

**SYSTEM COORDINATION COMMITTEE AGENDA**  
**Wednesday, November 10th, 2021**  
**2:00 p.m. – 4:00 p.m.**

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

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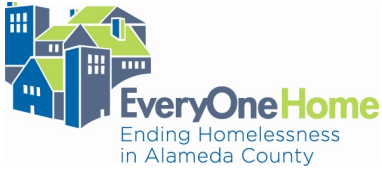
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Meetings are public. Homeless and formerly homeless Alameda County residents are encouraged to attend. Public Comment will be taken at the beginning of each meeting and is limited to 2 minutes per person. [Click here to learn more about the public participation policy.](#)

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|--|----------------------|
| <b>1. Welcome/ Introductions (Kate &amp; Fina)</b>   | <b>2:00 – 2:05pm</b> |
| <b>2. Approval of Meeting Minutes, #9 – 10.13.21</b> | <b>2:05 – 2:10pm</b> |
| a. Roll call vote                                    |                      |
| <b>3. Public Comment</b>                             | <b>2:10 - 2:20pm</b> |
| a. Public comment                                    |                      |
| b. Reading of written comments submitted, if any     |                      |
| <b>4. Staff Report (Chelsea)</b>                     | <b>2:20 - 2:35pm</b> |
| a. Governance Drafting Updates                       |                      |
| b. NOFO Updates                                      |                      |
| c. PIT Count Status                                  |                      |
| d. SCC Committee Roles Overview                      |                      |
| <b>5. Urgent Items (Kate)</b>                        | <b>2:35 - 2:45pm</b> |
| <b>6. Discussion Items (Fina)</b>                    | <b>2:45 - 3:25pm</b> |
| a. Homeless System Updates (All)                     |                      |



- b. Coordinated Entry 2.0 (Colleen/Katharine Gale)
  - i. Policy updates
  - ii. Training updates
- c. Emergency Housing Vouchers updates (Colleen)
- d. Work Plan Working Group (Chelsea)

**7. Action Items for Vote (Kate)**

**3:25 - 3:55pm**

- a. Adopt the policies substantially in the form of the presented CE Policy Guide

**8. Conclusion**

**3:55 - 4:00pm**

- a. Upcoming Agenda Items
- b. Next meeting
  - i. Wednesday, **January 12th**, 2pm to 4pm PT



**SYSTEM COORDINATION COMMITTEE NOTES**  
**Wednesday, October 13, 2021**  
**2:00 p.m. – 4:00 p.m.**

**Present:** Kate Hart (chair), Calleene Egan (Berkeley Food & Housing Project), Alison DeJung (Eden I&R/211), C'Mone Falls (City of Oakland), Vivian Wan (Abode Services), Natasha Paddock (Alameda County Housing and Community Development), Jessica Lobedan (City of Hayward), Jamie Almanza (BACS), Lara Tannenbaum (City of Oakland)

**Absent:** Kerry Abbott (Alameda County Health Care Services Agency), Helen Ayala (Ruby's Place), Fina Perez (chair)

**EveryOne Home Staff:** Chelsea Andrews (Executive Director), Katie Martin (Systems Planning Coordinator), Katie Haverly (Director of Research and Data Analytics), Tirza White (Senior Director of Performance and Data Analytics)

**Members of the public:** Phil Clark (HCSA), Nic Ming (Social Impact Wheel), Daniel Scott (Alameda County HCD), Colleen Budenholzer (HCSA), Josh Jacobs (City of Berkeley)

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**1. Welcome/ Introductions**

**2. Public Comment**

- a. None

**3. Staff Report (Chelsea)**

**a. Governance Drafting Updates**

- i. The Leadership Board has approved the main components of the new committee structures.
- ii. See meeting materials for key updates.

**4. Urgent Items (Kate)**

- a. None.

**5. Discussion Items (Fina)**

**a. Homeless System Updates (All)**

- i. Daniel Scott (HCD) reported the winter relief contracts are on their way to the Board of Supervisors. Approval is expected November 16th.

