



CONTRA COSTA COORDINATED ENTRY SYSTEM POLICIES & PROCEDURES

TABLE OF CONTENTS

Table of Contents.....	1
1. Purpose and Background.....	4
2. Key Principles.....	4
3. System Overview and Workflow.....	5
A. Eligibility.....	5
B. Access.....	5
C. Assess.....	6
D. Assign.....	7
4. Roles & Responsibilities.....	8
A. Contra Costa Council on Homelessness.....	8
B. Oversight Committee.....	9
C. Contra Costa Health, Housing, and Homeless Services Division.....	9
D. Provider Agencies.....	10
E. Clients.....	12
5. Access Points.....	13
A. Crisis Center / 2-1-1.....	13
B. CARE Centers / CARE Capable Centers / Warming Centers.....	13
C. CORE Teams.....	15
6. Prioritization and Matching.....	16
A. Prevention/Diversion.....	16



COORDINATED ENTRY POLICIES & PROCEDURES

B.	Emergency Shelter	16
C.	Rapid Re-housing	16
D.	Permanent Supportive Housing.....	17
E.	Other Permanent Affordable Housing.....	18
7.	Permanent Housing Match and Referral	18
A.	Client Location and Choice	18
B.	Reasons for Denial by Programs.....	19
C.	Housing Navigators	20
D.	Housing Security Fund	20
8.	Data Quality and Privacy.....	20
A.	HMIS Standards.....	20
B.	What Data Will Be Collected.....	21
C.	Who May Access Coordinated Entry Data.....	21
D.	When Personally Identifiable Data Can Be Shared.....	22
E.	When Anonymous Data Can Be Shared.....	22
F.	Additional Safeguards for Survivors of Domestic Violence	23
9.	Evaluation and Monitoring	23
10.	Fair Housing and Marketing/Advertising.....	24
A.	Non-Discrimination Policy.....	24
B.	Cultural and Linguistic Competence	25
C.	Marketing and Advertising	26
11.	Training	27
	Appendices.....	28

COORDINATED ENTRY POLICIES & PROCEDURES



A. Glossary of Terms	28
B. Record Keeping Requirements	33
C. Client Flow Chart.....	35
D. List of Agencies/Programs Participating in Coordinated Entry System.....	36
E. Order of Priority for Permanent Supportive Housing Beds.....	38
F. Assessment Tools/Forms	42



1. PURPOSE AND BACKGROUND

The Contra Costa Coordinated Entry System for homeless services launched in early 2017. The Contra Costa Continuum of Care, which includes all of the housing and homeless service providers in Contra Costa County, uses the Coordinated Entry System to engage individuals and families in housing and services. Coordinated Entry is a centralized or coordinated process designed to streamline participant intake, assessment, and provision of referrals. A Coordinated Entry system covers a specific geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

The purpose of a Coordinated Entry System is to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, and connected to housing and homeless services based on their strengths and needs. It uses standardized tools and practices, incorporates a system-wide Housing First (no barriers to entry) approach, and, in an environment of scarce resources, coordinates housing support so that those with the most severe service needs are prioritized.

Implementing Coordinated Entry is a federal requirement for several federal programs under the Department of Housing and Urban Development (HUD). In Contra Costa, we have used it as an opportunity to initiate changes in our homeless response system, shifting from an ad hoc access and assessment process, to a standardized process for all clients with coordinated referrals to prevention, housing, and supportive services.

A glossary of key terms used throughout these Policies & Procedures is available as an appendix.

2. KEY PRINCIPLES

Coordinated Entry is one of the strategies identified in the Contra Costa Continuum of Care's 2014 strategic plan update, "Forging Ahead Towards Preventing and Ending Homelessness: An Update to Contra Costa's 2004 Strategic Plan" (available at <http://cchealth.org/h3/pdf/2014-strategic-plan-update-Final-Draft.pdf>). The strategy states that the CoC will "Implement a coordinated [entry] system to streamline access to housing and services while addressing barriers, getting the right resources to the right people at the right time." This strategy goes hand in hand with a Housing First approach, as well as the Guiding Principle articulated in the plan: "Homelessness is first a housing issue, and necessary supports and services are critical to help people remain housed. Our system must be nimble and flexible enough to respond through the shared responsibility, accountability, and transparency of the community."



COORDINATED ENTRY POLICIES & PROCEDURES

In addition, Contra Costa has identified the following key principles for our Coordinated Entry system:

- **Quality Assurance:** the Coordinated Entry system must have a mechanism for ongoing, regular quality assurance to ensure rigor and consistency in tools, standards, and staff trainings.
- **Access:** should be easy, fast, and offer immediate engagement (i.e., assessment and connection to needed services).
- **Interdependency:** the coordinated assessment system will promote interdependency
 - **Between programs,** by promoting trust about assessments, referrals, and warm handoffs, and
 - **Between programs and clients,** as clients are connected to the right intervention with consideration for their preferences.
- **Streamlined Process:** for clients and front line staff by reducing the number of times clients are asked redundant questions throughout the system of care, improving efficiency.
- **Address Barriers:** promote Housing First approach, ensuring that clients with the highest level of acuity are provided the most intensive housing and service interventions available.

3. SYSTEM OVERVIEW AND WORKFLOW

The Contra Costa Coordinated Entry system is a collaboration of multiple community, government, and faith-based agencies that, collectively, provide services that range from prevention of homelessness to permanent housing placements. Consumers are linked to supports needed to obtain and sustain housing.

A. Eligibility

Our Coordinated Entry system is designed to serve anyone in Contra Costa County who is experiencing a housing crisis. This includes those who are:

- **Unsheltered** (e.g., living outside, in a car, on the streets, or in an encampment),
- **Sheltered** (e.g., in emergency shelter or transitional housing), or
- **At imminent risk of homelessness** (e.g., being evicted, unable to pay rent, doubled up, or in an unsafe living situation).

B. Access

Consumers connect to services through one of three portals:



COORDINATED ENTRY POLICIES & PROCEDURES

- **CALL:** The 2-1-1 information line, operated by the Contra Costa Crisis Center, provides a phone portal for individuals and families needing to connect to homeless services.
- **CARE Centers:** Coordinated Assessment and Resource (CARE) Centers provide a walk-in option for individuals and families who need to connect to homeless services. Services offered include help with basic needs, light case management, housing navigation services and substance use disorder treatment and support.
- **CORE Outreach:** Coordinated Outreach Referral and Engagement (CORE) outreach teams engage homeless individuals living outside, help facilitate and/or deliver health and basic needs services, and connect clients to CARE Centers and other homeless services.

