*

HUD Coordinated Entry Notice: Section II.B.3

2. CoC's written CE policies and procedures include the factors and assessment information with which prioritization decisions are made for all homeless assistance.



HUD Coordinated Entry Notice: Section II.B.3

Emergency Services.

3. CoC's written CE policies and procedures clearly distinguish between the interventions that will not be prioritized based on severity of service need or vulnerability, such as entry to emergency shelter, allowing for an immediate crisis response, and those that will be prioritized, such as permanent supportive housing (PSH).



Table in System Manual shows which interventions are matched to by Zones and centrally but it is not explicitly what emergency services are not matched to for an immediate crisis response; this is being addressed in the CE Working Group

HUD Coordinated Entry Notice: Section II.B.7

Nondiscrimination.

4. CoC does not use data collected from the assessment process to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex age, familial status, disability, actual or perceived sexual orientation, gender identify or marital status. CoC's written policies and procedures for CE document how determining eligibility is a different process than prioritization.



**Note – In certain circumstances some projects may use disability status or other protected class information to limit enrollment, but only if Federal or State statute explicitly allows the limitation (e.g. HOPWA-funded projects may only serve participants who are HIV+/AIDS).*

HUD Coordinated Entry Notice: Sections I.D and II.B.2.g(2)

5. CoC's written CE policies and procedures document process for participants to file a nondiscrimination complaint.



System manual describes this requirement but not clear if happenign in practice. This will need to be addressed by the Management Entity

HUD Coordinated Entry Notice: Section II.B.12.g

7. CoC's written CE policies and procedures document conditions under which participants maintain their place in coordinated entry prioritization lists when the participant rejects referral options.



HUD Coordinated Entry Notice: Section II.B.9

	<p>Prioritization List.</p>		
	<p>8. If the CoC manages prioritization order using a "Prioritization List," CoC extends the same HMIS data privacy and security protections prescribed by HUD for HMIS practices in the HMIS Data and Technical Standards.</p>	<p>10</p>	
	<p>HUD Coordinated Entry Notice: Section II.B.3</p>		
	<p>Prevention Services.</p>		
	<p>9. If separate access point(s) for homelessness prevention services exist in the CoC, written CE policies and procedures describe the process by which persons will be prioritized for referrals to homelessness prevention services.</p>	<p>11</p>	<p>N/A</p>
	<p>HUD Coordinated Entry Notice: Section II.B.8</p>		
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Recommended</p>	<p>Prioritization List.</p>		
	<p>10. CoC has established a community-wide list of all known homeless persons who are seeking or may need CoC housing and services to resolve their housing crisis. The community-wide list generated during the prioritization process, variously referred to as a "By Name List," "Active List," or "Master List," provides an effective way to manage an accountable and transparent prioritization process.</p>	<p>11</p>	
	<p>Prioritization Factors.</p>		
	<p>11. CoC uses any combination of the following factors to prioritize homeless persons:</p> <ul style="list-style-type: none"> • Significant challenges or functional impairments, including physical, mental, developmental, or behavioral health challenges, which require a significant level of support in order to maintain permanent housing. • High utilization of crisis or emergency services to meet basic needs. • Extent to which persons, especially youth and children, are unsheltered. • Vulnerability to illness or death. • Risk of continued homelessness. • Vulnerability to victimization, including physical assault, trafficking, or sex work. <p>HUD Coordinated Entry Notice: Section II.B.3</p>	<p>11</p>	
	<p>Prioritization Process.</p>		
	<p>12. CoC identifies a prioritization entity, agency, or other decision-making entity empowered by the CoC to manage the process of determining and updating participant prioritization for available CoC housing and supportive services.</p>	<p>11</p>	
	<p>13. In cases where the assessment tool does not produce the entire body of information necessary to determine a household's prioritization, either because of the nature of self-reporting, withheld information, or circumstances outside the scope of assessment questions, the CoC allows case workers and others working with households to provide additional information through case conferencing or another method of case worker input.</p>	<p>11</p>	
	<p>14. CoC maintains a prioritization list such that participants wait no longer than 60 days for a referral to housing or services. If the CoC cannot offer a housing resource to every prioritized household experiencing homelessness within 60 days or less, then the CoC adjusts prioritization standards in order to more precisely differentiate and identify resources for those households with the most needs and highest vulnerabilities.</p>	<p>11</p>	
	<p>15. In the event that two or more homeless households within the same geographic area are identically prioritized for the next available unit, and each household is also eligible for that unit, the CoC selects the household that first presented for assistance in the determination of which household receives a referral to the next available unit.</p>	<p>11</p>	
<p>Final</p>	<p>Prioritization Process.</p>		

