

December 2025

Alameda County 2024-2025 Coordinated Entry System Evaluation

Acknowledgements

This Coordinated Entry System (CES) Evaluation was made possible through the contributions and partnership of many individuals and organizations across Alameda County.

Special thanks to the members of the Outreach, Access, and Coordination Committee (OAC)—Courtney Pal, Daniel Scott, Jenn Oakley, Alan Guttirez, Kara Carnahan, Laurie Flores, Marcela Munoz, Marlisa Fischer, Shane Rogge, Stacey Burmaster, Stephanie Semien, Tiara Jones, and Veronica Alder—for their leadership in shaping and implementing the evaluation process. Deep appreciation goes to OAC Co-Chairs Amy Cole-Bloom and Kate Hart for their guidance throughout, and to Alameda County Housing & Homelessness (H&H), especially Alan Guttirez and Anna Fellers, for their continued partnership and support.

Gratitude is extended to all others who participated in committee meetings or contributed insights that helped inform this report.

OAC is especially grateful to the people with lived experience of homelessness (PWLE) who took the time to participate in focus groups and share their perspectives. Their voices were essential to identifying system strengths and opportunities for improvement.

Sincere thanks also go to the many partners who supported outreach and focus group coordination, including Eden I&R, Insight Housing, Abode Services, Resources for Community Development (RCD), Alameda Health System, the City of Fremont, and Jenn Oakley.

Appreciation is also extended to Abode, East Bay Asian Local Development Corporation (EBALDC), Mercy Housing, MidPen Housing, the Non-Profit Housing Association of Northern California (NPH), Resources for Community Development (RCD), and Satellite Affordable Housing Associates (SAHA) for submitting letters that grounded the evaluation in system experiences and community needs.

Finally, thank you to the 211 operators, outreach workers, shelter staff, Housing Resource Center (HRC) staff, and others on the front lines of Coordinated Entry for their time, honesty, and commitment to serving Alameda County residents. Their insight was invaluable to this process.



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Evaluation Scope: Distinguishing the CES from the CE Management Entity

Coordinated Entry (CE) is not just a single grant or program. It is the US Department of Housing and Urban Development (HUD) mandated process to ensure all people experiencing homelessness have fair access to a community's homelessness assistance options. HUD requires the local Continuum of Care (CoC) to prioritize people who are most in need of assistance, but CoCs have the flexibility to set up their system to best serve the needs of people experiencing homelessness in their community. In Alameda County, the County itself serves as the Coordinated Entry Management Entity. The County is responsible for day-to-day operations related to the CE process, including Planning, Access, Assessment, Prioritization, Referral, Data Management, Evaluation, Problem Solving, and Grievances.

The Coordinated Entry System (CES), by contrast, encompasses the full network of agencies, access points, and resources that participate in or connect to CE, including outreach, crisis response, prevention programs, and specialized access points for families, youth, and survivors of gender-based violence. As such, some sections of this report reference improvements that fall directly within the CE Management Entity's responsibilities, while others highlight system-level challenges in the wider CES.

The participation of housing providers in CES is tied closely to funding. Programs supported by HUD's Continuum of Care (CoC) and Emergency Solutions Grant (ESG) programs, the State's Homekey initiative, Alameda County homelessness-specific funds—including the General Fund, the California Homeless Housing Assistance Program (HHAP), Mental Health Services Act (MHSA), HUD's Community Development Block Grant (CDBG), and Emergency Housing Vouchers (EHV), along with certain Housing Opportunities for Persons with AIDS (HOPWA) programs—are required to use Homeless Management Information System (HMIS) and receive referrals from CES.

Other programs may be required to participate through funding agreements, such as when competitive Requests for Proposals (RFPs) awarded priority to applicants who committed to CE participation. Participation may vary depending on program design. For example, a Rapid Rehousing project serving people who first entered shelter through the CE Crisis Queue may not need to fill units directly from the CE Housing Queue, provided the program uses clear and consistent enrollment criteria.



All the programs highlighted above form the CES. Beyond these requirements, the County also strongly encourages shelters and housing programs without these funding ties to take part in CES, and it makes regular efforts to engage them. These expectations are outlined in the [*Alameda County Coordinated Entry Policies*](#) (updated May 14, 2025).

Earlier this year, a separate evaluation was conducted that focused on the County's role as the CE Management Entity. This evaluation and report examine the CES as a whole drawing on quantitative data provided by the Management Entity and qualitative insights from People with Lived Experience of homelessness (PWLE), Housing Resource Centers (HRCs), Alameda County 211 operators, and direct service providers to understand their experiences working with and being served by CES. While the findings have implications both for the Management Entity and the broader system, the emphasis here is on the system itself: highlighting strengths and identifying opportunities for improvement.



Executive Summary

In August 2024, OAC launched a two-part evaluation framework for Alameda County's CE Management Entity and CES. Building on that framework, the 2024-2025 CES evaluation was formally launched in November 2024. This report presents findings from the evaluation period of November 2024 through July 2025. Overall, the evaluation highlights meaningful progress supported by strong staff commitment and operational improvements, while also identifying opportunities for improvement.

Over the past year, access to CES has expanded through updated 211 scripting, improved call handling, and the implementation of Limited Access Points, Mobile Access Points, and a Forensic Access Point that were collectively designed to increase equitable access to CES. Trusted relationships with frontline staff and peers remain CES's greatest strength, providing the support many clients rely on to navigate the system.

The evaluation identified several system-level opportunities for improvement. Focus group participants – including PWLE, HRCs, 211, and service providers – shared the challenges in accessing the system for individuals with disabilities and those living further away from most physically-located services. They also noted that staffing capacity across the system remains a challenge; high caseloads and turnover make consistent follow-up with clients difficult. Participants emphasized the importance of communication and feedback loops, so clients and providers can better see where a client is in the referral process and feel confident about next steps. They also pointed to the need for tools, training, and flexible resources to respond quickly to prevent homelessness. Finally, participants highlighted the value of further integrating person-centered, trauma-informed practices and leadership from PWLE into all aspects of CES design and delivery.

Summary of Overarching Themes & Recommendations

For brevity, the six overarching themes identified in the full report have been synthesized into three priority areas in this executive summary.

To address these challenges, the evaluation recommends focusing on three priorities:



- **Simplify and broaden access** by continuing to extend after-hours and mobile CE services, allowing trained outreach and shelter staff to provide CE services, and reviewing eligibility rules through an equity lens. Centralizing the flexible funds for problem solving could increase speed, access, and consistency of service delivery.
- **Support staff and strengthen relationships** through balanced caseloads, consistent training, and formal opportunities for PWLE to guide training, policy development, and CE grievance oversight.
- **Build reliable communication and accountability** by implementing a real-time referral dashboard, standardizing follow-up, and ensuring staff have the tools and resources to deliver on CES goals.

Tracking Progress

Tracking progress will be critical to sustaining improvements and ensuring recommendations are carried forward. The CoC Governance Charter charges OAC with providing oversight and support for CE implementation, reviewing assessment and prioritization tools annually, monitoring system access and outcomes, and conducting an annual evaluation of the CE Management Entity. In line with these responsibilities, OAC should work with the CE Management Entity to create a schedule to review progress and work towards incorporating findings from CES evaluations into system operations ([Alameda County CoC Governance Charter](#)).



Introduction

What is Coordinated Entry?

According to [HUD Notice CPD-17-01](#), CE is “a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool” (HUD, 2017, p. 4).

Instead of requiring households to navigate multiple agencies on their own, CE establishes a community-wide assessment process for access to housing through multiple entry points—such as outreach teams, walk-in centers, call lines, or other hubs. However, as noted above, *not all housing providers are required to participate in CES*, which does limit its reach.

Finally, through a standardized assessment, CES can gather consistent information about housing history, service needs, and barriers to stability. This information can then be used to prioritize households for available housing resources based on vulnerability and need, rather than a first-come, first-served approach.

Coordinated Entry in the Alameda County CoC

Alameda County further defines Coordinated Entry (CE) as the approach to coordinate and manage the Homelessness Response System’s resources to enable providers to make equity-consistent decisions to best connect households experiencing homelessness to interventions to end their homelessness based on available information and resources ([Alameda County Coordinated Entry Policies](#), May 14, 2025).

The CE process is intended to ensure that households experiencing homelessness have fair and equitable access to the same set of CoC resources and services, regardless of where they present for assistance, and that resources for households with greater service and housing needs are directed to those who need them most.

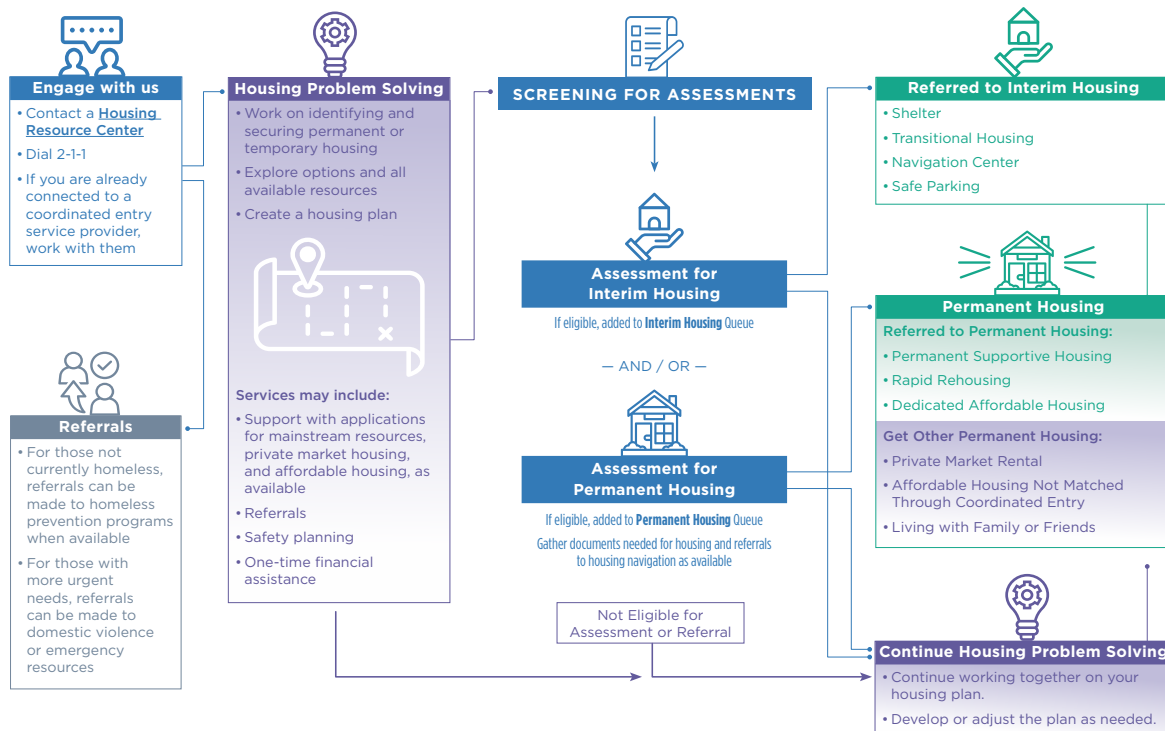


The CE process in Alameda County is organized into a seven-step workflow that connects households consistently to the resources they need:

1. **Engagement and Triage:** Determining immediate needs and eligibility.
2. **Creating a Client Profile:** – Entering basic information into the system.
3. **Housing Problem Solving:** Exploring whether the housing crisis can be resolved quickly, without further system involvement, and creating a client-driven housing plan.
4. **Assessment Pre-Questions:** Determining whether moving forward in CE is appropriate.
5. **Enrollment in Coordinated Entry:** Documenting participation in the system.
6. **Crisis Assessment:** Identifying households with immediate safety and shelter needs and prioritizing them for short-term resources such as shelter or safe parking.
7. **Housing Assessment:** Gathering more detailed information about housing barriers and needs to prioritize households for long-term resources such as Rapid Rehousing, Permanent Supportive Housing, or Dedicated Affordable Housing.