C. Assess

Severity and type of needs are assessed through a variety of tools:

- **Prevention/Diversion Pre-Screen:** identifies need for financial assistance and/or case management services to prevent a person at risk of homelessness from becoming homeless, or to divert a person experiencing homelessness from entering the crisis response system (including emergency shelter and transitional housing)
- **Homeless Management Information System (HMIS) Intake:** collects basic information about a client, including information to determine eligibility and prioritization for emergency shelter
- **Emergency Shelter Prioritization Tool:** in combination with the HMIS Intake, prioritizes individuals and families for available emergency shelter beds
- **VI-SPDAT:** the Vulnerability Index – Service Prioritization Decision Assistance Tool, an evidence-based tool that prioritizes individuals, transition-age youth, and families for available permanent housing based on acuity and chronicity

These tools were selected based on their reputation as valid, tested, and reliable assessment tools, as well as their consistency with a Housing First assessment process focused on rapidly housing clients without preconditions. The tools gather only enough client information to determine the severity of need and eligibility for housing and related services. In addition, the community believes that these tools are appropriately adjusted according to specific subpopulations (i.e., youth, individuals, families, and chronically homeless), and based on responses to specific questions. The community also believes that these tools reflect the developmental capacity of the clients being assessed. The tools incorporate a person-centered approach, in that they are at least partly based on clients' strengths, goals, risks, and protective factors, they are easily understood by clients, and they are sensitive to clients' lived experience.



COORDINATED ENTRY POLICIES & PROCEDURES

Finally, these tools use locally specific assessment approaches that reflect the characteristics and attributes of the CoC and CoC participants.

All areas where in-person assessments are conducted will be made as safe and confidential as possible within reason so that people will feel comfortable identifying sensitive information or safety issues.

No client will be screened out of the Coordinated Entry process due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or past substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability, the services or supports that are needed because of a disability, a history of evictions or of poor credit, a history of lease violations, a history of not being a leaseholder, or a criminal record.

All participants in the Coordinated Entry process will be free to decide what information they provide during the assessment process and to refuse to answer assessment questions. Although participants may become ineligible for some programs based on a lack of information, a participant's refusal to answer questions will not be used as a reason to terminate the participant's assessment, nor will it be used as a reason to refuse to refer the participant to programs for which the participant appears to be eligible

While some assessment questions may provide the opportunity for the client to disclose a disability or health diagnosis, no diagnosis details are required to participate in the Coordinated Entry system. Any diagnostic information that is disclosed will only be used for the purpose of determining specific program eligibility to make appropriate referrals, or to provide a reasonable accommodation for the client being served.

Assessment tools might not produce the entire body of information necessary to determine a household's prioritization, either because of the nature of self-reporting, withheld information, or circumstances outside the scope of assessment questions. Therefore, case workers and others who work with households may provide additional information, through case conferencing or other communications, that appears relevant to the CoC's written prioritization policies.

The current versions of each tool are available on the H3 Coordinated Entry landing page, available at <http://cchealth.org/h3/coc/partners.php>.

D. Assign



COORDINATED ENTRY POLICIES & PROCEDURES

Clients are matched with available resources based on need and vulnerability. The most vulnerable clients are prioritized for available housing navigation and location services. The full continuum of our homeless housing and services are available through the Contra Costa Coordinated Entry system, including:

- **Prevention/Diversion:** financial assistance or case management to stay housed
- **Basic Needs and Services:** showers, food, laundry, benefits enrollment, referrals, etc.
- **Emergency Shelter:** short-term, temporary place to stay
- **Housing Navigation Services:** assistance with locating and obtaining housing
- **Rapid Re-housing:** time-limited rental assistance with case management
- **Permanent Supportive Housing:** long-term housing assistance with services

All programs receiving referrals through the Coordinated Entry system, including CoC/ESG funded programs, must use the Coordinated Entry system established by the CoC as the only referral source from which to consider filling vacancies in housing and/or services. Provider agencies not participating in the Coordinated Entry system will nonetheless be required to use the Coordinated Entry system to link their clients to the housing and services programs that are participating in Coordinated Entry. The CoC will maintain and annually update a list of all resources that may be accessed through referrals from the Coordinated Entry system.

In accordance with the Housing First approach, potential tenants will be assessed based only on the housing program's eligibility criteria, using a standardized assessment process. No other screening factors will be used to prevent entry to housing opportunities.

Each CoC project must establish specific eligibility criteria that the project will use to make enrollment determinations, and these criteria must be made available to the public.

Determining *eligibility* is a different process than determining *prioritization*:

- **Eligibility** refers to limitations on who can be accepted into a program based on the program's funding sources, authorizing regulations, real estate covenants or rental agreements, and capacity to provide necessary services.
- **Prioritization** refers to the order in which eligible persons will be referred to a project based on factors such as need and vulnerability.

4. ROLES & RESPONSIBILITIES

A. Contra Costa Council on Homelessness

The Contra Costa Council on Homelessness is the governing body of the Contra Costa Continuum of Care, and members are appointed by the Contra Costa County Board of Supervisors. The Council on Homelessness provides advice and input on the operations of



COORDINATED ENTRY POLICIES & PROCEDURES

homeless services, program operations, and program development efforts in Contra Costa County, including the Contra Costa Coordinated Entry system.

B. Oversight Committee

The Coordinated Entry Oversight Committee is a subcommittee of the Council on Homelessness, and includes a diverse array of stakeholders. The Oversight Committee serves as the connection between the various Coordinated Entry committees and workgroups, as well as providing recommendations to the Council on Homelessness based on feedback from committees and workgroups. The Oversight Committee provides funding oversight and reviews grievances for the Coordinated Entry system.

C. Contra Costa Health, Housing, and Homeless Services Division

The Contra Costa Coordinated Entry system is supported by the infrastructure of the County Health, Housing, and Homeless Services Division (H3) in both staffing and data systems. The Coordinated Entry System Manager is responsible for the implementation and on-going administration, development, and continuous improvement of Contra Costa's Coordinated Entry system, and will:

- Provide staff support to the Oversight Committee.
- Conduct Coordinated Entry system analysis, evaluation, monitoring, and review.
- Maintain Coordinated Entry system documentation, tools and resources necessary to manage access points, ensure consistent assessment, prioritize most vulnerable persons and families for assistance, and ensure timely linkage of persons to available housing and services.
- Provide guidance, training, capacity building support, communication updates, and other project support as needed to ensure all participating provider agencies and referral sources have information and resources as necessary to operate and participate in the Coordinated Entry system successfully.
- Create and widely disseminate outreach materials to ensure that information about the services available through the Coordinated Entry system and how to conduct an assessment for those services is readily available and easily accessible to the public.
- Design and deliver training for access points and homeless assistance providers throughout Contra Costa County.
- Regularly review and analyze HMIS data, including reports on system-wide performance measures that will help gauge the success of the Coordinated Entry system (e.g., clients receiving diversion assistance, vacancy reporting, completion of assessments).
- Participate in Oversight Committee meetings as appropriate.