- ii. Natasha Paddock (HCD) advised that the internal Point In Time (PIT) Committee will be introducing cities into planning discussions. EOH is the formal communication partner, and updates will be forthcoming.
- iii. Jessica Lobedan (City of Hayward) shared that the Winter Shelter at South Hayward Parish opened October 1st; it's been funded for a full year.
- iv. Vivian Wan (Abode Services) reported that Abode Services is currently leasing up for City Center Apartments in Fremont. They received 1,800 applicants for the 14 non-referral units; applications were only open for 2 weeks. They are still looking for veterans without vouchers for referral units, specifically those with HUD Veterans Affairs Supportive Housing (VASH) or who can provide 30% of AMI. Input on referrals is welcome.

**b. Coordinated Entry 2.0 Updates (Colleen)**

**i. General update**

- 1. The first training is now available online.
- 2. Feedback indicates that staff at Housing Resource Centers (HRC)/Community Based Organizations (CBO)s are starting to feel more comfortable with the new workflows and processes.

**ii. Policy updates**

- 1. Policies and training need to be fully aligned, so policies continue to be worked on and created as training material and workflow are finalized.
- 2. Policies will be brought to the SCC for approval on a rolling basis
  - a. Chelsea Andrews (Executive Director) asked if there's a deadline for policy adoption. Colleen Budenholzer (HCSA) said she is unaware of one. Trainings are expected to be completed by the end of October. It's likely policies will follow the same timeline.

**iii. Management Entity Self-Assessment Summary**

- 1. The assessment was for 2020. As it's nearing the end of 2021, the key takeaways in the summary relate what has been implemented this year, and what gaps need to be addressed.
- 2. COVID response was a significant area of focus in 2020, and that's reflected in many areas of the assessment.
- 3. A notable observation was how much planning occurred in 2020 for things that were implemented in 2021, such as CE 2.0.

4. The next self-assessment will happen soon after the end of the previous year, so its findings are more relevant and actionable.
  - a. See meeting materials for additional findings.
5. Chelsea Andrews (Executive Director) encouraged committee members to review the materials when they're sent out. It's a HUD requirement for the Management Entity to conduct a self-assessment, but there's been a recommendation from the Result Based Accountability (RBA) Committee to use the self-assessment in 2021 to satisfy the CoC's monitoring requirement.

**c. Emergency Housing Vouchers Updates (Colleen)**

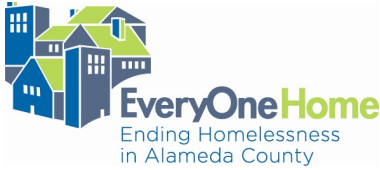
- i. The total number of Emergency Housing Vouchers (EHV) is 875. 757 individuals and households have been matched to EHV. 352 applications have been submitted to a Public Housing Authority (PHA). 80 vouchers have been issued. 7 have leased up.
  1. EHV Set Asides:
    - a. 10% for Gender-Based Violence (GBV) Community:
      - i. GBV program leadership has been trained, and the referral process is currently being piloted.
    - b. 9% for the Transitional Aged Youth (TAY) Community :
      - i. 152 notifications have been sent out. 7 applications have been submitted to PHAs. 42 TAY are now assigned to a PHA, working on completing applications.
  - ii. Colleen Budenholzer (HCSA) noted that many people who received vouchers are in safe and stable housing that has been subsidized through Rapid Rehousing (RRH) funding. They are in the process of meeting HUD requirements such as inspections that are part of the process to switching to EHV, which is why the number of leased up vouchers is still low.
  - iii. Chelsea Andrews (Executive Director) asked if there were any challenges working with the PHAs.
    1. Colleen Budenholzer (HCSA) responded that it has been a learning process; every PHA is different, which does create challenges. For the most part it's been a collaborative effort that has strengthened and expanded the county's ties to PHAs, which is a great outcome.
    2. Vivian Wan (Abode Services) noted there have been challenges operationalizing EHV's that raise questions about the unusually large number of PHAs in Alameda County. It creates lines within the county that aren't perceived by residents, and

those with vouchers must overcome a lot of challenges to use them. While individual teams working on the EHV implementation have been fantastic, there have been missed opportunities to streamline and take advantage of the program's flexibility.

3. Colleen Budenholzer (HCSA) added that other providers have given similar feedback. There have also been challenges related to HUD's identification requirements, particularly birth certificates, which almost none of the recipients already had.
- iv. Chelsea Andrews (Executive Director) mentioned HUD Secretary Fudge's visit to Oakland on October 14<sup>th</sup>. EHV will be an area she intends to highlight. If there are additional thoughts on the rollout of EHV, or what we could do to improve its implementation. Chelsea has a one-on-one meeting with Secretary Fudge on October 20<sup>th</sup> and would welcome any input.