FROM HOMELESSNESS TO HOUSING

Alameda County Coordinated Entry Workflow



Factors used in the Housing Assessment to determine prioritization are:

- Prior Living Situation and Length of Time Homeless: Longer durations and multiple episodes of homelessness, including chronic homelessness, are assigned more points.
- Household Information: Larger households, households with younger children, and heads of household under age 25 or over 55 are assigned more points than other households.
- Combined Household Income: Households with little or no income are assigned more points than higher income households.
- Health: Households in which one or more members of the household has a disability (including HIV/AIDS) or health condition are assigned more points than other households.

People can access CES in multiple ways, including through HRCs, referrals from the 24/7 call center (211), or through contact with Limited Access Points (e.g. trained outreach teams). Specialized access points also exist for families, youth, and survivors of gender-based violence (*Alameda County Coordinated Entry Policies*). Not every household will move through all seven steps. The process varies depending on eligibility, available resources, and the participant's own needs and choices. This structure is designed to match resources with the most urgent needs, while also supporting individualized pathways to housing stability (*Alameda County Coordinated Entry Policies*).

Purpose of this Report

The purpose of this report is to evaluate the functionality, accessibility, and equity of Alameda County's CES and to translate those findings into clear actions for system improvement. This evaluation is designed to help community partners, service providers, system leaders, and PWLE understand how CES is functioning today; and identify concrete changes, which may better meet the needs of people experiencing homelessness.

Using a combination of quantitative analysis, staff and client focus groups, surveys, and targeted stakeholder conversations, the report highlights system strengths, identifies challenges, and outlines opportunities for improvement. It centers the voices of people most directly affected by CES policies and practices, alongside the perspectives of frontline staff who work with the system every day. The evaluation is of course limited in that it did not capture all voices in the community; some groups were represented more fully than others during the process.



Past Findings and Recommendations

Highlighted below are key findings and recommendations from the 2023 CES Evaluation that have specific relevance to future CES improvements.

- **Improve Follow-Up and Communication:** PWLE reported frequent breakdowns in follow-up after assessments or referrals, leading to confusion, discouragement, and lack of trust in the system.
- **More Lived Experience Leadership:** Participants emphasized the importance of including PWLE in system design roles to build trust and improve the quality of services.
- **Stronger Oversight and Advocacy Mechanisms:** The evaluation identified a need for system-level accountability, including the creation of an ombudsman or independent grievance process for CES participants.
- **Transparent and Accessible Information:** Many individuals expressed confusion about how CE works, how to check their status, and what steps they need to take. Participants recommended the development of online portals, clearer materials, and more consistent messaging.
- **Trauma-informed Support:** Participants voiced a need for trauma-informed care throughout the CE process.
- **Flexibility and Problem-Solving Capacity:** Households who did not meet the criteria for CE Housing Queues often felt left behind. Recommendations included broader use of Housing Problem Solving, flexible support for people with moderate needs, and more coordination around basic needs (e.g., hygiene, safety, short-term solutions).
- **Clearer Integration of Prevention, Crisis, and Housing Queues:** The evaluation identified a need to improve coordination and visibility between crisis services, prevention programs, and long-term housing referrals, including transparent scoring and prioritization systems.

Beyond the CE process itself, the 2023 evaluation also pointed to overall improvements that are needed in the homelessness response system in Alameda County to ensure that CE can function effectively. Recommendations included:

- More dedicated resources for housing, including permanent supportive housing and shallow subsidies.
- Meet people's immediate needs while waiting for housing placements, including regular access to showers and hygiene.



- Increase the number of people with lived experience of homelessness who work in both frontline and leadership roles throughout the homelessness response system. Provide training, livable wages, and ongoing support.
- Address staffing shortages and turnover rates throughout the system, such as by improving compensation and support for providers. The system cannot function effectively without a well-trained, experienced workforce.
- Improve overall coordination of programs across the county.
- Create an ombudsman or other advocacy program that offers support to individuals who encounter problems with the services they receive and can investigate complaints of abuse and neglect. Create clear pathways for participants to be able to request to change service providers when needed.
- More robust mental health supports, and a trauma-informed system that acknowledges the trauma of experiencing homelessness.

This report provides an overview of actions taken by Alameda County Housing and Homelessness (H&H) in response to the 2023 evaluation findings. It documents system improvements, policy changes, and new tools implemented to address identified issues.



Methodology

Planning

OAC oversaw the CES evaluation, consistent with its role in the CoC Governance Charter to provide oversight and support for CE, monitor quality and fidelity, and conduct annual evaluations of the CES. The evaluation was conducted in phases by [Homebase](#), relying heavily on feedback from system partners, providers, and PWLE. Building on HUD's CES evaluation framework, it was designed to ensure the evaluation is meaningful, actionable, and reflective of local conditions in Alameda County.

In August 2024, OAC initiated development of a two-part evaluation framework to assess both the Coordinated Entry (CE) Management Entity and the broader CES. The proposed framework was approved by the EveryOne Home Leadership Board in November 2024 and the evaluation was formally launched at the same time. This planning phase drew on prior evaluation reports, updated performance data, and progress on past recommendations. It also included an examination of CES outcomes by race, ethnicity, gender identity, and other equity markers to identify any disproportionate impacts.

Part 1: Self-Evaluation of the Coordinated Entry Management Entity

The first part of the evaluation focused on the performance of the CE Management Entity, Alameda County Housing and Homelessness (H&H). A self-evaluation template was developed based on HUD's CE Self Evaluation tool, as well as the roles and responsibilities outlined in the Memorandum of Understanding (MOU) between the Management Entity and the CoC. H&H completed the self-assessment in September 2024, and the draft was reviewed by OAC in November. The Management Entity incorporated OAC feedback before the final version was approved by OAC in December 2024.

Part 2: Evaluation of the Coordinated Entry System

The second part of this evaluation focused on the wider CES, which includes the broad network of agencies, access points, and resources that participate in or connect to CE, including outreach, crisis response, prevention programs, and



specialized access points for families, youth, and survivors of gender-based violence. As such, some sections of this report reference improvements that fall directly within the CE Management Entity's responsibilities, while others highlight system-level challenges in the wider CES. This is consistent with the two-part CES evaluation framework approved by OAC in November 2024 ([Memo on CES Evaluation Process, approved Nov. 13, 2024](#)).

Findings in Part 2 draw on both quantitative data provided by the Management Entity and qualitative feedback from people with lived experience, HRCs, 211 operators, service providers, and other partners. The components of the evaluation continue below.

Qualitative Data Collection

How Qualitative Feedback was Synthesized

Qualitative feedback was incorporated into this evaluation to complement and contextualize system data. Focus group and survey findings were analyzed thematically, meaning comments were grouped by recurring themes rather than counted as "votes." This approach highlights patterns in participant experiences without overstating frequency.

Where qualitative findings appeared to contrast with other data sources, the evaluation team noted these tensions and used them to flag areas for further inquiry. In several cases, participant feedback helped explain gaps in the data (for example, why access points may show lower usage in certain regions despite reports of high need).

The intent of qualitative data in this evaluation is not to serve as a statistical measure, but to provide critical insight into how CES policies and practices are experienced by people navigating the system, as well as frontline staff. By pairing qualitative themes with quantitative trends, the evaluation offers a fuller and more accurate picture of CES performance.

Community Survey

As part of the evaluation, a community-wide survey was distributed to gather broad input on the effectiveness and accessibility of the CES in Alameda County. The survey was open to all community members, regardless of their direct experience with CES. Respondents were encouraged to share their perspectives on how well CES is



working, even if they had not personally accessed CES services. The survey was open from February 25, 2025, through March 28, 2025.

Focus Groups

To supplement quantitative data and elevate the voices of those directly impacted by CES operations, a series of focus groups were conducted between February and May 2025. These discussions gathered detailed, experience-based input on how CES is functioning across different points of access and service delivery. Each group was tailored to participants' roles and experiences, providing a richer understanding of system dynamics.

The following focus groups were conducted as part of the evaluation process:

- **211¹ Operators and Managers:** To better understand call center workflows and how callers experience CES through this access point.
- **Street Outreach Staff:** To discuss how unsheltered individuals are connected to CES, including navigation and linkage, even though outreach staff do not typically conduct assessments directly.
- **Housing Resource Center Staff:** To explore how assessments and referrals are implemented, including triage considerations during initial engagement and the use of HPS.
- **Shelter Staff:** To reflect on the role shelters play in supporting clients through CES, including crisis response, assessments where applicable, and navigating referrals.
- **Housing Providers:** To discuss how referrals and matches are received and processed, and where system gaps emerge.
- **People with Lived Experience of Homelessness:** To hear directly from those who have interacted with CES, including experiences with outreach, assessments, housing problem solving, and referrals.

Focus groups were semi-structured and guided by topic areas aligned with the evaluation's scope; including access, equity, communication, and system flow. Participants were invited to share insights, concerns, and recommendations for

¹ 211 supports access and shelter referrals but does not conduct permanent housing referrals.



improvement. For groups involving PWLE, facilitators used trauma-informed practices, offered accommodations, and compensated participation.

The qualitative feedback from these discussions was synthesized thematically and integrated with quantitative data in the final findings. In many cases, focus group insights clarified or contextualized system gaps that are not always visible through administrative data alone.

Quantitative Equity Analysis

The CE Management Entity is committed to making sure that equity is foundational across all elements of CES. During this evaluation period, H&H re-engaged technical assistance provider *Focus Strategies*² to conduct a follow up evaluation of CE assessment tools.

The goal of this effort was to examine whether the current assessment and prioritization criteria produce racial or other demographic disparities, and to identify actionable opportunities for system enhancement.

Specifically, the analysis sought to:

- Identify any new and persistent disparities in assessment scores across racial, ethnic, and household configuration types;
- Test and determine potential impacts of modifying prioritization criteria; and
- Recommend revisions to the prioritization criteria to advance greater equity in housing access.

Focus Strategies reviewed Homeless Management Information System (HMIS) data spanning October 2023 to August 2024, including more than 4,000 Crisis Assessments and 4,500 Housing Needs Assessments. The analysis disaggregated results by household type (e.g., single adults, families, TAY) and examined disparities by race, ethnicity, gender identity, and other relevant demographics.

² Focus Strategies is a California-based consulting firm. They work nationally, but their roots and much of their client base are in California and the West Coast. Their focus is on helping communities end homelessness through system-level planning, data-driven analysis, and equity-centered strategy. They partner with local governments, CoCs, and nonprofits to evaluate homelessness systems, design coordinated entry processes and analyze racial disparities and housing barriers.