COORDINATED ENTRY POLICIES & PROCEDURES

The Contra Costa Homeless Management Information System (HMIS) is administered by H3 and provides database management, system level data analysis, and quality control. The HMIS Administrator and the H3 Evaluator/Planner will:

- Maintain HMIS database as defined by the Contra Costa HMIS Policies & Procedures.
- Generate standard Coordinated Entry system reports on an ongoing basis as defined by the Oversight Committee, and generate ad hoc Coordinated Entry system reports and analysis as determined by the Oversight Committee and H3 staff.
- Ensure the HMIS can collect the needed data for monitoring and tracking the process of referrals.
- Participate in Oversight Committee meetings as appropriate.

D. Provider Agencies

The Department of Housing and Urban Development (HUD) requires provider agencies (both community-based organizations and government entities) receiving Continuum of Care Program or Emergency Solutions Grant funding to participate in their jurisdiction's Coordinated Entry system. In addition, many more provider agencies are participating in our Coordinated Entry system, as referral sources, entry points, and providers of housing and services. Provider agencies participating in the Contra Costa Coordinated Entry system will:

- **Adopt and follow the Contra Costa Coordinated Entry System Policies & Procedures**, as identified in this document and approved by the Council on Homelessness, regarding access points, assessment procedures, client prioritization, and referral and placement in available services and housing. Other entry points into services and housing not identified in these Policies & Procedures will not be used.
- **Maintain low barrier to enrollment in services and housing.** No client may be turned away from crisis response services or homeless designated housing due to lack of income, lack of employment, disability status, or substance use unless the project's primary funder requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to clients with a specific set of attributes or characteristics. Providers maintaining restrictive enrollment practices must maintain documentation from project funders, providing justification for the enrollment policy.
- **Maintain Fair and Equal Access** to Coordinated Entry system programs and services for all clients regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, Veteran status, or sexual orientation.



COORDINATED ENTRY POLICIES & PROCEDURES

- If a program participant's self-identified gender or household composition creates challenging dynamics among residents within a facility, the host program should make every effort to accommodate the individual or assist in locating alternative accommodation that is appropriate and responsive to the individual's needs.
- Participating provider agencies shall offer universal program access to all subpopulations as appropriate, including chronically homeless individuals and families, Veterans, youth, persons and households fleeing domestic violence, and transgender persons.
- Population-specific projects and those projects maintaining affinity focus (e.g. women only, tribal nation members only, chronic inebriates, etc.) are permitted to maintain eligibility restrictions as currently defined and will continue to operate and receive prioritized referrals. Any new project wishing to institute exclusionary eligibility criteria will be considered on a case by case basis and receive authorization to operate as such on a limited basis from the Oversight Committee.
- **Provide appropriate safety planning.** Participating provider agencies will provide necessary safety and security protections for persons fleeing or attempting to flee family violence, stalking, dating violence, or other domestic violence situations. Minimum safety planning must include a threshold assessment for presence of participant safety needs and referral to appropriate trauma-informed services if safety needs are identified.
- **Create and share written eligibility standards.** Participating provider agencies will provide detailed written guidance for client eligibility and enrollment determinations. Eligibility criteria should be limited to that required by the funder and any requirements beyond those required by the funder will be reviewed and a plan to reduce or eliminate them will be explored with the Oversight Committee. This may include funder-specific requirements for eligibility and program-defined requirements such as client characteristics, attributes, behaviors or histories used to determine who is eligible to be enrolled in the program. These standards will be shared with the Coordinated Entry System Manager as well as the Oversight Committee.
- **Communicate vacancies.** Homeless providers will communicate project vacancies, either bed, unit, or voucher, to the Coordinated Entry System Manager in a manner determined by the Oversight Committee and outlined in this document.
- **Limit enrollment to participants referred through the defined access point(s).** Each bed, unit, or voucher that is required to serve someone who is homeless must receive their referrals through the Coordinated Entry system. Any agency filling homeless mandated units from alternative sources will be reviewed by the Oversight Committee for compliance. A finite number of boutique programs serving distinct populations may receive a waiver for this clause, but will need to provide the Oversight Committee with detailed engagement and eligibility plans. Access points will need to be informed of every opening and how and when they were filled.



COORDINATED ENTRY POLICIES & PROCEDURES

- **Participate in planning.** CoC/ESG funded provider agencies shall participate in Contra Costa CoC's planning and management activities as defined and established by the Oversight Committee, including participation in committees and workgroups.
- **Contribute data to HMIS if mandated per federal, state, county, or other funder requirements.** Each provider with homeless dedicated units will be required to participate in HMIS to some extent. Providers should check with H3 to determine what forms they will need to complete in HMIS.
- **Ensure staff who interact with the Coordinated Entry system receive regular training and supervision.** Each provider must notify the Coordinated Entry System Manager of changes in staffing, in order to ensure employees have access to ongoing training and information related to the Coordinated Entry system.
- **Ensure client rights are protected and clients are informed of their rights and responsibilities.** Clients will have rights explained to them verbally and in writing when completing an initial intake. Posters listing these rights will be posted at CARE Centers, CARE Capable Centers, and Warming Centers. At a minimum, client rights will include:
 - The right to be treated with dignity and respect;
 - The right to appeal Coordinated Entry system decisions;
 - The right to be treated with cultural sensitivity;
 - The right to have an advocate present during the appeals process;
 - The right to request a reasonable accommodation in accordance with the project's tenant/client selection process;
 - The right to choice of available housing/services;
 - The right to confidentiality and information about when confidential information will be disclosed, to whom, and for what purposes, as well as the right to deny disclosure.

E. Clients

Clients will be expected to participate in assessments in order to be connected to the available services that best meet their needs.

While clients have the right to refuse to participate in HMIS, participation will assist providers in coordinating referrals. Clients are asked to cooperate with staff to provide documentation to meet program eligibility criteria (e.g., homeless status).

Clients are expected to partner with provider agencies in resolving their housing crisis by participating in finding and obtaining housing and services.

If a client exercises their right to refuse a housing or service placement, they will be placed back into the community queue. However, three rejections of housing will lead to a standardized evaluation by the Coordinated Entry System Manager to reassess their participation.



Clients are expected to attend scheduled appointments. Transportation to and from appointments may be available at entry points.

5. ACCESS POINTS

One of the primary goals of Contra Costa's Coordinated Entry system is to ensure that client access be easy, fast, and offers immediate engagement. Therefore, our Coordinated Entry system offers multiple points of access for people experiencing or at imminent risk of homelessness. The assessment process will be consistent across all access points, so that participants receive the same care regardless of where or how they enter the system.