## **6. Action Items for Vote** (Kate Haverly)

- a. The RBA Committee made a recommendation to postpone the CE Evaluation to 2022 and use the findings of the Self-Evaluation to satisfy the requirements for monitoring in 2021.
  - i. The CE Evaluation occurs annually. The aim is to provide a comprehensive view of how well the system is operating.
  - ii. The last time the data was collected was 2019. There has been a major shift in CE since then. It was voted last year to postpone the evaluation to 2021.
  - iii. The RBA Committee revisited the subject in July 2021. Given that many components of the new CE system have not been rolled out yet, they've made a recommendation to the System Coordination Committee to postpone the CE Evaluation until 2022 when the new system is operationalized, and trainings have occurred.
  - iv. An additional benefit of adopting this recommendation is that a question related to individuals' experience with CE as consumers could be added to the 2022 PIT Count survey.
  - v. C'Mone Falls (City of Oakland) asked who would conduct this evaluation next year, given the governance changes planned for summer 2022.
    1. The System Impact Committee, a committee in the new governance structure, will be responsible for the evaluation.



2. Chelsea Andrews (Executive Director) added that input is welcome regarding the way in which this could be implemented, such as making it a collaboration between two or more committees.
- vi. C'Mone Falls (City of Oakland) noted that not postponing this evaluation could provide early feedback about the rollout of CE 2.0.
1. Katie Haverly (Director of Research and Data Analytics) noted that the recommendation does not specify when in 2022 the evaluation would take place, so it could be done early on to achieve this outcome.
- vii. Kate Hart (chair) motioned to postpone the evaluation to 2022, based on the recommendation from the RBA Committee.
1. The motion was seconded by Jessica Lobedan (City of Hayward)
    - a. Kate Hart (Chair) - Yes  
Calleene Egan - Yes  
C'Mone Falls - Yes  
Jessica Lobedan - Yes  
Jamie Almanza - Yes  
Lara Tannenbaum - Yes  
Natasha Paddock - Yes
  2. Motion passed.

## 7. Conclusion

### a. Upcoming Agenda Items

- i. The committee's Work Plan for 2022.

### b. Next meeting

- i. Wednesday, November 10<sup>th</sup> 2021, 2pm to 4pm PT

**DRAFT ALAMEDA COUNTY COORDINATED ENTRY POLICIES**  
**Sections 1-3 and Full TOC**  
**November 3, 2021**

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## **1. INTRODUCTION AND OVERVIEW**

### **1.1 Purpose of Coordinated Entry**

Alameda County defines Coordinated Entry as the approach to develop processes that coordinate and manage the housing crisis response system's resources to enable providers to make equity consistent decisions to best connect people experiencing homelessness to interventions to end their homelessness based on available information and resources.

The Coordinated Entry *process* serves to ensure that all persons experiencing homelessness have fair and equal access to the same set of resources and services regardless of where they present for assistance, and that resources for households with greater service and housing needs are targeted to those who need them most.

The Coordinated Entry *system* refers to the whole of the public and non-profit agencies and programs that participate in Coordinated Entry in any of the ways defined in and governed by these policies.

### **1.2 Scope of Coordinated Entry**

Coordinated Entry is a required process for all communities that receive funding from the U.S. Department of Housing and Urban Development.

#### **1.2.1 Programs Required to Participate**

Programs and projects that receive funding from the HUD CoC and ESG programs, from the State HHAP and Homekey programs, and from County of Alameda homelessness-specific funding (including but not limited to general fund, MHSA, CDBG and EHV) including shelters and dedicated homeless housing units or resources, must use the HMIS system and participate in Coordinated Entry. Programs funded by other sources *may* be required to participate as part of an agreed to funding structure, such as having received additional points or priority in an RFP based on a commitment to participate in CE.

#### **1.2.2 Programs Encouraged to Participate**

In order to make available the widest possible array of resources to people experiencing homelessness, other programs such as shelters and housing that do not receive any of the above funding are strongly encouraged to participate. Efforts to engage such programs will be made regularly, and non-participating programs are invited to share their rationale or concerns for not participating to allow them to be addressed if at all possible.