Optic	16. CoC establishes scoring criteria that translate the participant's current living situation and barriers impacting participant's ability to obtain and/or maintain housing into a numerical score that can also be used to inform the referral process.		
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E. REFERRAL

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

Required	Referrals to Participating Projects.		
	1. CoC's CE process includes uniform and coordinated referral process for all beds, units, and services available at participating projects within the CoC's geographic area for referral to housing and services. HUD Coordinated Entry Notice: Section II.B.3		Process for PSH is uniform; process is different for other resources in different Zones. CE Working group is looking at making more standard and preparing to move matching and inventory into HMIS when possible
	2. CoC and projects participating in the coordinated entry process do not screen potential project participants out for assistance based on perceived barriers related to housing or services. HUD Coordinated Entry Notice: Section II.B.3	-	
	3. CoC- and ESG-program recipients and subrecipients use the coordinated entry process established by the CoC as the only referral source from which to consider filling vacancies in housing and/or services funded by CoC and ESG programs. HUD Coordinated Entry Notice: Section I.B	-	
	Nondiscrimination.		
Recommended	4. CoC and all agencies participating in the coordinated entry process comply with the equal access and nondiscrimination provisions of Federal civil rights laws. HUD Coordinated Entry Notice: Sections I.D and II.B.3	-	
	5. CoC's referral process is informed by Federal, State, and local Fair Housing laws and regulations and ensures participants are not "steered" toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children. HUD Coordinated Entry Notice: Sections I.D and II.B.3	-	
	Referrals to Participating Projects.		
	6. CoC maintains and annually updates a list of all resources that may be accessed through referrals from the coordinated entry process.		
	7. Each CoC project establishes and makes publicly available the specific eligibility criteria the project uses to make enrollment determinations.		
	8. Non HUD-funded CoC agencies participating in the coordinated entry process fill project vacancies only through referrals from the referring agency/entity.		
	9. CoC's written CE policies and procedures include standardized criteria by which a participating project may justify rejecting a referral.		
	10. CoC's written CE policies and procedures document uniform process for managing rare instances of referral rejection, as well as the protocol the coordinated entry process must follow to connect the rejected household with a new project.		
11. Upon referral, CoC participants receive clear information about the project they are referred to, what participants can expect from the project, and expectations of the project.			
12. CoC identifies a referral entity, agency, CoC-subcommittee, or other decision-making entity empowered by the CoC to manage the process of referring participants to available CoC housing and supportive services.			

	13. If a CoC participant is prioritized for permanent supportive housing (PSH) but no PSH resources are available, that participant is offered any other CoC resource available in the CoC's geographic area.	<input type="checkbox"/>	
	14. CoC establishes a minimum set of participant information associated with a referral and which will be shared by a referring agency/entity with the project receiving the referral.	<input type="checkbox"/>	
	15. CoC establishes alternate processes to identify suitable options when projects reject a participant and when participants reject a project.	<input type="checkbox"/>	
	16. CoC employs a 'Housing Navigator' function to ensure efficient and effective enrollment, and subsequent movement from one CoC project to another. While specific 'Housing Navigator' functions will vary from CoC to CoC, typical duties include the following: <ul style="list-style-type: none"> • Work closely with referral agencies regarding eligibility determination. • Develop a Housing Stability Plan. • Complete housing applications. • Perform housing search and placement. • Outreach to and negotiations with landlords. • Assisting with submitting rental applications and understanding leases. • Addressing barriers to project admissions. 	<input type="checkbox"/>	
	Participant Autonomy.		
	17. CoCs incorporate a person-centered approach into the referral process. That approach is documented in CoC's written policies and procedures for coordinated entry management. A person-centered approach includes: <ul style="list-style-type: none"> • Participant choice in decisions such as location and type of housing, level and type of services, and other project characteristics, including assessment processes that provide options and recommendations that guide and inform participant choice, as opposed to rigid decisions about what individuals and families need. • Clear expectations concerning where participants are being referred, entry requirements, and services provided. 	<input type="checkbox"/>	
Optional	Referrals to Participating Projects.		
	18. CoC establishes referral zones or referral regions within the geographic area of the CoC. These referral zones are designed to avoid forcing persons to travel or move long distances to be assessed or served.	<input type="checkbox"/>	
	19. CoC transmits participant referral information electronically, via the CoC's HMIS or other data management system.	<input type="checkbox"/>	

F. DATA MANAGEMENT

Click on the checkbox to indicate that the item is fulfilled.