A. Crisis Center / 2-1-1

The Contra Costa Crisis Center is Contra Costa County's sole provider of 2-1-1 information and referral services and, as the phone-based access point to our Coordinated Entry system, provides full geographic coverage of the Contra Costa Continuum of Care.

Hours: 2-1-1 call specialists are available 24 hours per day. During business hours, coverage is available in English and Spanish. For languages other than English and Spanish, and for Spanish after 6 pm, a language interpreter hotline is used.

Prevention & Diversion Pre-Screen: When a caller is seeking housing, rental assistance, utility assistance, or shelter, the call specialist works to prevent homelessness and divert clients in crisis from the homeless system of care through referrals to appropriate resources, which may include counseling and limited financial supports.

Emergency Shelter Placement: When a caller is in need of emergency shelter, the call specialist will utilize the Emergency Shelter Prioritization Tool and complete an HMIS Intake. Contra Costa Crisis Center will maintain an Emergency Shelter Prioritization List, and will be responsible for placing clients into all available emergency shelter beds.

Referrals for Services: Based on the needs of the caller, the call specialist may make referrals to one of the CARE Centers and/or to safety net and other social services as available. CORE Teams may be dispatched as needed for unsheltered clients unable to physically access a CARE Center.

B. CARE Centers / CARE Capable Centers / Warming Centers

1. CARE Centers



COORDINATED ENTRY POLICIES & PROCEDURES

Coordinated Assessment and Referral (CARE) Centers will be the main physical entry point for the coordination entry system, where clients can access an array of co-located services, assessments, and referrals. Locations and hours are available online.

Eligibility: CARE Centers serve those clients who are experiencing homelessness, or who are at imminent risk of becoming homeless.

Services Offered: CARE Centers services include:

- Basic needs: shower facilities, food, laundry
- Case management
- Benefits enrollment
- Health Care, Mental Health, and Substance Use Disorder services
- Housing search assistance
- Screening and referrals for housing and utility assistance

HMIS Intake: The initial face-to-face assessment is informal and will combine an HMIS intake with the Prevention & Diversion Pre-screen and Emergency Shelter Prioritization Tool to assess the client's needs and make any needed referrals for which they are eligible.

Housing Assessment: The VI-SPDAT is an additional assessment tool that will be used by our Coordinated Entry system to prioritize participants based on vulnerability factors in order to determine which housing intervention best fits the participant's needs. CARE Center staff will complete the VI-SPDAT with clients as follows:

- For adult-only households, the VI-SPDAT will be completed as a part of the client's treatment plan when the household has been homeless for 15 days or more;
- For families with children and transition-age youth, at the point of literal homelessness.

VI-SPDAT assessments should be updated when the risks and circumstances of the client's life have changed, or every 90 days, whichever comes first.

2. CARE Capable Centers

CARE Capable Centers expand the geographic coverage of the Coordinated Entry system by co-locating services at existing sites where persons experiencing homelessness access some services. CARE Capable Centers differ from full-service CARE Centers in that they are located at sites that do not exclusively serve individuals and families experiencing homelessness, and may offer a more limited range of homeless services. Services offered include prevention and



COORDINATED ENTRY POLICIES & PROCEDURES

diversion screening, HMIS intake for crisis services, VI-SPDAT for housing placement, and flexible space for other co-located services. Locations and hours are available online.

Warming Centers

Warming Centers offer much needed support in a safe environment overnight. A Warming Center may be an expansion of the hours of an existing CARE Center, or may be a separate location that can offer a place to sit and receive limited services. CORE teams, and law enforcement working in coordination with CORE teams, are able to make Warming Center Placements. Locations and hours are available online.

C. CORE Teams

CORE Teams are responsible for engagement and rapport building with individuals and families who are homeless and are not being served, adverse to services, and/or are underserved by existing community service delivery systems. As a primary access point into the Coordinated Entry system, CORE Teams are responsible for locating, evaluating, engaging, counseling, transporting and referring clients to appropriate services. CORE Teams will provide basic survival supplies, transportation to appointments if needed, and connections to physical health, mental health and alcohol and other drug services and programs.

Geography & Hours: The CORE Teams will make regular visits to encampments across the County, and will track their geographic locations to identify patterns and trends. Geographic coverage and hours of the teams are available online.

Dispatch: The CORE Teams will respond to referrals from hospitals, clinics, law enforcement, and service providers who call 2-1-1. Clients may also call 2-1-1 for access to services.

Field Assessments: The CORE Teams will conduct the HMIS intake short form with a client in order to assess the client's needs and make any needed referrals for which they are eligible. Following the HMIS intake, the CORE Team may complete the VI-SPDAT, an additional assessment tool that will be used by our Coordinated Entry system to prioritize clients based on vulnerability factors and determine what housing intervention best fits the client's needs. CORE Team staff will complete the VI-SPDAT with clients as follows:

- For adult-only households, the VI-SPDAT will be completed as a part of the client's treatment plan when the household has been homeless for 15 days or more;
- For families with children and transition-age youth, at the point of literal homelessness.



VI-SPDAT assessments should be updated when the risks and circumstances of the client's life have changed, or every 90 days, whichever comes first.

Referrals: The CORE Teams may refer clients to the CARE Centers, CARE Capable Centers, Warming Centers, emergency shelter, and physical/behavioral health services (including mental health).

6. PRIORITIZATION AND MATCHING

A. Prevention/Diversion

Prevention services are for clients who are currently housed but at imminent risk of homelessness. Imminent risk is defined as being at risk of becoming homeless within the next two weeks due to rental or utility arrears, eviction, etc. Diversion services are for clients who are homeless who might be able to resolve their housing crisis without accessing crisis services like shelter. Both prevention and diversion services may include financial and other services to remain housed or connect clients to alternate housing arrangements, bypassing entry into the homeless system of care.

Pre-Screen Pending: Currently, all clients who enter through the CARE Centers or call 2-1-1 receive referrals to prevention and diversion services during the initial intake and assessment process. A Prevention/Diversion Pre-Screen tool, including a decision tree of available prevention and diversion resources in Contra Costa, is currently under development, and will be rolled out during Phase 2 of Coordinated Entry implementation.

B. Emergency Shelter

Emergency shelter includes any facility run by a provider agency with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for persons experiencing homelessness.

Prioritization Pending: Currently, clients who qualify for and require emergency shelter may receive emergency shelter placement through a variety of referral processes, which may include referrals from CORE Teams. An Emergency Shelter Prioritization Tool is currently under development, and will be rolled out during Phase 3 of Coordinated Entry implementation, at which time relevant criteria will be enumerated in this section.

C. Rapid Re-housing

Rapid re-housing is a resource that rapidly connects homeless individuals and families to permanent housing through a tailored package of assistance that may include the use of time-



COORDINATED ENTRY POLICIES & PROCEDURES

limited financial assistance and targeted supportive services. Rapid re-housing is informed by a Housing First approach, reducing the amount of time a client experiences homelessness.