#### **1.2.3 Participation by Domestic Violence programs**

The Federal government prohibits programs that specifically serve survivors of domestic and/or gender-based violence from entering client data into HMIS. Such programs in Alameda County will use a *comparable database* and will participate in Coordinated Entry through one or more dedicated Access Points, utilizing separate and non-shared data collection and the use of unique identifiers that protect participant privacy while allowing survivors enrolled in DV programs equal access to the resources managed by Coordinated Entry.

#### 1.2.4 Coordinated Entry Policies

HUD requires CoCs to develop and maintain policies and procedures covering a wide variety of Coordinated Entry practices including, but not limited to, geographic coverage and access including for specific populations; the assessment, prioritization and referral process and criteria/factors; privacy protections, appeals, marketing, outreach, prevention and evaluation. This Policy document, along with procedures established for specific areas of Coordinated Entry and memorialized in other policy documents referenced herein (such as the HMIS Privacy and Security Policies, Housing Problem Solving Policy, Coordinated Entry Grievance Policy and others) constitute the required Policies and Procedures for Coordinated Entry.

### 1.3 Guiding Principles

The following guiding principles reflect key values and features of the current CE design and a commitment to implement and evaluate the system in alignment with these principles.

1. Coordinated Entry will embody in all steps of the process a commitment and practice of direct communication and transparency with participants about the process, limitations on resources and the likelihood of and timing of any assistance.
2. The Coordinated Entry system will operate similarly in each place the services are offered so that participants have equal access to support and resources regardless of where they seek assistance or their circumstances.
3. Historic and current racial inequalities will be considered in the design, implementation and evaluation of the CE process and system, and accountability for reducing disparities and increasing equity within the homeless response system will be part of the required results.
4. The CE process will be trauma-informed and personal information will be collected from participants only as needed and when relevant to a determination or decision needed to help meet the participant's self-reported needs. Effort will be made to ensure that participants do not need to repeat information.
5. The coordinated entry system and the programs to which it refers will be low barrier and operate consistent with the core practices of harm reduction and Housing First.
6. Participants are experts in their own lives and will make choices about what is right for them. Such choices may be constrained by the availability of resources but will not prevent the participant from being served.
7. The reality of limited resources means that participants may not receive the most desirable or appropriate resources for their needs. All participants will retain the ability to engage continuously with the system and seek and receive support for a self-directed resolution.
8. Training, monitoring and evaluation will be consistent with the above principles.

### 1.4 Governance

#### 1.4.1 Required Roles

The Coordinated Entry system and process require ongoing day-to-day management as well as community participation in design, implementation, evaluation and improvement of the process. HUD requires that the entity charged with management of operations and the entity charged with oversight be distinct and that both be appointed by the HUD recognized Continuum of Care (CoC).

#### 1.4.1.1 Policy Oversight Entity

The CoC serves as the Policy Oversight Entity which reviews policy and establishes participation expectations, and data collection, quality and sharing protocols. The CoC has designated primary responsibility for this function to the System Coordination Committee.

#### 1.4.1.2 Management Entity

The Alameda County Office of Homeless Care and Coordination is the Management Entity designated by the CoC to implement day-to-day workflow of the Coordinated Entry process. Management Entity responsibilities include establishing day-to-day management structures, promoting standardized screening and assessment processes, developing and delivering training and conducting monitoring.

Further information about the Governance and roles and responsibilities of the Policy Oversight and Management Entity can be found in the [Governance charter of the CoC](#) and in the Memorandum of Understanding between the CoC and the Office of Homeless Care and Coordination.

### 1.5 Use of HMIS

The County-wide Housing Management Information System is the data system that is used for all Coordinated Entry activities including Housing Problem Solving, enrollment, assessment, prioritization, queue management, posting openings in housing and shelter programs, and matching.

#### 1.5.1 HMIS Training and licensing

All Access point staff and all receiving entities for referrals must be trained and licensed to use the HMIS system and follow all requirements in the HMIS policies.

#### 1.5.2 Privacy and Security

All Access Points will follow HMIS protocols for obtaining participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process. This includes all rules regarding the capture, transmission, and storage of Personally Identifying Information.

#### 1.5.3 Right to abstain from disclosing or sharing information

Coordinated Entry participants may freely abstain from disclosing and sharing information without fear of denial of services resulting from the refusal. However, participants may be unable to qualify for consideration for specific programs or services that require disclosure of certain pieces of information for purposes of establishing or documenting program eligibility.