Targeted Conversations

Beginning in early 2025, OAC hosted a series of public discussions tied to core CE functions, as defined in the County's CE Policies. Each conversation was designed to revisit key recommendation areas from the previous CES evaluation and connect them to the formal CE framework. Topics included:

- **Access and 2-1-1:** CE policy establishes full countywide coverage through Housing Resource Centers, outreach teams, and a 24/7 call center that serves as an Open Access Point for referrals and triage.
- **Housing Problem Solving:** Required as the first step in the CE workflow, Housing Problem Solving is a mandated intervention offered before any assessment.
- **Assessment:** CE requires standardized crisis and housing assessments to determine prioritization for crisis and permanent housing resources.
- **Staffing:** Access Points must have trained staff who can deliver the CE workflow, including Housing Problem Solving, assessments, and referrals.
- **Grievances:** CE policy guarantees all participants the right to file grievances and requires Access Points to maintain and share grievance logs.
- **Follow-Up and Outcome Tracking:** CE requires ongoing data collection, evaluation, and reporting to monitor the effectiveness of access, assessments, referrals, and outcomes.

These sessions created a venue for Alameda County staff to present updates on implementation and outcomes, while also allowing OAC members, community partners, and people with lived experience to surface front-line insights. By aligning discussion topics with CE's mandated core functions, the targeted conversations provided an opportunity to reflect on how well policies are working in practice and to identify remaining challenges and opportunities for improvement.

Limitations

As with any evaluation, this process faced several limitations that should be considered when interpreting findings and recommendations. One key limitation was the low response rate to the community-wide CES survey, which yielded a total of 144 responses across all populations. While the survey was open to the general public, and outreach efforts emphasized the inclusion of historically marginalized groups—



including people with lived experience of homelessness, BIPOC and LGBTQ+ communities, and service providers—the sample size limits the extent to which results can be generalized to the broader Alameda County population. As such, survey findings should be viewed as illustrative rather than representative.

Other limitations included:

- While valuable perspectives were gathered through focus groups with both providers and people with lived experience, participation was limited to select organizations and geographic areas.
- Disability-focused organizations were underrepresented in this evaluation cycle. While people with disabilities are disproportionately impacted by homelessness, few organizations specializing in disability rights, advocacy, or services participated in focus groups or submitted feedback. Their absence limited the evaluation’s ability to fully assess how accessible and responsive the Coordinated Entry System is to individuals with physical, cognitive, or sensory disabilities.
- The CES in Alameda County continues to evolve, with new tools, staffing structures, and process improvements being implemented during the evaluation period. As a result, some findings may reflect a snapshot in time rather than long-term system conditions.

Despite these limitations, the evaluation process was robust and grounded in multiple sources of data. Findings represent an important step toward identifying system strengths and areas for improvement—and highlight the need for continued, sustained engagement with all CES stakeholders in future evaluation cycles.

Findings

Coordinated Entry Lead Entity Self-Evaluation

The CE Management Entity completed a self-evaluation to reflect on its roles and responsibilities in managing CE. This process included internal ratings, detailed documentation, and ultimately, review and refinement by OAC.

The self-evaluation was grounded in the responsibilities outlined in the CE Management MOU and used a three-tier scale: “Exceeds Expectations,” “Meets



Expectations,” and “Needs Improvement.” Each item included accompanying notes explaining progress, challenges, or context.

The final document was reviewed in detail during the November 2024 OAC meeting. Committee members provided real-time feedback, asked clarifying questions, and worked collaboratively to finalize the ratings and language. The group affirmed the document’s value as a shared assessment tool and approved the final version as a committee in December 2024.

Highlights from the Self-Evaluation

Exceeds Expectations

H&H was rated as exceeding expectations in several areas that demonstrate strong implementation and CE stewardship, including:

- Designation of multiple H&H staff to participate in CE governance through OAC and subcommittees,
- Oversight and funding of access points through contracted providers with regional coverage,
- Development and documentation of CE policies and procedures, and
- Ongoing updates to the CE assessment tool in partnership with external evaluator.

Meets Expectations

H&H was also recognized as meeting expectations across a range of functions, with notable progress over the past year:

- Integration of racial equity into evaluation contracts and tools,
- Consistent provision of data and system updates to OAC,
- Internal reviews of prior CES evaluation recommendations and implementation planning, and
- Maintenance of CE materials, forms, and operating standards.

During committee discussion, members acknowledged tangible improvements from prior years. One member did raise the question of how well CES is understood in the broader community.

Needs Improvement



Three areas were identified as needing additional attention and action:

- **Governance for Gender Based Violence Survivors (GBV):** The Coordinated Entry Standards include policies for responding to individuals and families fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking who seek shelter or services from non-victim service providers. However, Alameda County was rated as needing improvement in ensuring that these policies are effectively implemented systemwide. Specifically, the County is expected to provide:
 - Training to service providers on best practices for serving survivors, tailored to multiple program types across the Homelessness Response System.
 - Training and support on the Emergency Transfer Policy, including provisions for VAWA safety transfers and other transfer types.
- **Performance Metric Collaboration:** OAC has had limited involvement in shaping CES performance metrics since creating the current iteration.
- **Public Marketing and Engagement:** While H&H regularly meets with providers and has developed online training modules to explain CE processes, there is opportunity to improve CES marketing materials, so they are tailored to people with lived and living experience.

OAC members agreed these areas should inform the next phase of system improvement and offered to support H&H in addressing them through future workplans.

Access

Purpose

Access points are the places—either virtual or physical—where an individual or family in need of assistance accesses the coordinated entry process. Access can be created through many different means including, but not limited to a central location, multiple locations within a geographic area, mobile teams, and/or 211 or other hotlines that connect callers to the appropriate housing or service provider.

In Alameda County, 211 serves as described above; an entry and referral point for people seeking homelessness services. As a centralized information and referral line, 211 connects callers to shelter, Housing Resource Centers, and other community supports. Operators often provide the first interaction a client has with the

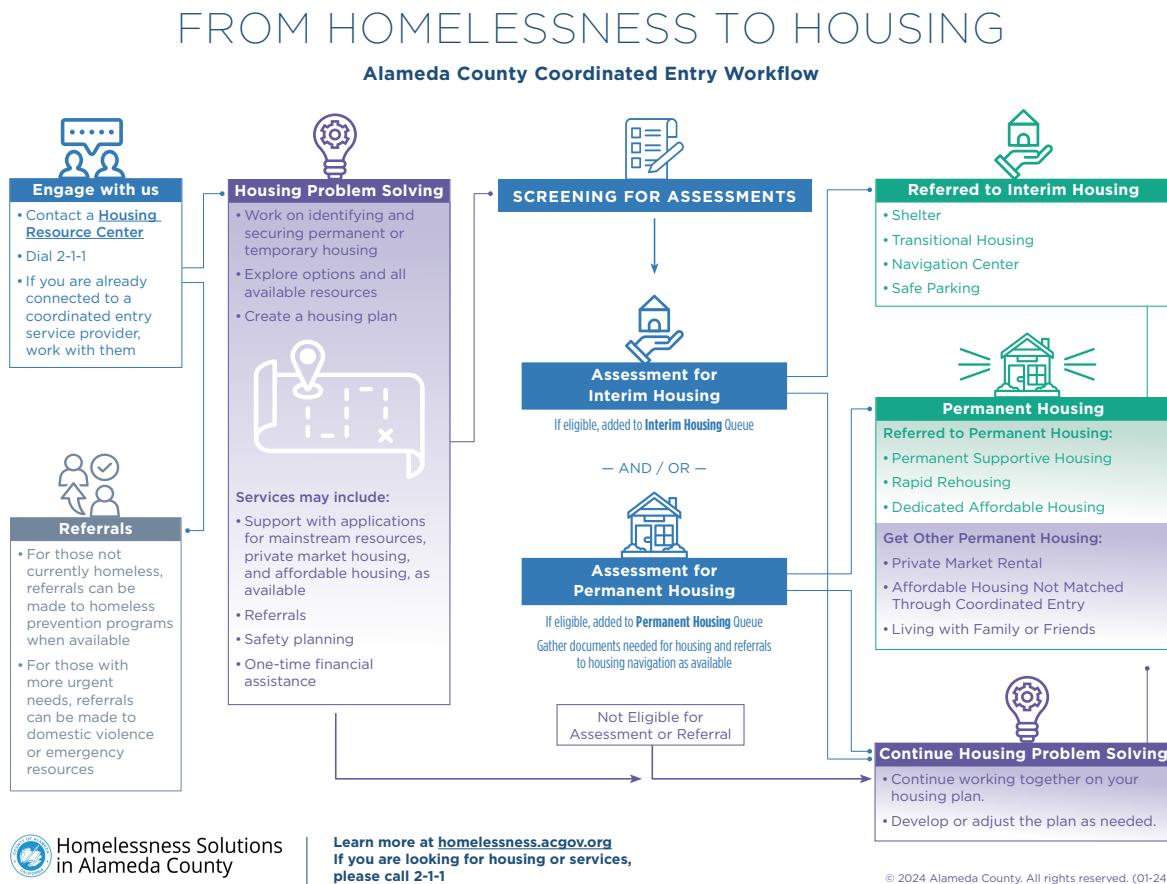


Coordinated Entry System (CES), making their role critical in setting expectations, gathering initial information, and guiding clients toward available services.

CES Progress Since Last Evaluation

Published materials online

The CE Management entity created the following CE Workflow with consumers and the community as the audience to summarize and explain the CE process.



This CE workflow, as well as [Coordinated Entry Policies](#), including the [Housing Problem Solving Policy](#) and [Grievance procedures](#), are posted and available [online](#). Trainings and training materials are available to providers online. They include videos, written materials, and regularly scheduled trainings with staff from the CE Management Entity.



Created standard written materials that participants can receive after an assessment with clear next steps and point of contact

The CE Management Entity developed a follow up template used by all Access Points that includes:

- 1) Which services were provided,
- 2) Current status with CE,
- 3) Contact information for following up with Access Point staff,
- 4) Identified next steps, and
- 5) Identified future appointment time (if applicable).

Learned from street outreach teams about challenges in the field and addressing these challenges

H&H held a listening session with Street Health Outreach team staff to better understand the challenges they face. Most feedback related to challenges with meeting people's immediate housing needs through available resources. The CE Management Entity is identifying which needs could be resolved quickly through existing Housing Problem Solving resources.

Distributed items such as hygiene kits, sleeping bags, and coats to individuals who complete crisis and housing assessments

During the 2024 Point in Time Count, hygiene kits were distributed to everyone counted, and gift cards were given to people who agreed to answer survey questions. In addition, HRCs often distribute basic essentials to folks who stop in. Their distribution of resources is not transactional for completing something like an assessment.

Ensured new staff at 211 and Housing Resource Centers received ample training on Coordinated Entry

Training on system resources continues through monthly learning community meetings. New providers are required to take a minimum of 10 hours of onboarding training through video modules before beginning CE activities, in addition to learning communities and regional coordination meetings. The CE Management Entity would also like to build training videos for clients, advocates and peers, though additional funding would be needed to complete this work.



Ensured 211 operators have the most up-to-date information about housing and homelessness resources

The CE Management Entity manages a live document that outlines HRC operating hours and contact information that is accessible to anyone with the link, including 211 operators. The CE Management Entity also hosts monthly Implementation Learning Community (ILC) meetings with all access points, including HRCs, Limited Access Points, and 211. Each ILC meeting includes time for program and/or system updates from H&H, HRCs, and 211. The CE Management Entity regularly provides updates to 211 regarding programs that receive referrals via Coordinated Entry.

Ensured Housing Resource Centers offer clear points of contact for follow up after housing problem solving and/or an assessment, so that people do not have to return to 211

The CE Management Entity reminds ILC attendees that Housing Resource Centers do not redirect participants back to 211. The CE Management Entity has developed and distributed a follow up document to provide clear next steps to participants regarding any identified housing problem solving resolution and housing needs assessment next steps. The CE Management Entity posts Housing Resource Centers contact information on the H&H website.