HMIS Community Queue: Clients who score in the Rapid Re-housing range of the VI-SPDAT will be placed in the Rapid Re-housing Community Queue in HMIS. The list dynamically changes as new client scores are added to the HMIS.

Reporting Availability: Rapid Re-housing providers participating in the Coordinated Entry system are required to regularly update the Coordinated Entry System Manager of resource availability. Tracking of availability of resources may be handled through HMIS.

Referrals: The Coordinated Entry System Manager will run an updated list from HMIS weekly and distribute it to Rapid Re-housing provider agencies participating in the Coordinated Entry System, who will conduct an eligibility determination and facilitate placement into the program. HMIS may assist in determining program eligibility, but housing placement decisions will be vetted by the Rapid Re-housing provider.

D. Permanent Supportive Housing

Permanent Supportive Housing is a type of housing program that offers both affordable housing and wraparound supportive services for individuals and families experiencing homelessness, especially those experiencing chronic homelessness. Permanent Supportive Housing in Contra Costa is available as project-based and tenant-based rental assistance with supports.

HMIS Community Queue: Clients who score in the Permanent Supportive Housing range of the VI-SPDAT will be placed in the Permanent Supportive Housing Community Queue in HMIS. The list dynamically changes as new client scores are added to the HMIS.

Reporting Vacancies/Availability/Turnover: Permanent Supportive Housing providers participating in the Coordinated Entry system are required to alert the Coordinated Entry System Manager of any new or pending vacancies (e.g., due to turnover or a new program coming online) as soon as possible, but no later than seven days following a vacancy. Tracking of vacancies may be handled through HMIS.

Housing Placement Committees: The Coordinated Entry System Manager will run updated Community Queue lists from HMIS monthly for two populations: individuals and families. Clients at the top of each list will be selected for a case conference among all provider agencies participating in HMIS who have served that client. The Housing Placement Committee will meet at least monthly to recommend housing placements from among the vacant units that have been reported to the Coordinated Entry System Manager that month. HMIS may assist in



COORDINATED ENTRY POLICIES & PROCEDURES

determining program eligibility, but housing placement decisions will be vetted by the Housing Placement Committee. Prioritization decisions will be made in accordance with HUD Prioritization Notice: CPD-16-11; see appendix on Order of Priority for Permanent Supportive Housing Beds for details. The Coordinated Entry System Manager will ensure that all Permanent Supportive Housing provider agencies are made aware of a placement, and will follow up as needed to confirm that the placement referral has occurred.

Bridge Housing: Bridge housing helps clients to move immediately out of homelessness and into a temporary setting until permanent housing is available. Bridge housing may be appropriate to address barriers such as limited finances, unavailability of appropriate housing programs, and lack of vacant housing stock. When a household is recommended for Permanent Supportive Housing but no beds are currently available, the household may be referred to “bridge housing” in other program types, and/or for any other available CoC resource that would be of use to the household. In referring households to bridge housing, the Housing Placement Committee should attempt to balance the need to provide immediate care for the community’s most vulnerable households against the need to match tenants with safe, adequately supported housing situations that will promote the community’s long-term ability to increase its supply of available and affordable housing. Transfers between Rapid Rehousing and Permanent Supportive Housing are allowable by HUD so long as the individual or family meets the eligibility criteria under the specific program and the requirements for the receiving project under the Notice of Funding Availability (NOFA) for the year the project was awarded.

E. Other Permanent Affordable Housing

Moving On Program: The Moving On Program is the result of a partnership between the Housing Authority of the County of Contra Costa (HACCC) and the Contra Costa Continuum of Care (CoC). The Moving On Program implements a preference in the HACCC’s Housing Choice Voucher program for formerly homeless individuals and families who need minimal or no ongoing services and are able to live independently with a voucher in the private rental market. The Moving On Program has been established in conjunction with the Coordinated Entry system, whereby potential program participants will be identified using the VI-SPDAT and reviewed for eligibility and referral through the Housing Placement Committee. For full details of the Moving On Program, see the Contra Costa Moving On Program Memorandum of Understanding.

7. PERMANENT HOUSING MATCH AND REFERRAL

A. Client Location and Choice



COORDINATED ENTRY POLICIES & PROCEDURES

When a client is referred for housing, CORE Team and CARE Center staff will attempt to locate that client and encourage the client to enter the housing program. However, some homeless households may require significant engagement and contacts prior to entering housing. Accordingly, programs are not required to allow units to remain vacant indefinitely while waiting for an identified homeless person to accept an offer of housing. Instead, if a referral remains unfilled after two weeks of attempting to engage the intended tenant(s), the Coordinated Entry System Manager will determine whether the housing placement should be considered open again, and returned to the Coordinated Entry system for additional referral attempts with new client(s).

If the Coordinated Entry System Manager believes that a client no longer resides in the CoC's geographic area, and the CoC has no effective means of contacting that client, then the Coordinated Entry System Manager may remove that client from the Community Queue.

The Housing Placement Committee will take clients' known preferences into account when generating referrals. Should a prospective tenant choose to reject a particular housing placement, case managers will attempt to determine the reason for the clients' refusal to accept the offered housing and to communicate this reason to the Coordinated Entry System Manager. Client grievances regarding the match and referral process will be reviewed by the Coordinated Entry Oversight Committee.

B. Reasons for Denial by Programs

It is expected that provider agencies will only rarely reject a referral from the Coordinated Entry system. The two reasons why a provider agency operating a CoC- or ESG-funded permanent housing program may reject a client referred by the Coordinated Entry system are if:

- (1) That client is ineligible to participate in the program because of restrictions imposed by government regulations or outside funding sources, or
- (2) The program lacks the capacity to safely accommodate that client.

All CoC- and ESG-funded provider agencies are expected to adopt a Housing First approach that continually lowers the barriers to entry for prospective clients, and that avoids screening out clients based on real or perceived barriers to success. A provider agency that repeatedly rejects referrals of high-needs clients based on an inability to safely accommodate those clients must attempt to improve its capacity to serve high-needs clients. The CoC will provide training and technical assistance on this topic as needed.

In the event that a program rejects a client referral for permanent housing from the Housing Placement Committee (for permanent supportive housing) or Coordinated Entry System



COORDINATED ENTRY POLICIES & PROCEDURES

Manager (for rapid re-housing), the program must document the time of the rejection and the reason for the rejection, and develop a Corrective Action Plan shared with both the client and the Coordinated Entry System Manager. When the Coordinated Entry System Manager becomes aware that a client has been rejected from a program, they will investigate the reasons provided (if any), attempt to determine whether the client can be safely and lawfully placed in that program, and, if not, attempt to locate alternative housing for the client. A household will not lose its priority or be returned to a general waiting list simply because it was rejected by a provider agency.