## **2. ACCESS**

### **2.1 Full Coverage**

Alameda County's Coordinated Entry approach provides full coverage of the entire geography of the County, which is the same as the Continuum of Care boundaries, through a variety of methods which include physical Access Points known as Housing Resource Centers (HRCs) distributed across the county, as well as street outreach which covers all regions of the County and phone line access.

### **2.2 Access Points**

Access Points are the virtual or physical places or programs where an individual or family experiencing homelessness or at imminent risk of homelessness seeks and receives assistance to connect to resources from the Housing Crisis Response System that are available through Coordinated Entry.

#### **2.2.1 Housing Resource Centers (HRC)**

Housing Resource Centers are physical sites located across the County offering in-person and virtual services. Housing Resource Centers must offer the full range of coordinated entry activities including outreach, triage, housing problem solving, assessment and matching to regional resources.

#### **2.2.2 Outreach Teams**

Trained and designated outreach teams may serve as Access Points. These teams include the County's Street Health teams, which serve designated encampments and outdoor locations by region, outreach staff of Access Point agencies and City-sponsored outreach teams. To be considered an Access Point, an outreach team must be able to provide the full range of coordinated entry activities.

An outreach teams that does not provide the full range of Coordinated Entry activities may refer a participant to an HRC or another outreach team that is able to provide full CE services.

#### **2.2.3 24/7 Call Center**

Alameda County Coordinated Entry will also utilize a 24/7 Call Center to connect potential participants with HRCs and/or outreach teams and to refer to other resources including prevention and crisis resources. The Call Center will conduct initial screening (Triage), provide referrals to other resources outside of the CE system and carry out warm transfers to HRCs during business hours. Outside of business hours the Call Center will refer to crisis resources and provide households seeking CE services with information about where to access these services and/or when to expect to hear from an HRC.

### **2.3 Access Points for Designated Subpopulations**

2.3.1 In order to ensure that access is both convenient, comfortable and appropriate to the range of potential persons and households needing assistance in Alameda

County, certain subpopulations of people experiencing homelessness may access the Coordinated Entry system through designated Access Point providers with specialty services designed for this population. One or more designated Access Points will be established for:

1. Transition Age Youth
2. People fleeing domestic or gender-based violence
3. Veterans of the U.S. Military (*proposed*)

2.3.2 Members of subpopulations are not required to use a designated Access point and may seek and receive services at any Access Point

## **2.4 Weekend and Evening Access**

### 2.4.1 Access to Emergency Resources

To ensure that persons experiencing a housing crisis or homelessness can be served during times that HRCs are not open and/or street outreach teams are not operating, the CoC has designated the 2-1-1 line to serve as 24/7 Call Center. The call center will have information about resources such as shelter beds that may be open and accepting referrals over a weekend or in the evenings.

### 2.4.2 Access to Coordinated Entry process

The 2-1-1 call center provides a portion of the Coordinated Entry workflow and can conduct Triage, make referrals to crisis resources and refer to HRCs for additional services and to conduct assessments. HRCs must respond to such a referral within 24 hours if during the work week, or up to 72 hours over a weekend or holiday period. CE Assessments are not required for short-term referrals to Crisis resources during times that HRCs and street outreach teams are not working.

## **2.5 Non-discrimination and accessibility**

### 2.5.1 Non-discrimination

The Coordinated Entry system including all Access Points and other participating programs may not discriminate against any populations or subpopulations in Alameda County in the coordinated entry process. This includes people experiencing chronic homelessness, veterans, adults with children, youth, and survivors of domestic violence, regardless of the location or method by which they access the crisis response system.

### 2.5.2 Language Access

The Management Entity and Access Points must take steps to ensure equal Access for speakers of other languages. This includes, but is not limited to, hiring staff who speak other designated languages, translating written materials, providing access to interpreters when needed, and reviewing all written materials to ensure that culturally affirmative language is used.

### 2.5.3 Physical Accessibility

When selecting HRC's the County will contract with agencies proposing locations that are physically accessible or are able to make modifications such as adding ramps or elevators for persons who require them. The County will also consider the availability of public transportation and the proximity of Access Points to other frequently used resources such as local emergency shelters, drop-in centers, free food resources, and other crisis response service locations.