Spotlighting Success

As one of the primary entry points for people seeking homelessness services in Alameda County, 211 operators are often the first point of contact for clients navigating crisis situations. Focus group participants identified several areas where 211 is playing an effective and supportive role in the CES. Participants emphasized that recent improvements in call handling, scripting, referral accuracy, and HMIS integration have made a meaningful difference in client experience and system functionality. In addition, 211 continues to serve as a vital connector to non-CE services, offering broader support to callers in need.

Improved Call Response and Follow-Up

Staff and clients both noted that more calls are being answered, and that follow-up has become more consistent. Clients reported feeling heard and supported during their interactions, with some expressing surprise at how helpful the operators were.



Clearer Communication through Updated Scripting

Updated call scripts have enhanced the quality and clarity of conversations between 211 operators and clients. Operators shared that the new scripting made it easier to assess literal homelessness, explain what CE is and how it works, and set appropriate expectations for next steps. This led to fewer misunderstandings and a smoother initial entry into the system.

More Accurate and Up-to-Date Resource Information

Thanks to monthly updates to their internal referral database, 211 operators now have more accurate, real-time information about shelter availability and other key services. This has improved their ability to offer timely, actionable referrals—especially for clients in urgent situations.

Strategic Use of HMIS to Support Referrals

Where HMIS access was available, operators used it to look up client records, avoid duplication, and make more targeted referrals. This helped reduce inefficiencies and made the system feel more connected and responsive.

Broader System Navigation Support

In addition to CE-related referrals, 211 operators regularly connected clients to a wide range of other resources, including eviction prevention, legal services, benefits assistance, and hygiene support. This made 211 a valuable hub for navigating both homelessness-specific and broader safety net services.

Opportunities to Enhance the System

While many aspects are functioning well and providing critical support to clients, focus group participants identified several areas where improvements could further strengthen the Coordinated Entry System (CES). These suggestions largely concern coordination with 211, which represents just one slice of the system, but represents a critical point of access for many households.

Lower Barriers to Shelter and HRC Access



Focus group participants identified gaps in shelter access as a continuing challenge within CES. 211 operators described long wait times for beds to be available, limited options for specific household types (such as single fathers), and inconsistent follow-through from providers.

Staff and people with lived experience also emphasized that Housing Resource Centers (HRCs), may offer phone scheduling and appointments, it can still be difficult to access for clients with work schedules, caregiving responsibilities, or mobility limitations. These structural factors can make it harder for some households to complete the CE process or secure shelter placement.

The *Alameda County Coordinated Entry Policies* establish that some shelter access is part of CES. For example, programs required to participate include:

“Programs and projects that receive funding from the HUD CoC and ESG programs, from the State Homekey programs, and from County of Alameda homelessness-specific funding (including but not limited to general fund, HHAP, MHSA, CDBG and EHV and some programs funded by HOPWA targeted for people experiencing homelessness and living with HIV/AIDS) **including shelters and dedicated homeless housing units or resources, must use the HMIS system and participate in Coordinated Entry.**” (*Alameda County Coordinated Entry Policies, May 8, 2024, §1.3.1, p. 3*)

The policies also encourage broader shelter participation beyond those tied to funding:

“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 possible.” (*Alameda County Coordinated Entry Policies, May 8, 2024, §1.3.2, p. 3*)

In addition, the role of 211 in providing shelter availability and referrals is defined:

“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 211 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." (*Alameda County Coordinated Entry Policies, May 14, 2025, §3.1.2, p. 18*)

Finally, the Crisis Queue includes shelter as part of its scope:

"Participants seeking crisis resources consisting of Emergency Shelter, Transitional Housing and Safe Parking are matched from the Crisis Queue by Housing Resource Centers. Housing Resource Centers generally will match participants on the Crisis Queue from their region to programs within their region." (*Alameda County Coordinated Entry Policies, May 8, 2024, §3.5.1, p. 22*)

The provisions above highlight where shelter interacts with CES and the multiple entry points through which clients may seek access. Focus group feedback about delays, limited options, and structural barriers provide opportunities for improvement.

Recommendation: Review the current access model to support households who may face barriers under the existing structure. Those with mobility challenges, caregiving responsibilities, or inflexible work schedules would be supported by more flexible options, such as phone-based or mobile intakes and extended hours. In addition, identify existing or new resources for underserved household types—including single fathers and multigenerational families—so they are not systematically excluded.

Importantly, this work will require collaboration across the CoC. While the CES Management Entity plays a central role, meaningful improvements will depend on shared partnership with shelters, 211, HRCs, and other providers.

Provide 211 Callers with Clearer Information on CES and Assessment

Focus group participants noted that callers sometimes remain uncertain about what Coordinated Entry is and what an "assessment" involves. For example, some clients believe that speaking with a 211 operator means they are already "in the system" or that a housing referral is imminent, when additional steps—such as an in-person assessment—are typically required. This can create frustration or repeated calls when expectations are not aligned.

211 operators shared that while recent script updates have been helpful, they do not always feel fully equipped to explain how assessment and prioritization work or what clients should expect in terms of timeline and outcomes.



A standardized CE explanation script already exists and is refined as needed in partnership between 211 and the CES Management Entity. The CES Management Entity welcomes further review and feedback from people with lived experience to enhance the tool. Focus group feedback suggested that the next step is ensuring that communication scripts are consistently used and reinforced through ongoing training and support.

Recommendation: Build on existing resources by reinforcing use of the standardized script, client-facing FAQs, or visual tools to help explain CES. Regular training refreshers within existing feedback loops would support operators in applying these resources with confidence. Strengthening visibility and use of the 211 resource library would help reduce reliance on memory or informal workarounds and promote shared understanding across the system.

Close the Gaps in Communication about CES

Focus group participants consistently pointed to a gap in how information about the CES is shared across roles and agencies. While monthly meetings and policy updates do occur, they are often limited to managerial or administrative staff, leaving frontline workers without direct access to key information. As a result, many operators feel left out of important conversations that directly affect their daily work.

This communication gap makes it harder for staff to stay current on policy changes, evolving procedures, and available resources—especially in a system as dynamic as CES. 211 operators shared that they often rely on word-of-mouth updates or informal channels, which can lead to inconsistent messaging and prevent timely course correction when workflows shift. Participants emphasized that staff at all levels want to be engaged and informed and are eager to contribute to solutions when given the opportunity.

Recommendation: The CE Management Entity regularly shares about training opportunities that are inclusive of and tailored to staff working at any various within the CES, primarily focusing on front line staff and middle management and involving senior leaders, when appropriate. Leadership within Access Points and HRCs should support their staff in accessing these meetings and/or relay the appropriate information, particularly to their front-line staff.



Give 211 Operators Access to the Status of a Household in CES

A common challenge raised by 211 operators was lack of insight into a household's status in CES. Staff reported that clients frequently call back asking for updates—when they will be contacted, or what steps come next. In many cases, 211 staff have no visibility, leaving them unable to offer clarity or meaningful follow-up. This lack of access can affect the client experience and limits 211 operators' ability to build trust and serve as effective navigators within the system.

Recommendation: To strengthen coordination, the CoC could explore the development of a shared dashboard that provides real-time updates on CES status. Even basic visibility, such as “On CE Housing Queue,” would empower 211 staff to better support clients and reduce unnecessary call-backs or duplicative efforts.

Housing Problem Solving (HPS)

Purpose

HPS is a core CE strategy designed to resolve housing crises without long-term subsidies. It includes short-term financial assistance, mediation, reconnection to natural supports, and other flexible interventions that stabilize households quickly. Because most people experiencing homelessness will not receive a permanent subsidy, HPS is essential to helping households exit homelessness efficiently and equitably. Focus groups examined how staff and clients understand and experience HPS, and what conditions support its effective delivery.

CES Progress Since Last Evaluation

Adapted HPS for unsheltered populations

For people who are unsheltered and face significant barriers to housing, HPS can be adapted and abbreviated to meet their circumstances. Mobile Access staff now partner with Street Health teams to integrate problem-solving conversations into field-based engagement. Limited Access Points, launched in FY 2024–2025, are trained to provide HPS while avoiding duplication when participants have already explored options with another provider. H&H also facilitated focus groups with Street Health teams to identify ways to sustain HPS in outreach settings, recognizing the unique conditions under which field staff operate.



Collecting the data needed to evaluate equity in HPS

Existing HPS dashboards in HMIS provide data on both exits and participant demographics, creating an opportunity to evaluate racial equity implications. While these tools can highlight disparities in who accesses and benefits from HPS, the CE Management Entity noted that additional resources are needed to conduct more robust analyses.

Increased onetime resources for HPS

HAF and HRC flex funds have grown year over year. Increasing one-time resources for HPS, that cover application fees and move-in costs, meet a critical need. Much of the current HPS funding is tied to one-time allocations and H&H anticipates a reduction in HAF resources beginning in FY 2025–2026.

Addressed the data entry issues related to HPS that were highlighted by the HMIS analysis in this report

The CE Management Entity has addressed the HPS data entry issues from the last evaluation.

Spotlighting Success

Focus group participants consistently described HPS as a valuable and effective part of CES. Peer advocates and trusted case managers were seen as central to successful HPS delivery, offering consistent communication and grounded support during moments of confusion or frustration. Participants also emphasized the value of client-centered, creative approaches, such as supporting reunification travel or negotiating informal housing arrangements.

Providers highlighted deposit assistance and housing navigation—especially when paired with CalAIM resources—as critical to securing housing and reducing delays.

Recent improvements to 211 scripting and referral databases have helped callers understand the broader range of available supports—shifting perceptions away from a sole focus on permanent housing and increasing awareness of alternative solutions.

Opportunities to Enhance the System



While HPS is widely regarded as a vital part of the CES, focus group participants identified several opportunities to enhance its effectiveness and consistency.

Flexible, Timely Resources for Problem Solving

Focus group participants reported that many clients still face barriers because they need relatively small-dollar supports—such as car repairs, storage fees, utility bills, or phones. Staff across CES described the absence of a centralized, accessible resource for these urgent needs, noting that individual providers often lack the flexibility to respond in real time.

Recommendation: Centralize, and/or expand access to, low-barrier flexible funds for HPS, accessible across the CES network. While current HPS policies promote quick access, availability is limited to HRC sites. Expanding access to all CES entry points would allow households to resolve urgent needs more quickly and equitably and empower staff to problem-solve in real time. This would require additional oversight and resources from the CE Management Entity but could represent a valuable step to strengthen HPS systemwide. Providers also suggested pairing the fund with existing guidance and training on creative problem-solving approaches, ensuring staff feel confident and supported in using the resource as intended.

Inconsistent Follow-Up After Initial CES Contact

Participants emphasized that after initial contact—whether through 211, shelter staff, or outreach—many clients receive no follow-up, particularly if they do not have phones. Even when assessments or conversations about HPS occur, clients are often left waiting without a clear next step.

Participants noted that while initial contact with CES—whether through 211, outreach, or shelter intake—is often positive, follow-up can be inconsistent or nonexistent, particularly for clients without phones or stable contact information. In many cases, even after an assessment or a conversation about Housing Problem Solving (HPS) occurs, clients are left unsure about what will happen next or who to contact with questions.

Staff acknowledged that these gaps are not due to a lack of care or effort, but rather reflect real limitations in staffing capacity, communication systems, and continuity across programs. Without a defined follow-up process or assigned point of contact, it



becomes difficult to maintain client engagement—especially for individuals facing extreme instability, trauma, or digital disconnection.

Recommendation: To strengthen continuity and build client trust, CE should establish a systemwide communication framework that sets minimum standards for all CES providers, while also requiring each provider to maintain an internal communication plan.