C. Housing Navigators

Housing Navigators provide housing assistance services for clients who are experiencing homelessness and seeking housing in Contra Costa County. Housing navigation services include securing housing eligibility documents, completing affordable housing applications, representing housing navigation clients in Housing Placement Committee meetings, housing education, and budgeting support.

Referrals: To receive a referral for a housing navigator, a client must have a current VI-SPDAT score (completed or updated within the past 90 days) on file in the Permanent Supportive Housing range. CARE Center staff may refer clients by submitting a referral form, along with the VI-SPDAT assessment, to the Housing Navigator co-located on site at a CARE Center, or by fax.

D. Housing Security Fund

The Housing Security Fund is a Contra Costa county-wide community fund that covers resources for renters and landlords. Resources for renters may include credit checks, application fees, utility deposits, utility arrears, short-term rental assistance, security deposits. Resources for landlords may include repairing damage to units, paying past-due rent (eviction prevention), and/or increased security deposits.

Distribution of Funds: The fund is not yet operational, pending securing a minimum funding threshold and the development of policies and procedures to guide the disbursement of funding to renters and landlords.

8. DATA QUALITY AND PRIVACY

A. HMIS Standards

Except as otherwise specified, data associated with the Coordinated Entry system should be stored in the CoC's Homeless Management Information System (HMIS). All data entered into or



COORDINATED ENTRY POLICIES & PROCEDURES

accessed or retrieved from the HMIS must be protected and kept private in accordance with the HMIS Data and Technical Standards as announced by the CoC Interim Rule at 24 CFR 578.7(a)(8).

Before collecting any information as part of the Coordinated Entry system, all staff and volunteers must first either (1) obtain the participant's informed consent to share and store participant information for the purposes of assessing and referring participants through the Coordinated Entry process, or (2) confirm that such consent has already been obtained and is still active. Whenever possible, the participant's consent should be in written form.

The CoC will not deny services to any participant based on that participant's refusal to allow their data to be stored or shared unless a Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information as a condition of program participation. Where appropriate, non-personally-identifiable information about participants who refuse consent to share personally identifiable data should be logged in an electronic case file that uses pseudonyms, e.g., "Jane Doe," to preserve as much non-personally-identifiable information as possible for statistical purposes.

The completeness and accuracy of data entered into HMIS for the Coordinated Entry system should be checked at least once per month as part of the community's overall efforts to continuously improve data quality. The CoC will provide training and technical assistance on request to anyone using the Coordinated Entry system who faces obstacles to inputting complete and accurate data, and may recommend and/or require technical assistance for providers who receive a low score on automated data quality reports.

B. What Data Will Be Collected

Data that is required to assess, prioritize, match, and refer a household for housing, homeless services, and/or mainstream resources will be collected by the Coordinated Entry system.

Data needed to assess and evaluate the Coordinated Entry system itself, such as system performance metrics, recidivism data, and client and provider satisfaction surveys, should also be collected by the Coordinated Entry system.

Whenever possible, the Coordinated Entry system should avoid collecting personal data that is not needed for the above purposes.

C. Who May Access Coordinated Entry Data



COORDINATED ENTRY POLICIES & PROCEDURES

Only individuals who have completed a full set of HMIS training and signed a Contra Costa HMIS end-user agreement may directly access Coordinated Entry system data. All such persons must be informed of and understand the privacy rules associated with collection, management, and reporting of client data.

D. When Personally Identifiable Data Can Be Shared

It is often useful to share certain kinds of data collected during the Coordinated Entry process:

- Among different homeless service providers
- Between a homeless service provider and a mainstream resource provider such as Medicaid
- Between multiple data systems to reduce duplicative efforts and increase case coordination across providers and funding streams, *or*
- Aggregate data, with the general community for purposes of education and advocacy

However, in doing so, great care must be taken not to share personally identifiable data outside the context of the systems and purpose(s) covered by the client's affirmative consent.

Therefore, all entities that routinely share data with or receive data from the Coordinated Entry system must sign data-sharing agreements that obligate the entities to follow comparable privacy standards and that restrict the use of the data being shared to uses that are compatible with clients' consent.

In particular, personally identifiable data must always be used for the benefit of the client to which the data pertains, and not for the general convenience of other government entities. Requests for data made by Child Protective Services, Adult Protective Services, prosecutors, detectives, immigration officials, or by police officers who are not actively cooperating with the CoC through a CORE Team should be refused unless the requesting party displays a valid warrant specifically ordering the release of the data, or with the client's affirmative written consent.

E. When Anonymous Data Can Be Shared

Data that is truly anonymous can be shared for any legitimate purpose of the CoC, but care must be taken to ensure that data has been reliably stripped of all characteristics that could conceivably be used to re-associate the data with a particular individual or household. Some characteristics that appear to be anonymous could be personally identifiable within the context



of a relatively small community. For example, there may be only one formerly homeless person in the CoC who has a particular birthdate.

Similarly, a piece of data that is not personally identifiable in isolation may become personally identifiable when combined with other (supposedly) anonymous data. For instance, “chronically homeless” is not a personally identifiable characteristic, but if there are only three chronically homeless Hispanic veterans in the CoC, then informed observers may be able to match a case note made about a “chronically homeless Hispanic veteran” with a particular individual, thereby violating that individual’s privacy.

F. Additional Safeguards for Survivors of Domestic Violence

In addition to the safeguards described above, additional safeguards must be taken with any data associated with anyone who is known to be fleeing or suffering from any form of domestic violence, including dating violence, stalking, trafficking, and/or sexual assault, regardless of whether such people are seeking shelter or services from non-victim-specific providers.

Any data collected from this group of people must not be entered into HMIS. Instead, the data can be entered into a parallel database that is only accessible to users who are trained in responding to domestic violence and who have passed a higher level of background checks and/or investigation. If no such database exists, then the data should be recorded and protected on-site by individual victim service providers, using all appropriate safeguards, including, where necessary to keep clients safe, the total anonymization of all incoming data on potential victims of domestic violence.

If necessary to ensure the safety of potential victims of domestic violence, victim service providers are allowed to establish an alternative Coordinated Entry process for victims of domestic violence, dating violence, sexual assault, and/or stalking. If such an alternative process is established, it must still meet HUD’s minimum Coordinated Entry requirements, i.e., non-discrimination, full coverage, easy accessibility, adequate advertisement, standardized assessment based on written procedures, comprehensive assessment based on client need and vulnerability, and a unified effort to refer clients to housing and services across the entire geographic region according to the priority assigned by the Coordinated Entry system.