## 3. ASSESSMENT AND PRIORITIZATION

### 3.1 Overview of Assessment and Prioritization

The Coordinated Entry process uses specific Assessments to obtain information about both the immediate and long term needs of persons and households seeking services. Portions of these assessments are weighted and assigned points leading to a score which is used, along with eligibility information, for placing participants on to prioritized queues for referral to crisis and housing resources.

### 3.2 Threshold Scores

A Threshold Score refers to the score on an assessment that qualifies a participant household to be added to the corresponding queue and to be considered *prioritized* for one or more of the resources available to persons on the queue.

#### 3.2.1 Establishing threshold scores

A threshold score is initially established by the Management Entity reviewing the current and anticipated inventory over a specified period of time, the anticipated number of qualifying households and estimates of how many referrals may be necessary to fill openings in a timely fashion while not adding participants to queues who are extremely unlikely to receive a referral.

#### 3.2.2 Threshold variation by subpopulation

Because resources for certain subpopulations are more plentiful relative to the population group, such as families with children, Veterans and people living with HIV/AIDS, threshold scores may be different or there may be no threshold for certain household types. Information about how to apply thresholds scores will be made available to Access Points through frequent communication and training and will be updated as needed to reflect changes in inventory.

#### 3.2.3 Adjusting threshold scores

Because thresholds scores are established based on available and anticipated inventory and on the number of referrals that are typically needed to fill an opening, the Management Entity can and should be adjusted when:

1. A significant increase in inventory occurs that could result in resources being unused or underused if more households are not prioritized for those resources

2. A significant decrease in inventory occurs that could result in many more households being prioritized than can be anticipated to be served.
3. The rates ratio at which referrals result in enrollments changes such that more or fewer households should be prioritized in order to fill openings in a timely fashion.

#### 3.2.4 Frequency of adjusting threshold scores

The Management Entity will review all threshold scores for confirmation or adjustment not less than annually, and more frequently if warranted by one or more of the three conditions described in 3.2.3. However, very frequent changes in thresholds are not desirable as this may cause confusion and could result in persons with similar needs getting unequal access to resources.

### **3.3 Overview of Assessment and Prioritization Workflow**

The workflow for the phased assessment approach is intended to only collect the information that is needed at each step and to avoid misleading expectations of certain types of assistance.

#### 3.3.1 Steps in Workflow

The Assessment and Prioritization workflow has seven steps. These steps include:

1. Triage
2. Client Profile
3. Conduct Housing Problem Solving
4. Assessment pre-questions
5. Enrollment in Coordinated Entry
6. Crisis Assessment
7. Housing Assessment

#### 3.3.2 Timeframes

While the seven steps of the Assessment and Prioritization process must occur in the order listed above, not all steps must occur at the same time. Access Point staff will determine with a participant whether there is time and interest in proceeding through the steps in one interaction or whether to schedule additional time to complete a step or move on to another step in the process.

#### 3.3.3 Requirement to Follow workflow

All Access Points must follow the order of the Workflow for the smooth and fair functioning of the Coordinated Entry process. Skipping steps in the workflow may result in some households getting access to resources ahead of others who are eligible and prioritized. It may also result in housing problem solving resolutions that could meet a participant's needs being overlooked or lost.

Access Points or specific Access Point staff which repeatedly fail to follow the workflow may lose their ability to conduct assessments or their access to the coordinated entry agency in HMIS.



### **3.4 Triage**

Triage is the first step in the Coordinated Entry process and consists of a set of initial questions and steps to determine that the person presenting qualifies for and is in need of the service of coordinated entry. This step also screens for any emergency response needs. It includes three topics areas

#### **3.4.1 Urgent needs**

Prior to any other services, an Access Point will assess whether the participant is expressing or displaying any urgent needs such as a health or mental health emergency. In such situations Access Point staff will call crisis services or 911.

#### **3.4.2 Safety Needs and Safety Planning**

Questions designed to determine if someone may be fleeing or attempting to flee domestic violence or human trafficking or is a survivor of the same. Anyone who at this point is identified as a survivor should be offered DV resources. If the person who is a survivor declines these resources, and continues to the next step in the workflow, a housing problem solving conversation, safety considerations and any safety planning should be addressed in the resolution plan.