The framework should include clear expectations for communication after the first CES conversation, a short follow-up within a set timeframe, and consistent practices to address staff turnover—such as standardized auto-responses for email and voicemail that direct clients to a new point of contact. Within this framework, individual providers would still design their own plans to meet local needs. This dual approach would ensure consistency across Alameda’s geographically large system while giving providers flexibility in implementation.

Confusion About HPS

Across multiple groups, staff and clients described confusion about the definition and purpose of HPS. Some staff equated HPS with “diversion,” while others did not recognize that they had delivered an HPS intervention. In several cases, clients engaged in creative, resourceful solutions—such as temporary reunification or one-time financial support—without realizing this was part of the formal CES response.

This lack of shared understanding makes it harder for both staff and clients to see it as a consistent, reliable intervention. Focus group participants emphasized that when HPS is clearly explained and framed as a legitimate and empowering option, clients are more receptive, and staff feel more confident in delivering it.

Recommendation: The HPS framework could include one-pagers for both clients and staff and integrate real-world success stories that highlight the value and legitimacy of HPS in action. These materials should reflect the diversity of ways HPS shows up in practice—beyond financial assistance—and reinforce HPS as a core CES strategy.



Assessment

Purpose

The CES uses assessment tools to evaluate a household's vulnerability, service needs, and prioritization for housing interventions. Alameda County currently uses both a Crisis Assessment for interim housing and a Housing Needs Assessment for permanent housing resources. Focus groups discussed how clients experience the assessment process, how staff implement it, and how it connects—or fails to connect—to housing access.

CES Progress Since Last Evaluation

Translated the crisis and housing assessments into Spanish and other threshold languages, and added primary language field to HMIS

The CE Management Entity has translated the crisis and housing needs assessments—as well as all other client-facing documents—into Spanish and other threshold languages. HRCs and Access Points are now consistently collecting participants' primary language, which is entered into CE program enrollments. When translation is needed, staff can select from a comprehensive drop-down list of languages, ensuring more accurate service delivery and improved accessibility for clients.

Minimized the number of times that participants must repeat the same information

H&H continues to emphasize the importance of reviewing participant information in HMIS before starting the CE workflow. This practice is reinforced during monthly Implementation Learning Community (ILC) meetings to minimize the number of times participants are asked to repeat the same information, helping to protect privacy and strengthen trust between participants and providers.

Spotlighting Success

Focus group participants identified several strengths in the CES assessment process. Staff who had received consistent training reported a high level of fluency and confidence with both the Crisis and Housing Needs Assessments, describing the tools as straightforward and effective.

The use of mobile assessors—staff equipped with tablets or laptops to conduct assessments in the field—was widely praised as expanding access, especially for



unsheltered clients or those unable to travel to HRCs. Participants noted that mobile and peer-led assessments felt more trauma-informed and client-centered, reducing barriers for people who might otherwise be excluded due to transportation, safety, or mobility challenges.

Timely follow-up—such as help gathering documentation, interpreting scores, or navigating referrals—also made a meaningful difference.

Opportunities for Future Enhancements

Improve Transparency in the Assessment Process

Clients across focus groups reported confusion about why the assessment was conducted, what it measured, and what would happen afterward. Many described being told their score “Wasn’t high enough” without receiving any context about what that meant or what steps they could take in the meantime. Without clear explanations, clients were often left unsure whether their information had been recorded correctly, how prioritization worked, or how long they might have to wait for a referral.

Staff echoed these concerns, noting that without consistent messaging, assessors explain the process differently, which leads to confusion and inequities in how information is shared. While scripts and follow-up templates do exist for HRC staff, focus group findings suggest that these tools are not always used consistently or may not meet client needs. Revisiting and strengthening shared messaging could help set clearer expectations and improve transparency.

Recommendation: The CE Management Entity has a plain-language, standardized script for assessments, but focus group and survey feedback indicate it is not used consistently. The Management Entity should investigate barriers to consistent use and reinforce expectations during ILC meetings.

Additionally, establishing an open feedback loop with staff and PWLE would allow the script to be updated regularly so that it better reflects lived experience. Revisiting the script and related materials through this process could also ensure that language is trauma-informed and culturally responsive.

Embedding the standardized script directly into HMIS or paper assessment forms—and ensuring its consistent use across sites—would promote transparency and set appropriate expectations.



Address Delays and Barriers to Completing Assessments

Participants across focus groups described long wait times and logistical barriers that prevent clients from completing CE assessments in a timely way. In some cases, people reported waiting weeks or even months for an appointment, particularly in under-resourced areas or during periods of high demand. Others shared that they were turned away, told to return later, or missed opportunities altogether because they lacked a phone, could not travel across the county, or had work or caregiving responsibilities that conflicted with limited appointment windows.

Outreach staff and shelter case managers expressed frustration that, while often serving as the first point of contact, they are not authorized or equipped to complete assessments directly. This disconnect leads to missed opportunities to engage clients when they are already in touch with the system—especially for those who may not be able to return.

Limited walk-in hours, and the absence of after-hours or weekend options, further restrict access, leaving clients with few opportunities outside standard business hours. Expanding who can conduct assessments—such as trained outreach and shelter staff—and offering mobile or after-hours options were widely cited as potential strategies to reduce delays and improve equitable access.

Recommendation: To address access gaps, Alameda County should expand the pool of staff authorized to conduct CE assessments, including trained shelter case managers, outreach teams, and select 211 or Access Point staff. The County should also increase walk-in hours at HRCs and create more flexible assessment options—such as mobile, after-hours, or weekend availability—particularly in geographically underserved areas.

It is important to acknowledge that many providers have voluntarily stepped into the role of Limited Access Points without additional funding. While these efforts are showing positive impact and beginning to reduce barriers, sustaining and expanding this work may require dedicated resources to ensure consistency and equity across the system.

The implementation should ensure that assessments are consistently available in South and East County and that clients without phones, transportation, or predictable schedules are not left out of the process. While appointment scheduling options already exist, a centralized, up-to-date appointment calendar—shared across CES partners—could increase visibility, strengthen marketing, and streamline access. This



would reduce bottlenecks and help guarantee that clients are assessed promptly and fairly, regardless of where or how they enter the system.

Strengthen Trauma-Informed Assessment Practices

Assessors in focus groups raised concerns that some assessment questions were overly clinical, stigmatizing, or emotionally triggering—particularly for clients with disabilities, behavioral health needs, or histories of trauma. Several questions were framed in deficit-based terms, which assessors reported did not feel trauma-informed and sometimes led to clients disengaging or withholding information.

Staff also described inconsistencies in how assessors introduce and explain the purpose of the tool. Although training modules and a standardized script exist, assessors noted that approaches still varied—some more person-centered than others—which contributed to confusion, anxiety, or a sense of distrust. Participants emphasized that how questions are asked is just as important as what is asked, and that greater consistency would help clients feel respected and safe.

The County's Coordinated Entry Policies affirm that the assessment process must be *trauma-informed* and that personal information should only be collected when relevant to meeting a participant's needs. Policies also require that assessments be delivered using standardized workflows and that Access Points follow shared training requirements. However, feedback indicates that current implementation does not always align with these commitments.

Recommendation: Alameda County should examine CE assessment questions to ensure that language is trauma-informed, culturally responsive, and person-centered. This includes removing potentially judgmental or clinical phrasing, using accessible language, and reframing questions to focus on support needs rather than deficits. Alongside these revisions, the County could reinforce use of the existing standardized introduction script, so all assessors consistently set expectations and explain the purpose of the assessment.

Support Clients Without Phones or Stable Contact Information

Clients without phones or reliable email access often had no way to receive follow-up. This led to missed housing opportunities or disconnection from CES, despite prior engagement or completing an assessment. This barrier was especially pronounced for people living in encampments, vehicles, or highly unstable housing, where access to charging stations, data plans, or safe storage for devices is limited.



Providers emphasized that phone access is not a luxury but a necessity—on par with having identification—when navigating CES. Lack of contact options also made it difficult for staff to maintain continuity and build trust over time.

Strategies suggested by both staff and clients included providing prepaid phones or voicemail solutions at the time of assessment and assigning a clear point of contact to help clients stay connected. These approaches could improve continuity, reduce drop-off, and promote dignity for people experiencing homelessness.

Recommendation: Alameda County should integrate basic contact support into the assessment process, particularly for clients who do not have phones, voicemail, or reliable internet access. This could include offering prepaid phones, SIM cards, or voicemail services at the point of assessment.

This is a well-recognized need, but it will require dedicated resources and staffing capacity to implement effectively. The CE Management Entity may not be positioned to manage direct distribution but could play a role in coordinating with partners to ensure alignment with CES goals. Identifying a partner agency—or leveraging existing programs—that can support this work would make the recommendation more feasible while addressing a critical barrier to client continuity and engagement.

Strengthen Referral Tracking and Transparency

Staff and system partners noted that housing referrals following CES assessments are still frequently managed through email or informal communication. For CE staff, reminders exist to assign themselves to client profiles so they can receive notifications directly in HMIS—but feedback suggests this is not always happening consistently and may require additional training and reinforcement. For housing providers, referral information is still largely shared by email, creating gaps in documentation and accountability.

This dual challenge makes it difficult to verify whether housing referrals were received, acted upon, or resulted in placements. Without a centralized system, staff often rely on manual tracking and personal follow-up, leading to missed opportunities, duplicate efforts, and inconsistent client experiences. Clients, too, reported being left in the dark—often unsure of their referral status, who was supposed to contact them, or whether they had been considered for available housing.



Recommendation: Automate the housing referral tracking process within Clarity (BitFocus HMIS) to give CE staff, housing providers, and clients real-time visibility into referral status and reduce reliance on email. Building on existing systems, this would involve:

- In the short term, reinforcing CE staff training on assigning themselves to client profiles in Clarity so they receive notifications consistently, and exploring technical enhancements to allow housing providers direct access to referral dashboards instead of email-based communication.
- In the long term, planning and implementing a phased automation strategy that includes:
 - Standardizing intake and assessments within Clarity to eliminate manual workflows.
 - Enabling automated prioritization and referrals aligned with CoC guidelines.
 - Implementing real-time inventory tracking of housing resources.
 - Adding automated client and provider notifications for referral status updates and next steps.

This strategy aligns with best practices outlined in the BitFocus blog, [Optimizing Coordinated Entry with Effective HMIS Queue Management](#), which emphasizes how integrating CE workflows into HMIS streamlines operations, improves transparency, and strengthens trust across the system.

Given the significant investment already made in Salesforce by the CE Management, Alameda County could explore adapting Salesforce to meet some of the same goals outlined above. For example, Salesforce allows for client (i.e., provider) logins with customizable access to profiles and dashboards. This could allow each housing provider—or even each program site—to have a dedicated login for viewing referral status in real time. Leveraging this capacity would allow Alameda to maximize its existing platform and shift toward a more automated, integrated, and user-friendly referral system.



Staffing and Follow Up

Purpose

Staff are at the heart of every interaction within the CES. CES relies on a broad network of roles, including intake workers, outreach staff, shelter case managers, 211 operators, and HRC staff to ensure clients move through the process with consistency and support. Focus group participants underscored the importance of adequate staffing levels, shared training, and interagency coordination to make this possible.

CES Progress Since Last Evaluation

Improved and Expanded Follow-up after Assessments

The CE Management Entity has created a follow-up template to summarize services provided and outline next steps after an assessment. The pool of providers able to conduct follow-up has also been expanded to include Limited Access Points, Mobile Access Points, Forensic Access Points, and HCS providers. Households can also contact any HRC for updates and to continue engaging in HPS if they choose.