9. EVALUATION AND MONITORING

At least once per year, the Coordinated Entry System Manager, in coordination with the H3 Evaluator/Planner, will consult with each participating project, and with project participants, to evaluate the intake, assessment, and referral processes associated with Coordinated Entry.



COORDINATED ENTRY POLICIES & PROCEDURES

They will solicit feedback addressing the quality and effectiveness of the entire Coordinated Entry experience for both participating projects and for households. All feedback collected will be private and must be protected as confidential information.

The evaluation will employ multiple feedback methodologies each year to ensure that participating projects and households have frequent and meaningful opportunities for feedback. Each year, the evaluation will use one or more of the following methods:

- Surveys designed to reach at least a representative sample of participating providers and households;
- Focus groups of five or more participants that approximate the diversity of the participating providers and households;
- Individual interviews with enough participating providers and households to approximate the diversity of participating households.

As part of the evaluation process, the CoC will examine how the Coordinated Entry system is affecting the CoC's HUD System Performance Measures, and vice versa. To that end, the evaluation will also include project- and system-level HMIS data. The Data/Evaluation Committee will develop an Evaluation Plan to support this process.

The Coordinated Entry System Manager will collect feedback and data comprising the evaluation to present to the Data/Evaluation Committee for review and analysis. The Coordinated Entry System Manager will then present the final evaluation with recommendations to the Oversight Committee, which will meet to consider what changes are necessary to the Coordinated Entry system's processes, policies, and procedures in light of the feedback received.

10. FAIR HOUSING AND MARKETING/ADVERTISING

A. Non-Discrimination Policy

The Contra Costa Continuum of Care does not tolerate discrimination on the basis of any protected class (including actual or perceived race, color, religion, national origin, sex, age, familial status, disability, sexual orientation, gender identity, or marital status) during any phase of the Coordinated Entry process.

Some programs may be forced to limit enrollment based on requirements imposed by their funding sources and/or state or federal law. For example, a HOPWA-funded project might be required to serve only participants who have HIV/AIDS. All such programs will avoid



COORDINATED ENTRY POLICIES & PROCEDURES

discrimination to the maximum extent allowed by their funding sources and their authorizing legislation.

All aspects of the Contra Costa Coordinated Entry system will comply with all Federal, State, and local Fair Housing laws and regulations. Participants will not be “steered” toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children.

All locations where persons are likely to access or attempt to access the Coordinated Entry system will include signs or brochures displayed in prominent locations informing participants of their right to file a discrimination complaint and containing the contact information needed to file a discrimination complaint. The requirements associated with filing a discrimination complaint, if any, will be included on the signs or brochures.

When a discrimination complaint is received, the Coordinated Entry System Manager will complete an investigation of the complaint within 60 days by attempting to contact and interview a reasonable number of persons who are likely to have relevant knowledge, and by attempting to collect any documents that are likely to be relevant to the investigation. Within 30 days after completing the investigation, the Coordinated Entry System Manager will write an adequate report of the investigation’s findings, including the investigator’s opinion about whether inappropriate discrimination occurred and the action(s) recommended by the investigator to prevent discrimination from occurring in the future. The findings of the investigation will be shared with the Coordinated Entry Oversight Committee. If appropriate, the investigator may recommend that the complainant be re-assessed or re-prioritized for housing or services. The report will be kept on file for two years.

B. Cultural and Linguistic Competence

All staff administering assessments must use culturally and linguistically competent practices, including the following:

- CoC incorporates cultural and linguistic competency training into the required annual training protocols for participating projects and staff members
- Assessments use culturally and linguistically competent questions for all persons that reduce cultural or linguistic barriers to housing and services for special populations.
- Access points will take reasonable steps to offer coordinated entry process materials and participant instructions in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency. Coordinated entry process materials will be



COORDINATED ENTRY POLICIES & PROCEDURES

offered in English and Spanish, and translation services will include the use of bilingual staff, the County translation line, and/or other provider resources.

- Appropriate auxiliary aids and services necessary to ensure effective communication will be available for individuals with disabilities. This may include use of large type (and ability to enlarge text), assistive learning devices, Braille, audio, or sign language interpreters.

All assessment staff must be trained on how to conduct a trauma-informed assessment of participants. Special consideration and application of trauma-informed assessment techniques are afforded victims of domestic violence or sexual assault to help reduce the chance of re-traumatization.

C. Marketing and Advertising

The CoC will affirmatively market Coordinated Entry as the access point for available housing and supportive services to eligible persons who are least likely to apply in the absence of special outreach, as determined through a regular review of the housing market area and the populations currently being served to identify underserved populations. This may include an evaluation of HMIS service data, the Point-in-Time Count, and County demographics and census data.

For identified populations, marketing will be conducted at least annually, and may use the following media:

- Brochures / Flyers
- Announcements at Community Events
- Newspapers / Magazines
- Radio
- Television
- Social Media / Websites

The marketing campaign will be designed to ensure that the Coordinated Entry process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status.

Similarly, the marketing campaign will be designed to ensure that people in different populations and subpopulations in the CoC's geographic area, including people experiencing



COORDINATED ENTRY POLICIES & PROCEDURES

chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the Coordinated Entry system.

All physical access points in the Coordinated Entry system must be accessible to individuals with disabilities, including individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance. Marketing materials will clearly convey that the access points are accessible to all sub-populations.

11. TRAINING

The CoC will provide training opportunities at least once annually to organizations and/or staff people at organizations that serve as access points or administer assessments. The purpose of the training is to provide all staff who administer assessments with access to materials that clearly describe the methods by which assessments are to be conducted, with fidelity to the CoC's Coordinated Entry written policies and procedures.

New staff and new volunteers who begin to participate in the Coordinated Entry process for the first time must complete a training curriculum that will cover each of the following topics:

- Review of the CoC's written Coordinated Entry system policies and procedures, including any adopted variations for specific subpopulations;
- Requirements for use of assessment information to determine prioritization;
- Non-discrimination policy as applied to the Coordinated Entry system, and
- Criteria for uniform decision-making and referrals.

All assessment staff must be trained at least once on how to conduct a trauma-informed assessment of participants, with the goal of offering special consideration to victims of domestic violence and/or sexual assault to help reduce the risk of re-traumatization.

All assessment staff must be trained at least once on safety planning and other next-step procedures to be followed in the event that safety issues are identified in the process of conducting an assessment.

All staff and volunteers who enter data into HMIS or access data from HMIS must be trained in current HMIS policy and procedures.



APPENDICES

A. Glossary of Terms

2-1-1: An information line operated by the Contra Costa Crisis Center that provides a phone portal for individuals and families needing to connect to human services in Contra Costa.

CalWORKS: A California Department of Social Services program that offers rapid re-housing assistance to homeless families who are recipients of the CalWORKS (California Work Opportunity and Responsibility to Kids) public assistance program.