#### **3.4.3 Housing Status Determination**

Participants will be eligible for the services and potential resources of coordinated entry if they are currently experiencing homelessness. Questions to determine whether the participant meets the definition of “literal homelessness” will be asked prior to proceeding with the rest of the workflow

3.4.3.1 If the above steps result in a participant being eligible for and in need of coordinated entry services, the Access point will proceed to create or update a Client Profile in HMIS

3.4.3.2 If the household is not eligible for coordinated entry services and could benefit from homelessness prevention, the Access Point will refer to the 2-1-1 line to determine where prevention resources are currently available.

3.4.3.3 When prevention resources are available in HRCs and system Access Point they are prioritized for people who are at imminent risk of homelessness and/or have previous homelessness, especially those who are completing a rapid re-housing program and remain at high risk for returning to homelessness.

### **3.5 Housing Problem Solving**

#### **3.5.1 Definition of Housing Problem Solving**

Housing problem solving is an engagement approach that is versatile and utilizes empowering engagement to identify and explore options through creative, strengths and resources-focused interaction. The goal is to determine options and participant action toward safe housing solutions outside of the formal housing crisis response system as soon as possible and without need for ongoing support.

### 3.5.2 Key components of HPS

Housing Problem Solving consists of three key components: an effective HPS conversation, a Housing Resolution Plan if a resolution is identified, and connections to other services and supports which may include

- a. Referrals to other programs and resources
- b. Conflict resolution and mediation support
- c. Housing search and housing location assistance
- d. Flexible funds to help secure a temporary or permanent housing resolution

### 3.5.3 Continuous Availability of Housing Problem Solving

All Coordinated Entry participants will be offered Housing Problem Solving prior to any Assessment. Housing Problem Solving is also continuously available to anyone who qualifies for services from the Coordinated Entry System. Based on available inventory and whether or not a household is added to one or more queues, Housing Problem Solving may be the primary service that a person or household is offered.

### 3.5.4 Housing Problem Solving Policies

Access Points and other programs that offer Housing Problem Solving Services as part of the Coordinated Entry Process must follow the Housing Problem Solving Policies adopted by the CoC.

## **3.6 Assessment Pre-Questions**

Consistent with the principle that participants should not be asked unnecessary questions or misled as to the likelihood of receiving assistance, pre-questions are used to know if the next step is necessary due to the client's desired services and/or likelihood to be prioritized for that resource. These questions will be different depending on the subpopulation to which the participants belongs and the resources they are seeking, given that anticipated available resources vary by subpopulation.

Pre-questions may change from time to time based on eligibility and prioritization criteria for resources.

Pre-questions are not in or recorded in the HMIS system. Access Points will be furnished with the pre-questions and notified if these change.

## **3.7 Coordinated Entry Enrollment**

All Coordinated Entry participants that proceed from Housing Problem Solving to an Assessment must be enrolled first in the Coordinated Entry program in HMIS. An enrollment in the CE program allows the CoC to report as required on the operations and outcomes of Coordinated Entry.

### 3.7.1 Current Living situation

Current Living Situation is a single-question assessment required by HUD that is part of the HMIS System. Upon enrollment in the Coordinated Entry program, regardless of the agency

completing the enrollment, this assessment must be conducted. In general, this assessment should be updated at every encounter as current living situation may change frequently. However, for programs that may see participants on a daily basis, such as street outreach and drop-in programs, a current living situation assessment must be done not less frequently than once per calendar month and at any time that a staff person becomes aware that a participant's living situation has changed.

### 3.7.2 Disenrollment

A participant is disenrolled from Coordinated Entry if:

1. They are referred to and enroll in another resource, or
2. They have no "events" (an HMIS term for any contact with Coordinated Entry) over a six-month period.

Participants who are disenrolled from Coordinated Entry may be reenrolled at any time but must go through the prior steps on the workflow to determine that they remain in need of coordinated entry services.

## 3.8 Crisis Assessment

### 3.8.1 Purpose of Crisis Assessment

The purpose of the Crisis Assessment is to ascertain the household's interest in emergency shelter, transitional housing or safe parking and the household's relative priority for crisis resources currently or anticipated to be available.

### 3.8.2 Brevity

The Crisis Assessment will be brief and rely primarily on information that can be quickly determined and is of a minimally personal nature.