Launching HMIS Client Facing Portal

The HMIS team at H&H is working with the CoC's HMIS software vendor, BitFocus to implement the Customer Portal within Clarity—empowering participants to update their own contact information and upload documents directly into HMIS. This secure self-service feature is expected to go live in 2025 and promises to help clients stay connected and autonomous without relying solely on provider follow-up.

BitFocus details the portal's functionalities—including account management, messaging, calendar access, and secure document uploads—within its [Customer Portal Overview](#) documentation, which emphasizes how these features support efficient and client-driven engagement.

By giving households a user-friendly way to manage their records and communications, the portal is expected to enhance transparency, reduce administrative burden, and increase trust between clients and the CES system.

Spotlighting Success



The dedication and reliability of frontline staff is seen as a key strength of Alameda County's CES. Whether working in shelters, HRCs, outreach, or 211, staff were often described as trusted, caring, and consistent. Clients could count on to show up, follow through, and listen with empathy. In many cases, these staff served as the most stable point of connection in what they viewed as an otherwise fragmented system.

Peer specialists and mobile assessors played a particularly impactful role in supporting access and comfort for clients who might otherwise struggle to engage. Their presence helped bridge trust gaps, especially among unsheltered individuals, and provided a more trauma-informed approach to assessment and problem-solving. Several focus group participants emphasized how powerful it was to be supported by someone who had firsthand experience with homelessness.

There were also important improvements in frontline communication tools, particularly at the 211 level. Updates to call scripts and client-facing language—developed in partnership with Alameda County—helped staff more clearly explain CES, standardize pre-screening procedures, and manage expectations. These enhancements contributed to a more informed and consistent experience for callers and reduced confusion at the initial point of contact.

Collectively, these staffing strengths reflect the heart of CES: people doing difficult work with commitment and compassion, often making the biggest impact through relationships and trust.

Opportunities to Enhance the System

Examine Caseloads and Staffing

Focus groups consistently highlighted that high caseloads and staff turnover limit the ability of CES to provide consistent follow-up and support. HRC staff described caseloads far exceeding what is manageable for effective engagement—sometimes 200–300 households per worker. Shelter and outreach staff also noted that when turnover or inconsistent communication occurs, clients are left without updates or lose trust in the system. Clients reported being assigned housing navigators who later disappeared or were replaced without explanation, creating further confusion and discouragement.

These individual experiences reflect larger structural pressures. While HRC contracts set target caseloads closer to 100 households per FTE, demand on the system



regularly pushes providers beyond those levels. These challenges stem from broader resource and capacity constraints across the homelessness response system rather than shortcomings of individual providers or the CE Management Entity. In some cases, HRC staff also carry responsibilities that extend beyond intake into navigation functions, further stretching limited resources and making consistent follow-up difficult to sustain.

The CE Policies affirm the Management Entity's responsibility to ensure that CES is implemented consistently and effectively, including through *training, monitoring, and evaluation* of Access Point staff. Policies also require annual refreshers and Learning Collaboratives to support staff in delivering CES functions. These commitments highlight that stability and continuity are not just workforce issues, but essential to the effectiveness and fairness of CES itself.

Recommendation: Assess current caseloads and staffing structures across CES to identify opportunities for redistribution, specialization, or increased resourcing. Consider piloting approaches such as separating intake from navigation functions or establishing continuity protocols during staff transitions.

Update Trainings to Improve Relevancy for Different CES Roles

Staff across 211, outreach, shelter, and HRC roles described varying levels of training and support when navigating CE processes. In many cases, team members relied on informal knowledge-sharing or self-developed tools to carry out their roles.

The CE Management Entity has developed a county-wide training curriculum with modules assigned by role, and CE-funded staff—particularly assessors and HRC management—receive the most comprehensive version. Focus group feedback suggested that while this curriculum creates consistency in what is offered, it does not always feel fully accessible, engaging, or responsive to the needs of staff in different CES roles, leaving many wanting additional clarity and support. As a result, staff reported confusion around key topics like eligibility, documentation, and referrals, even when training had been completed.

Recommendation: Develop scenario-based training—grounded in the typical questions PWLE ask—and considering the different CES roles. This approach could be incorporated into existing training modules and reinforced through ILCs, creating an opportunity to deepen learning and strengthen client interactions across CES.



Address Communication Breakdowns Between Staff and Programs

All staff groups described weak interagency communication. Voicemails and personal connections were often the only way to confirm a referral was received or acted upon. Outreach workers described referring clients HRC’s structured expectations for provider-to-provider communication—such as warm handoffs, status updates, and shared documentation within HMIS or another centralized platform—could increase coordination and accountability.

Recommendation: Warm handoff practices are already in place between 211 and HRCs. Building on these established structures could support expansion to other CES functions, for example, from outreach to HRCs or from shelters to HRCs. While some of these functions are not directly funded by the CE Management Entity, strengthening partnerships across providers can reinforce the overall CES and improve client transitions.

Grievances

Purpose

A functional grievance process is essential for both clients and staff to raise concerns, identify inequities, and ensure accountability. While Alameda County does have a CE grievance policy in place, many participants in focus groups were unaware it existed, did not know how to access it, or felt that using it wouldn’t lead to meaningful change. Participants emphasized the need for transparency, protection from retaliation, and clearer distinctions between CE-related issues and provider-specific concerns.

CES Progress Since Last Evaluation

Updated Grievance Policy with Direct Contact Info and System-Level Option

The CE Management Entity created a [user guide](#) for the [Grievance Policy](#), which was reviewed by OAC and is publicly accessible on the H&H website. The guide and policy documents have been translated into all Alameda County threshold languages, increasing visibility and accessibility for participants.



The User Guide outlines a step-by-step process for filing a grievance. Participants are directed to submit grievances first to the Access Point where they received services. If a participant disagrees with the outcome, the guide explains that they may appeal to the Office of Homeless Care and Coordination (OHCC) by phone, email, or mail.

Exploring an ombudsman role to receive, investigate and resolve concerns related to Coordinated Entry

H&H has continued to research ways to create an ombudsperson that would support grievances in the greater Homeless Response System. H&H is exploring if it is possible to use Measure W funds for this ongoing work. The Management Entity continues to follow Grievance Policy escalation procedures internally and in partnership with service providers who operate Housing Resource Centers and Access Points.

Spotlighting Success

Clients and staff who participated in the evaluation highlighted the important role of trusted frontline personnel—especially case managers and 211 operators—in helping clients express and elevate concerns. In many cases, clients were able to share feedback or frustrations with case managers who listened attentively and made efforts to raise those issues through internal channels. At 211, operators showed empathy and a strong desire to support callers who felt mistreated or confused, even if they weren't always sure of the formal grievance steps. These examples highlight a meaningful system strength: staff are often seen as approachable advocates, and many go above and beyond to support resolution. Their commitment lays a strong foundation for improving system-wide clarity around grievance processes and strengthening client trust.

Opportunities to Enhance the System

Support Clients and Staff on How to File a Grievance

Clients commonly reported not knowing where or how to raise concerns after a negative experience with an assessment, housing referral, or provider. Many shared issues informally with trusted staff but were unaware of their right to file a formal grievance or what to expect if they did. Similarly, staff across 211, shelters, outreach, and HRCs expressed limited familiarity with the formal process and uncertainty about



how to guide clients through it. Grievance conversations were often avoided altogether due to this lack of clarity.

No client-facing grievance materials were identified as widely available. Many staff were unclear on how to distinguish CES-level concerns from provider-specific issues. This lack of visibility and shared understanding limits accountability and leaves clients feeling discouraged or unheard when problems arise.

Recommendation: Strengthen visibility and usability of the CE grievance process by developing and distributing plain-language, client-facing materials. These could include FAQs, posters, and information integrated into 211 call scripts that explain how and where to file a grievance, and how to distinguish CE-level concerns from provider-specific issues. In addition, continued marketing of the existing user guide during ILC meetings would help ensure staff access and apply it consistently. Reinforcing training across staff on how to walk clients through the process will make it more approachable and responsive.

Address Fears of Retaliation or Being Ignored

Clients frequently expressed hesitation around submitting formal complaints, citing fears that doing so might negatively impact their housing opportunities or result in being deprioritized. Although no direct examples of retaliation were provided, staff recognized these fears as rooted in broader system trauma and histories of disempowerment. Some clients worried that raising concerns could jeopardize their relationships with providers, especially if they were still actively engaged in services. These concerns were echoed by outreach workers and shelter staff, who observed that clients often remained silent even when deeply frustrated—either because they didn't feel safe or because they believed nothing would change.

Staff and providers also noted that even when grievances are filed, clients rarely reported receiving confirmation, updates, or evidence that their concerns led to meaningful change. 211 staff in particular expressed interest in a tool to track grievance outcomes and share results more transparently.

CE policies already require Access Points to track grievances and share logs annually with the CE Management Entity, which then reports summaries to the CoC as part of evaluation processes. However, participants emphasized that without stronger follow-



through and visible evidence of action, fears of retaliation and dismissal will continue to discourage engagement with the process.

Recommendation: Reinforce the requirement for Access Points to maintain accurate grievance logs and ensure these are brought forward to OAC for review on a standard cadence, and more than once a year. The CE Grievance Policy requires Access Points and Housing and Homelessness Services to maintain a log of all grievances received, updated within 48 hours of each step, and to make these logs available for review by the CE Management Entity. In turn, per CE policies and procedures, the CE Management Lead is to draft a summary of all grievances received by CE agencies as part of the CES evaluation and policy review process. These summaries will enable OAC, in partnership with the CE Management Entity, to identify any recurring themes or patterns.

The User Guide also makes clear that grievances must be tracked and responded to consistently, and that clients should know their concerns will be reviewed fairly and without retaliation. Establishing a predictable schedule for grievance summary reviews (for example, quarterly) aligns with OAC's role under the CoC Governance Charter to provide oversight for Coordinated Entry implementation, monitor and troubleshoot system quality, and develop tools to track system access and outcomes, particularly with respect to racial equity objectives. Regular reporting back to OAC would demonstrate to participants that their concerns are taken seriously, strengthen accountability, and reduce fears that filing a grievance could negatively affect their CES status (Alameda County CoC Governance Charter).

Tracking Outcomes

Purpose

Tracking who is connected to housing opportunities, how quickly referrals are made, and whether access is consistent across all populations is critical to building transparency, strengthening accountability, and improving client experiences. Current tracking tools provide useful snapshots of activity but do not yet offer a full picture of how effectively CES is functioning, particularly in identifying disparities or delays in the referral process.

CES Progress Since Last Evaluation



Tracking Referrals and Outcomes in HMIS

Because of HMIS software limitations, tracking permanent housing referrals and outcomes happens in a separate database. To bolster that, planned improvements are underway, including raising awareness of HMIS user groups to help staff navigate reporting limitations, and developing a database report to track the time from when someone enters the housing queue to when they receive their first match.

Advancing Equity in HMIS Monitoring

The County has made important progress in building HMIS capacity to better track outcomes by race, ethnicity, and language. The HMIS team implemented system enhancements so that every program enrollment now includes a question about whether translation services are needed and, if so, in what language. In addition, the CE Management Entity reviews equity metrics through annual reports, analyzing where disparities may exist within the CE workflow and how they affect different populations. These steps strengthen the ability to identify inequities and support more responsive system improvements.

Opportunities to Enhance the System

The opportunities below represent the tracking improvements that should be considered for measuring progress on each of the previous recommendations in the report. OAC should support the CE Management Entity in prioritization and review.