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

** Required **	Core Requirements.		
	1. When using an HMIS or any other data system to manage coordinated entry data, CoC ensures adequate privacy protections of all participant information per the HMIS Data and Technical Standards at (CoC Program interim rule) 24 CFR 578.7(a)(8).	<input type="checkbox"/>	
	HUD Coordinated Entry Notice: Sections II.B.3 and II.B.13		
	Privacy Protections.		
	2. CoC's written CE policies and procedures include protocols for obtaining participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process.	<input type="checkbox"/>	

	HUD Coordinated Entry Notice: Section II.B.12		
	3. CoC prohibits denying services to participants if the participant refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of a participant' s personally identifiable information (PII) as a condition of program participation. HUD Coordinated Entry Notice: Sections II.B.12.c and II.B.13	<input checked="" type="checkbox"/>	
	4. If using HMIS to manage coordinated entry functions, CoC ensures all users of HMIS are informed and understand the privacy rules associated with collection, management, and reporting of client data. HUD Coordinated Entry Notice: Section II.B.12	<input checked="" type="checkbox"/>	
Recommended	HMIS Use.		
	5. CoC uses HMIS as part of its coordinated entry process, collecting, using, storing, sharing, and reporting participant data associated with the coordinated entry process.	<input type="checkbox"/>	
	Privacy Protections.		
	6. CoC only shares participant information and documents when the participant has provided written consent.	<input type="checkbox"/>	
Optional	Data Systems Management.		
	7. CoC imports and exports data to support collaboration between homeless service providers and mainstream resource providers (Medicaid, criminal justice re-entry programs, healthcare services, etc.).	<input type="checkbox"/>	
	8. CoC integrates data between multiple data systems to reduce duplicative efforts and increase case coordination across providers and funding streams.	<input type="checkbox"/>	
	9. CoC manages and maintain a list of referral resources in a systematic way that encourages high data quality and utilizes the AIRS Taxonomy to ensure uniformity in naming and describing resources.	<input type="checkbox"/>	
	HMIS Functionality.		
	10.CoC automates coordinated entry processes including resource prioritization, prioritization list management, and eligibility determination.	<input type="checkbox"/>	

G. EVALUATION

Click on the checkbox to indicate that the item is fulfilled.		<input checked="" type="checkbox"/>	Please elaborate on the reasons for the indicated answer. How can we improve?
** Required **	Core Requirements.		
	1. CoC consults with each participating project and project participants at least annually to evaluate the intake, assessment, and referral processes associated with coordinated entry. Solicitations for feedback must address the quality and effectiveness of the entire coordinated entry experience for both participating projects and households. HUD Coordinated Entry Notice: Section II.B.15	<input checked="" type="checkbox"/>	
	Evaluation Methods.		
	2. CoC ensures through written CE policies and procedures the frequency and method by which the CE evaluation will be conducted, including how project participants will be selected to provide feedback, and must describe a process by which the evaluation is used to implement updates to existing policies and procedures. HUD Coordinated Entry Notice: Section II.B.15	<input type="checkbox"/>	Has been done but ad-hoc. This will be something that the Management Entity will need to develop, including securing a method for evaluating by an outside party.
	Privacy Protections.		
	3. CoC ensures adequate privacy protections of all participant information collected in the course of the annual coordinated entry evaluation.	<input checked="" type="checkbox"/>	

HUD Coordinated Entry Notice: Section II.B.12		
Recommended	Evaluation Methods.	
	4. CoC incorporates system performance measures or other evaluation criteria into their required annual coordinated entry evaluation plan.	
	5. CoC ensures that evaluation is part of the implementation planning process from the inception of CE:	□
	<ul style="list-style-type: none"> • Determine which aspects of the effectiveness of the system will be measured. • Determine which aspects of the process will be evaluated for fidelity to the policies and procedures. • Determine how to gather data to track the selected measures. • Determine whether and how to use the evaluation results to inform other aspects of the system planning and monitoring. 	
Stakeholder Consultation.		
6. CoCs employ multiple feedback methodologies to ensure participating projects and households have frequent and meaningful opportunities for feedback. Feedback methodologies include the following:		
<ul style="list-style-type: none"> • Surveys designed to reach either the entire population or a representative sample of participating providers and households; • Focus groups of five or more participants that approximate the diversity of the participating providers and households; and • Individual interviews with participating providers and enough participants to approximate the diversity of participating households. 		