### 3.8.3 Crisis Assessment Prioritization Factors

The Crisis Assessment incorporates factors from the participant profile and the Coordinated Entry enrollment, as well as additional questions for determining relative priority. Questions associated with the following factors are used to establish a Crisis Assessment score.

- Prior Living Situation
- Household Information – number and ages of members of the household
- Income – combined household income
- Health – whether one or more members of the household has a condition, disability or need that increases their priority for crisis resources

### 3.8.4 Conducting the Assessment

Access Points will ensure that the time and privacy needed to conduct a crisis assessment are available and that the participant is comfortable proceeding before beginning a crisis assessment. Access Point staff should explain the process and purpose and the potential

outcomes before beginning, though the questions in the assessment should be asked as written.

#### 3.8.5 Active time frame for a Crisis Assessment

A Crisis Assessment is considered valid and active for 90 days, as long as nothing has changed. After such time, or if the participant has had a change in circumstances or housing status, the Assessment should be updated.

#### 3.8.6 Messaging after Crisis Assessment

After completing a Crisis Assessment, an Access Point worker can immediately see the participant's score in HMIS. The Access Point worker will refer to the Crisis Assessment Threshold Score, if any, in use at the time and will inform the household whether they are being added to the Crisis Queue and what they can anticipate as next steps. The Access Point worker should utilize guidance regarding scores most likely to get matched to a crisis resource to discuss the likelihood and likely wait time for the desired resource. Guidance will be included in trainings and made available to Access Points.

### **3.9 Housing Assessment**

#### 3.9.1 Purpose of Housing Assessment

The purpose of the Housing Assessment is to ascertain the household's interest in and eligibility for time-limited housing subsidies (such as Rapid Rehousing) or permanently subsidized housing and its relative priority for permanent housing currently or anticipated to be available.

#### 3.9.2 Scope of housing assessment

The Housing Assessment is a more in-depth assessment than the Crisis Assessment. It contains additional questions and questions that are considered to be more personal or sensitive in nature. For this reason, and to avoid creating expectations that are misleading regarding the likelihood of receiving a housing referral, Access Point will seek to minimize the number of persons assessed with the Housing Assessment who are unlikely to achieve the Threshold Score.

#### 3.9.3 Housing Assessment Prioritization Factors

The Housing Assessment incorporates factors from the participant profile and the Coordinated Entry enrollment, the Crisis Assessment questions, if completed, as well as some additional questions. Questions associated with these factors are used to establish a score.

- Crisis Assessment questions including household size and ages, length of time homeless and health related questions
- Additional health questions
- Questions regarding housing history and housing barriers
- Questions regarding exposure to violence and risk of violence

#### 3.9.4 Conducting the Assessment

Access Points will ensure that the time and privacy needed to conduct a housing assessment are available and that the participant is comfortable proceeding before beginning a housing assessment. Access Point staff should explain the process and purpose and the potential outcomes before beginning, though the questions in the assessment should be asked as written.

If the participant has previously completed the Crisis Assessment the Access Point staff will review these questions as part of the Housing Assessment.

#### 3.9.5 Active Time Frame of Housing Assessment

A Housing Assessment is considered valid and active for 180 days as long as nothing has changed. After such time, or if the participant has had a change in circumstances or housing status, the Assessment should be updated.

#### 3.9.6 Messaging after Housing Assessment

After completing a Housing Assessment, an Access Point worker can immediately see the participant's score. The Access Point worker will refer to the Housing Assessment Threshold Score for all household types and subpopulations that the household is included in and will inform the household whether they are being added to the Housing queue, what they can anticipate and what they should do as a next step, such as gathering identifying documents and staying in touch.

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**4. QUEUES AND QUEUE MANAGEMENT**

**4.1 Overview of Queues**

**4.2 Crisis Queue**

**4.3 Housing Queue**

**4.4 Responsibility for Queue Management**

**4.5 Removal from Queues**

**5. MATCHING**

**5.1 Overview of Matching**

**5.2 Matching for Crisis Resources**

**5.3 Matching for Permanent housing**

**6. REFERRAL**

**6.1 Role of Referring Entity**

**6.2 Role of Referral Receiving Agency**

**6.3 Time frames and tracking**

**7. DATA AND EVALUATION**

**8. GRIEVANCES AND COMPLAINT TRACKING**

**APPENDIX A: GLOSSARY**