- 1. Develop a real-time housing queue and referral tracking dashboard** to improve visibility into a person's status for both staff and clients. Build on existing tools by leveraging the client-facing portal in Salesforce and/or within HMIS to strengthen systemwide tracking.
- 2. Monitor Long-Term Outcomes and Returns to Homelessness.** CE does not currently track housing stability after housing referral, or monitor whether people return to homelessness after permanent housing placements. These functions fall outside the scope of CE. Returns to homelessness are tracked separately through the Home Together (HT) progress updates. Leveraging CE and HT data could allow the CoC to determine whether CE referrals lead to lasting housing stability and whether certain populations—particularly Black, Indigenous, and other people of color—are disproportionately impacted. Studying long term outcomes informs core functions of CE - assessment, prioritization, and referrals.



3. **Track whether CE communication protocols and tools are being consistently used** to improve access to CES through 211 and other entry points. Standardized scripts, strengthened warm-handoff protocols, and improved information-sharing between 211 and Housing Resource Centers are designed to ensure that clients receive timely and accurate updates on their CES status. Tracking the consistent use of these tools across providers, including response times and handoff completion rates, could identify gaps.
4. **Track whether Assessment protocols and tools are being consistently used** to ensure there is equitable and broad access to housing through CES. Key areas for tracking include: use of plain-language scripts and visual tools, expanded mobile and after-hours assessments, consistent application of trauma-informed and culturally responsive questions, and follow-up during assessment.
5. **Assess the reduction of inflow into CE through expanded HPS access.** If the CE Management Entity moves forward with expanding access to HPS funds as recommended earlier, it should build on existing oversight mechanisms—such as monthly CBO contract meetings and Implementation Learning Communities—to track fund disbursement timelines, types of requests, and follow-up results. These data points can help assess whether HPS is achieving its intended goal of reducing CE inflow.
6. **Track caseload distribution and staff participation in trainings** to assess staff caseloads and staffing structures across CES to identify opportunities for redistribution, specialization, or increased resourcing.
7. **Collect grievance data and report on resolution timeliness and trends.** Tracking use of grievance materials, completion of grievance-related training, and patterns in grievance submissions and resolution timelines will help determine specific areas for improvement.

CoC Committee and County Roles

Tracking CES outcomes and monitoring progress on the recommendations in this report will require collaboration across CoC committees and the County.

- **CE Management Entity:** Responsible for collecting and maintaining tracking data across all recommendation areas, including referral status, HPS fund use, assessment practices, staffing records, and grievance trends.
- **Outreach, Access, and Coordination (OAC) Committee:** Charged with providing oversight of CES implementation and ensuring equity is embedded in all tracking efforts.



- **Evidence-Based Solutions Committee (ESC):** Provides technical assistance and guidance to ensure equity in the CoC.
- **HMIS Lead Team:** Responsible for maintaining HMIS functionality and technical quality.
- **HMIS Committee:** Serves as a forum for identifying system-level challenges with HMIS tools and uplifting recommendations for system enhancements.

Equity Analysis

In 2021, Focus Strategies conducted an equity analysis of Alameda County's CE crisis and housing needs assessment. The analysis determined that:

- Potential changes tested to decrease disparities for Black households were at risk of creating disparities for other populations, primarily Latine/Hispanic households.
- Geographic location was a potential factor that could help eliminate disparities in scores, but the data in HMIS was limited at the time.

Following the initial Focus Strategies report, Alameda County conducted an analysis of enrollments to housing programs and found no disparities. However, Alameda County intends to use newly collected zip-code information to re-assess.

In 2024, Alameda County again engaged Focus Strategies to re-evaluate their CE assessment tools. Focus Strategies conducted analyses to:

- Identify any continuing or new disparities in assessment scores,
- Test the impact, and potential risks, of making changes to the prioritization criteria, and
- Recommend changes to address disparities.

Summary of Findings

Gender

Men scored, on average, slightly higher than women. However, the difference in score did not lead to a meaningful disproportionality in who meets the prioritization criteria to be added to the housing queue.



Sexual Orientation

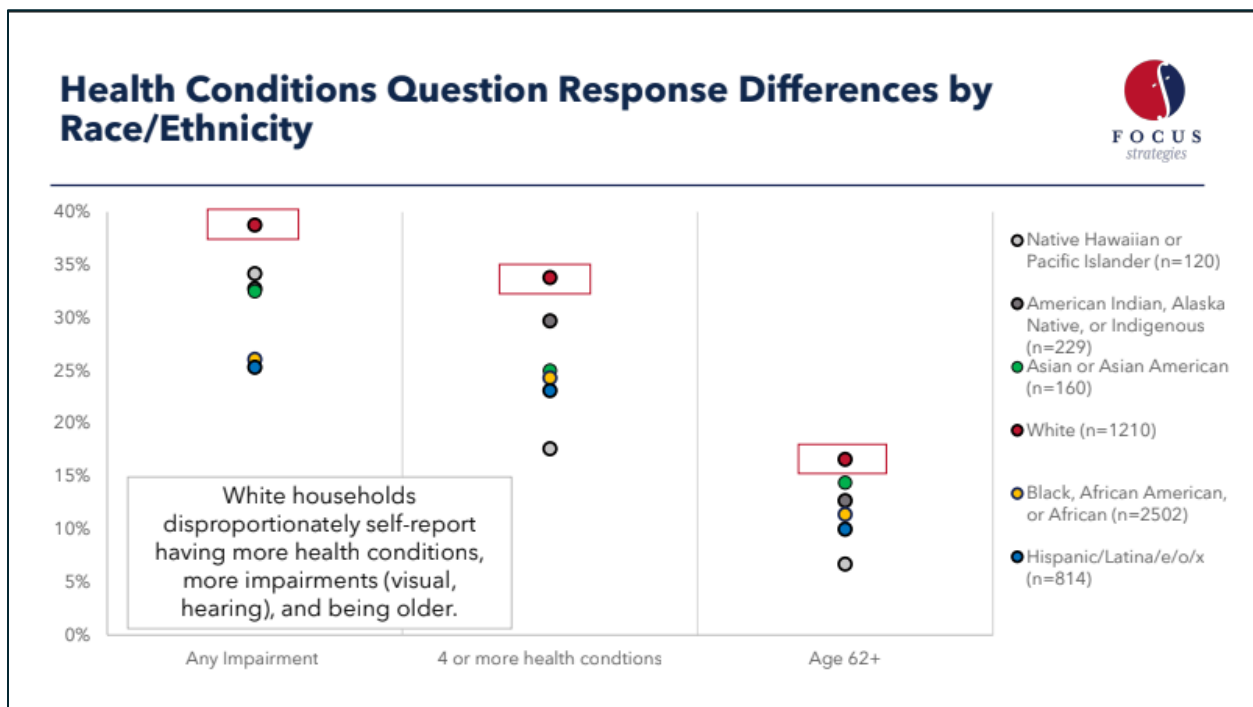
No meaningful differences in average scores by sexual orientation.

Race and Ethnicity

For adult only households: White and American Indian/Alaskan Native households scored, on average, meaningfully higher than all other race and ethnicities. For families, on average, Black and Hispanic/Latine households scored significantly lower than white families. This led to disproportionalities in who met the prioritization criteria for being added to the housing pool, negatively impacting Black households, primarily.

Intersectional Analysis

Analysis on the intersection of race and gender resulted in the disparities being true for men and women of Black and Hispanic/Latine Households. Disparities were also present for Asian women and Native Hawaiian/Pacific Islander men.



Tested Changes to Prioritization Criteria

Focus Strategies tested adjustments to the scoring criteria using factors such as zip code of last residence, number of health conditions, and whether a household has health insurance.

Focus Strategies found that increasing scores for households without health insurance had no impact on disparities. When consolidating categories for the number of health conditions, Focus Strategies found that disparities decreased, though not enough to eliminate them entirely. When combining both the consolidation of health factors and the criteria to prioritize lack of health insurance, disparities also decreased, and significantly enough to remove disparities completely.

Focus Strategies modeled what assessment scores look like when zip code of last residence was added as a prioritization criterion based on regional index scores. This adjustment resulted in elimination of disparities for adult only households; disparities amongst families decreased as well but they did not fully disappear. When collapsing the health condition categories and added zip code of last residence as a prioritization criterion, disparities disappeared in average score for both adult only and family households.

Recommendations

Focus Strategies recommends to:

- 1.** Collapse the health condition categories into one criterion; and
- 2.** Add zip code of last residence as a prioritization criterion.



Recommendations Summary

The recommendations outlined in this report build directly on the issues identified through the evaluation process. They are designed to strengthen CES infrastructure, improve equity and access, and ensure that Alameda County's homelessness response system consistently reflects person-centered, trauma-informed principles. Collectively, the recommendations fall into six key areas:

1. Strengthening Access and System Navigation

Recommendations focus on expanding assessment options—including mobile and after-hours availability—authorizing additional trained staff to conduct assessments and reducing barriers for those in geographically isolated areas or without reliable phones or transportation. Focus group participants identified outlying areas such as Livermore, Pleasanton, and Dublin as particularly underserved. The Limited Access Points (LAPs) and mobile assessors have already been providing incredible support in this regard. There is no formal limit on the number of LAPs that can be authorized, and continuing to expand and uplift this work will only strengthen CES. Enhancements to 211 call handling, shared scripts, and visual roadmaps are intended to make entry into CES more consistent and transparent.

2. Investing in Relationships and PWLE Leadership

Given that trusted relationships are the backbone of CES, recommendations emphasize stabilizing staffing by assessing caseload distribution, providing trauma-informed supervision, and improving on the standardized county-wide training curriculum. PWLE—already playing critical roles as peer specialists and outreach workers—should be more fully integrated into system design, training development, and grievance and assessment co-design processes. H&H could develop a Lived Experience Advisory Board to support CES expansion in Alameda County.

3. Building Reliable Communication and Feedback Loops

To replace the current reliance on informal updates at the provider level, recommendations call for developing a centralized referral tracking dashboard, adhering to warm-handoff protocols, and improving follow-up procedures for both assessments and HPS. Enhancing provider internal communication channels through recorded updates, plain-language policy briefs, and mandating participation in ILC meetings will also help ensure that frontline staff are informed and can contribute to system improvement. Many of these things are already in place, however, providers need to ensure all staff can access key information.



4. Aligning Tools and Training with Evolving Policies

Several recommendations focus on ensuring that policy changes translate consistently into practice. Feedback pointed to the need for plain-language assessment scripts, visual tools, clearer eligibility guidance, and a centralized CES resource library. Staff also emphasized that existing training modules often don't meet their day-to-day needs. While the CE Management Entity has developed curriculum, the feedback underscores that availability is not the same as accessibility or effectiveness. Expanding curricula, opening role-specific modules to a wider audience, and revisiting delivery methods could reduce reliance on ad-hoc knowledge-sharing and help staff feel more confident.

5. Expanding Flexible, Low-Barrier Resources

Providers emphasized that small, one-time supports—deposits, phone minutes, car repairs, essential documents—often make the difference between resolving a housing crisis and falling deeper into homelessness. The County notes that each HRC has a flex fund budget for these HPS needs; staff and clients also shared that these funds are often limited or not available quickly enough for time-sensitive situations.

6. Embedding Person-Centered, Trauma-Informed Practices

Finally, recommendations focus on aligning daily CES operations with its stated equity and trauma-informed care goals. Suggested actions include revising assessment language to be culturally responsive, normalizing HPS as a core CES strategy, and increasing the visibility and safety of the grievance process. Co-designing these tools and materials with PWLE is emphasized as a key step to ensure they reflect dignity, respect, and real client experiences.