Monitoring Project Findings and Recommendations – Discussion Draft June 25,2020

The purpose of this project is to work with key stakeholders to establish a plan for ensuring that monitoring and evaluation of recipients and subrecipients in Alameda County is conducted consistent with the HUD requirements, and that evaluation and monitoring are regular, efficient and less burdensome. To inform this project, Katharine Gale reviewed documents and interviewed key stakeholders (see Project Plan for more information). Below is a summary of themes from the feedback and recommendations for discussion.

A. Summary of Themes/Findings from the Feedback

- There are significant concerns about EveryOne home engaging in compliance-level monitoring; general consensus that the CoC role should focus on program performance and things that impact the overall package; Most of this information can be gathered through HMIS and may not require site visits
- Funders already monitor (though not always as consistently in terms of frequency as would be preferable.) CoC could provide to the funders any information that they want to know for their review and funders can incorporate into their monitoring
- Both performance evaluation and monitoring should be planned well in advance and not occur primarily or exclusively during the NOFA window; opportunities to clarify results and improve should be afforded
- Overall the evaluation process should focus on improvement not on being punitive; sense that “low-hanging fruit” in the tiering process have been addressed already with reallocation
- EOH TA approach was also not seen as very useful as it was not based on organizations identified needs
- There is a recognized need for consistent and ongoing training which is not being met
- Some funders expressed interest in developing shared monitoring process across funder agencies, either through a funders consortium and/or through joint hiring of a third party
- Many noted that monitoring is typically under-resourced in most jurisdictions and often comes in waves rather than being an ongoing practice

B. Recommendations

1. Redefine CoC role/ process to focus on how programs’ performance impact system performance

- a. Focus COC role on program *performance* and things that are covered in the NOFA that impact the overall package; keep at a higher level not a regulatory level
- b. Use primarily information from HMIS and from client feedback for this type of evaluation – on site monitorings may not be needed.

*Note that there is currently no method or standard for getting client/user feedback – this is something the CoC and/or SCC could take up.

- c. Start the evaluation process early and allow for time to correct, clarify, etc. Make the process predictable (as much as possible given NOFA changes) and year round.
- d. To the extent the CoC needs compliance-type information it should rely on monitoring by funders or an agreed upon third party. Anything that requires site monitorings or document review could be developed into a list by EOH/the CoC which funders could include these in their monitoring efforts if they do not already do this; CoC can receive summaries of monitorings performed.
- e. More system wide training is needed. Training should be planned well in advance and calendared; This will take resources.
- f. If there is going to be an ongoing TA role, the CoC should distinguish overarching goals and change that can be accomplished through training and individual TA which should be tailored to organization's needs

2. Coordinate and improve compliance monitoring across funders

- a. Develop a shared approach to monitoring CoC and ESG funded programs (also potentially HEAP and HHAP) across the county's funders that minimizes the impact on agencies that must be monitored multiple times and also reduces burden on funders. Options for approaches to compliance monitoring include:
 - i. Form a funders group (cities, County Departments) that share a monitoring protocol and make a shared list of agencies to monitor; for the projects/grants where funders are also direct HUD recipients, have a team approach to peer monitoring
 - ii. Jointly hire a third party to conduct both recipient and subrecipient monitoring on behalf of the funders
 - iii. Hybrid – funders do subrecipient monitoring and of nonprofit recipients, but use a third party to monitor them when they are direct recipients
- b. Onsite monitorings should be planned long in advance and outside of the NOFA process timing; create an annual calendar;
- c. Use existing tools each entity has to create a shared tool/approach and share the tool in advance with those being monitored
- d. Note that monitoring in general is reported as underfunded and/or understaffed at funder agencies and either approach (shared peer group and/or third party) will need to be resourced.