Conclusion

The 2024-2025 Coordinated Entry System evaluation shows a system that is steadily maturing, with clear evidence of progress and a strong foundation of dedicated staff and community partners. The successes reflected in this report—improved 211 call handling, enhanced scripting, expanded mobile assessments, and stronger relationships built by trusted frontline workers and peer specialists—demonstrate what is possible when Alameda County invests in collaboration, transparency, and equity-driven practices.

At the same time, the evaluation underscores more work is needed to ensure that every person entering CES experiences a system that is accessible, fair, and responsive. Persistent challenges—including uneven access, fragile feedback loops, and limited flexible resources—are not insurmountable.

By considering these recommendations, Alameda County can build on its strengths, deepen trust with people experiencing homelessness, and model a system that is both equitable and adaptable. The path forward will require sustained partnership among the CES Management Entity, OAC, service providers, and people with lived experience. But the energy, creativity, and commitment already present across the system—and reflected throughout this evaluation—make it clear that Alameda County has the capacity to achieve these goals.



Date: January 5, 2026
To: HomeBase Center for Common Concerns
Outreach, Access, and Coordination Committee
From: Anna Fellers, Coordinated Entry Manager, H&H
Alan Guttirez, Director of System Access and Equity, H&H
Lucy Kasdin, Deputy Director, H&H
Subject: FY2425 Alameda County Coordinated Entry Evaluation Response

Summary

Alameda County Housing and Homeless Services (H&H) respects the efforts of HomeBase to conduct this evaluation of the Coordinated Entry System for the local Continuum of Care. This evaluation, particularly the efforts made to lift up the voices of those we serve, is foundational to continued improvements in the ways that CE works in our community.

H&H is committed to developing a Coordinated Entry work plan informed by this evaluation process and to use both the evaluation and the work plan as meaningful tools to increase community awareness of the coordinated entry system in Alameda County as we collectively work toward improvements.

While the Coordinated Entry work plan will only include items within the scope of CE, there was some valuable feedback that surfaced through this evaluation about other parts of the homelessness response system. The Outreach, Access, and Coordination (OAC) Committee is encouraged to consider ways of sharing that feedback with appropriate system partners.

H&H also recognizes that HomeBase may have not had all relevant data or system updates to inform this evaluation. In places where it is relevant to the proposed recommendations and development of a work plan, H&H is noting inaccuracies in some of the findings.

As the Management Entity for the Alameda County Continuum of Care, H&H has provided responses to the proposed recommendations in this evaluation with the goal of using this document to begin developing the OAC’s development of an effective work plan to address key findings.

Management Entity Responses to FY2425 CE Evaluation Recommendations

Home Base Recommendations	Management Entity Response
Review Current Access Model	<p>The Management Entity agrees and has begun to review the current access model to support households who may face barriers under the current structure.</p> <ul style="list-style-type: none"> ✓ Flexible, Phone-based, Mobile-Intakes, Extended Hours ✓ Collaboration with the Berkeley/Oakland/Alameda County CoC <p>The ME is not directly responsible for establishing new resources dedicated to specific populations (single fathers) in Alameda County’s Homelessness Response System (HRS).</p>

<p>Provide 211 Callers with Clearer Access to Information</p>	<p>The Management Entity agrees and some of the work as part of this recommendation is complete.</p> <ul style="list-style-type: none"> ✓ CE Grievance Policy and Process User Guide is available and on the H&H website ✓ The ME will create additional Frequently Asked Questions (FAQs) or tools and is interested in feedback from the OAC, Housing Resource Center providers, and people with lived experience about what would be most helpful.
<p>Close Gaps in Communication About CES</p>	<p>The Management Entity agrees with this recommendation.</p> <ul style="list-style-type: none"> ✓ HRC and Access Point staff leadership may invite any and all staff from their teams to participate in ME-led ILC meetings and training opportunities.
<p>Give 211 Operators Access to the Status of a Household in CES</p>	<p>The Management Entity agrees with this recommendation:</p> <ul style="list-style-type: none"> ✓ Work has begin designing a new HRC model with more robust staffing to reduce follow up time and an outcome of that work will be a reduction in the number of clients who repeatedly call 211 staff for updates on their CE status and next steps.
<p>Flexible, Timely Resources for Problem Solving</p>	<p>The Management Entity disagrees that centralizing Housing Problem Solving flexible funds will resolve urgent needs more quickly and equitably and empower staff to problem-solve in real time. Currently each Housing Resource Center and Access Point has HPS flexible funds so that they can resolve urgent needs in the moment without delays that would arise if there was a separate centralized entity administering flexible funds.</p>
<p>Inconsistent Follow-Up After Initial CES Contact</p>	<p>The Management Entity agrees with this recommendation and work has occurred to address, suggesting no need for further action:</p> <ul style="list-style-type: none"> ✓ The Management Entity implemented a follow up form for households so they have a summary of what services that they received, what will happen next, and who to contact and when in follow up to their engagement at Access Points and HRCs; and ✓ The ME will continue to reinforce the requirement to use the follow up framework. <p>The ME is interested in hearing feedback from Access Point and HRC providers about the recommendation for agency-specific communication plans as well as follow up when staff changes occur. Some work may already be happening and there may be an opportunity to standardize but more information is needed from the providers.</p>
<p>Confusion about HPS</p>	<p>The Management Entity agrees with this area of work:</p> <ul style="list-style-type: none"> ✓ ME will create one-pagers and implement them through Access Points and Housing Resource Centers.

<p>Improve Transparency in the Assessment Process</p>	<p>ME notes an inaccuracy:</p> <ul style="list-style-type: none"> ✓ There is not an expectation from the ME that providers are using a script to complete assessments; and ✓ Sample language is provided for reference and providers are encouraged to use plain-language in conversations with clients. <p>ME supports exploring opportunities to provide more guidance/context in the HMIS platform depending on how particular assessment questions are answered.</p>
<p>Address Delays and Barriers to Completing Assessments</p>	<p>The Management Entity agrees with this area of work:</p> <ul style="list-style-type: none"> ✓ ME has expanded the pool of providers authorized to conduct Housing Needs Assessments (HNA) and will continue to evaluate this on an ongoing basis, balancing bringing on new providers who may implement the CE workflow with the capacity to monitor additional providers' work; ✓ ME to working to expand evening and weekend availability for walk-in/drop-in services at APs and HRCs is essential; ✓ ME is currently working on updating documents on hours of operation; and ✓ ME is actively evaluating the impact of Limited Access Points to determine any next steps or expansions to this work.
<p>Strengthen Trauma-Informed Assessment Practices</p>	<p>The Management Entity agrees with this area of work:</p> <ul style="list-style-type: none"> ✓ ME recently reviewed the HNA questions with the Gender-Based Violence Coordinated Entry partners and made modifications to the HNA questions that the ME intends to implement to the mainstream HNA; ✓ ME has communicated this to the Access Point and HRC providers; and ✓ OAC and people with lived experience (PWLE) were involved in the creation of HNA questions, and the ME is committed to this ongoing framework for feedback on the HNA questions.
<p>Support Clients Without Phones or Stable Contact Information</p>	<p>The Management Entity agrees with this recommendation and work has occurred to address, suggesting no need for further action:</p> <ul style="list-style-type: none"> ✓ Basic Contact Support workflow is already happening, and the ME regularly reminds Access Point and HRC staff about this and the ME's position is that there is no further action needed here; and ✓ The H&H HMIS team has been working to implement a client-facing portal that is integrated with HMIS which will enable clients to update their contact information in HMIS on their own and on demand. <p>The ME understands that access to ongoing communication via telephone and email is a systemic issue. However, if the ME adds purchasing of cell phones to HPS eligible costs, this may be a significant cost that will meet immediate communication needs but will reduce the overall available funds for HPS flexible funds.</p>

<p>Strengthen Referral Tracking and Transparency</p>	<p>The Management Entity partially agrees with this recommendation and work has occurred to address:</p> <ul style="list-style-type: none"> ✓ The ME is actively exploring ways to increase real-time visibility into the PSH referral process for PSH developers to view information that is stored in the ME administered instance of Salesforce that is used to match, manage, and track referrals to permanent housing through HMIS; ✓ ME agrees to proposing a solution to increase visibility for PSH developers; and ✓ The H&H HMIS team has been working to implement a client-facing portal that is integrated with HMIS which will enable clients to update their contact information in HMIS on their own and on demand. <p>Since 2023, the Management Entity and H&H have invested significant staffing and funding resources into developing a responsive, nimble, and sophisticated parallel database that feeds data through an API into a Salesforce instance that is used to track and manage referrals via CE. If the ME is asked to focus on pivoting away from this current framework and toward building out a Unit Level Inventory in HMIS that will cost a significant amount of funding, require dedicated staff, capacity from PSH developers, and will require a multi-year implementation plan.</p>
<p>Examine Case Loads and Staffing</p>	<p>The Management Entity agrees with this recommendation.</p> <ul style="list-style-type: none"> ✓ The ME plans to examine case loads and make changes beginning in FY2627.
<p>Update Trainings to Improve Relevancy for Different CES Roles</p>	<p>The Management Entity partially agrees with this recommendation and work has occurred to address:</p> <ul style="list-style-type: none"> ✓ ME has scenario-based trainings available that include role-play examples that model clients interacting with AP and HRC staff throughout the components of the CE workflow; and ✓ ME is planning to update the training modules and streamline the end user experience for staff at APs and HRCs.
<p>Address Communication Breakdowns Between Staff and Programs</p>	<p>The Management Entity agrees with this recommendation and plans to take the following action:</p> <ul style="list-style-type: none"> ✓ ME plans to support improved communication structures among outreach and shelter providers with Housing Resource Centers.
<p>Support Clients and Staff on How to File a Grievance</p>	<p>The Management Entity agrees with this recommendation and shall take the following actions:</p> <ul style="list-style-type: none"> ✓ ME has created a user guide for the Coordinated Entry Grievance Policy that is available on the Housing and Homelessness (H&H) website; and ✓ ME will continue reiterate information about the Coordinated Entry Grievance Policy and the Implementation Learning Community (ILC) meetings that are hosted by the ME every month. ✓ ME will develop a FAQ to support clients with understanding the Coordinated Entry Grievance Policy and Process.

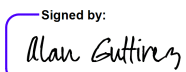
<p>Address Fears of Retaliation or Being Ignored</p>	<p>The Management Entity agrees with this recommendation and work has begun to address:</p> <ul style="list-style-type: none"> ✓ ME confirms that all CE grievances that are submitted are responded to in a timely manner; and ✓ ME will continue to reinforce at ILC meetings and other trainings hosted by the ME that households who submit grievances shall not experience retaliation as a result of submitting a grievance. <p>Furthermore, the ME will:</p> <ul style="list-style-type: none"> ✓ Update the AP and HRC requirement to submit bi-annual grievance logs so that the ME can provide bi-annual reports to the OAC with de-identified information; and ✓ ME will further develop the required bi-annual grievance report to include all outcomes of grievances that are addressed without escalation to the ME, and require that AP and HRCs submit back up documentation as part of their report from the household who is grieving the services that they received.
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In closing, H&H is grateful for HomeBase, all those our participated in the Coordinated Entry evaluation process, and the wisdom the OAC. We are committed to make ongoing program evaluation a central part of our work, including ongoing focus groups, and other means to engage and invite feedback from those we serve.

Sincerely,

DocuSigned by:

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Anna Fellers
Coordinated Entry Manager

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Alan Guttirez
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