CARE Centers: Coordinated Assessment and Resource (CARE) Centers provide a walk-in option for individuals and families who need to connect to homeless services. Services offered include help with basic needs, light case management, housing navigation services and substance use disorder treatment and support.

Chronic Homeless: As stated in HUD's Definition of Chronically Homeless Final Rule:

1. A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
 - a. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - b. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;
2. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph 1 of this definition, before entering the facility;
3. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph 1 or 2 of this definition, including a family whose composition has fluctuated while the head of household has been homeless.



COORDINATED ENTRY POLICIES & PROCEDURES

Community Queue: The by-name list of all people experiencing homelessness, which is maintained in HMIS and changes dynamically as more people are assessed.

Continuum of Care (CoC) Program: A HUD program that provides competitive funding to provider agencies for permanent supportive housing, rapid re-housing, transitional housing, safe havens, supportive services, and HMIS.

Contra Costa Continuum of Care (CoC): The public forum for all community members committed to preventing and ending homelessness in Contra Costa County.

Contra Costa Coordinated Entry System: The process to ensure that homeless individuals and families in Contra Costa County, and those at risk of homelessness, receive the best services to meet their housing needs.

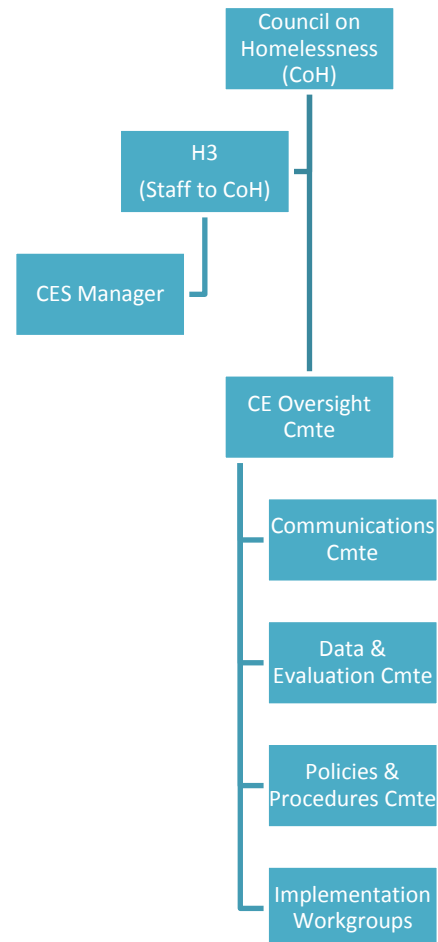
Contra Costa Council on Homelessness (CoH): The governing body of the Contra Costa Continuum of Care, serving as an Advisory Body to the Contra Costa County Board of Supervisors.

CORE Teams: Coordinated Outreach Referral and Engagement (CORE) outreach teams engage homeless individuals living outside, help facilitate and/or deliver health and basic needs services, and connect clients to CARE Centers and other homeless services.

Diversions: Financial assistance or supportive services that help someone who is newly homeless to identify alternate housing arrangements to avoid entering emergency shelter.

Emergency Shelter: A facility offering short-term, temporary housing and services for someone who is homeless, with no lease agreement; part of the crisis response system.

Emergency Solutions Grants (ESG) Program: A HUD formula grant program administered by the County that provides funding for street outreach, emergency shelter, homeless prevention, rapid re-housing, and HMIS.





COORDINATED ENTRY POLICIES & PROCEDURES

H3: The Health, Housing, and Homeless Services Division, a division of Contra Costa Health Services, which integrates housing and homeless services across Contra Costa's health system; coordinates health and homeless services across county government and in the community; and works with key partners such as the Employment and Human Services Department, the Housing Authority, school districts, housing providers, law enforcement and cities to develop innovative strategies to address the community's health and social needs.

HMIS: The Homeless Management Information System, a web-based software application designed to record and store person-level information regarding the service needs and history of households experiencing homelessness throughout a Continuum of Care jurisdiction, as mandated by HUD.

Homeless: As stated in HUD's Homeless Definition Final Rule:

1. Category 1: Literally Homeless: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
 - i. Has a primary nighttime residence that is a public or private place not meant for human habitation;
 - ii. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or
 - iii. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

2. Category 2: Imminent Risk of Homelessness: An individual or family who will imminently lose their primary nighttime residence, provided that:
 - i. Residence will be lost within 14 days of the date of application for homeless assistance;
 - ii. No subsequent residence has been identified; and
 - iii. The individual or family lacks the resources or support networks needed to obtain other permanent housing

3. Category 3: Homeless Under Other Federal Statutes: Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
 - i. Are defined as homeless under the other listed federal statutes;



COORDINATED ENTRY POLICIES & PROCEDURES

- ii. Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
 - iii. Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and
 - iv. Can be expected to continue in such status for an extended period of time due to special needs or barriers
4. Category 4: Fleeing/Attempting to Flee Domestic Violence: Any individual or family who:
- i. Is fleeing, or is attempting to flee, domestic violence;
 - ii. Has no other residence; and
 - iii. Lacks the resources or support networks to obtain other permanent housing

Housing First: A model of homeless housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions for entry (such as sobriety or a minimum income threshold).

Housing Navigator: Staff who work with homeless clients to help prepare for a housing referral and provide assistance with locating and obtaining housing.

HUD: The United States Department of Housing and Urban Development, the federal agency that administers the CoC and ESG Programs.

Permanent Supportive Housing (PSH): Long-term housing assistance with supportive services, designed for those experiencing homelessness with the highest levels of chronicity and acuity.

Prevention: Financial assistance or supportive services to remain housed that help someone who is at risk of homelessness due to housing instability.

Rapid Rehousing (RRH): Time-limited rental assistance for someone who is homeless, with time-limited case management services, used as a resource to achieve housing stability.

SSVF: Supportive Services for Veteran Families, a U.S. Department of Veterans Affairs program that provides supportive services grants to assist very low-income Veteran families residing in or transitioning to permanent housing, to promote housing stability.

VI-SPDAT: The Vulnerability Index – Service Prioritization Decision Assistance Tool, an assessment tool developed and owned by OrgCode that is utilized to recommend the level of housing supports necessary to resolve the presenting crisis of homelessness. Versions are available for single adults, families, and transition age youth. Within those recommended

COORDINATED ENTRY POLICIES & PROCEDURES



permanent housing interventions, the VI-SPDAT allows for prioritization based on vulnerability of dying on the streets.

Warming Center: A facility offering temporary, indoor overnight seating and basic needs services for someone who is homeless; part of the crisis response system.



B. Record Keeping Requirements

All Provider Agencies participating in the Contra Costa Coordinated Entry System will participate in any local and national evaluations of the Coordinated Entry System using data collection systems developed by the Contra Costa Health, Housing, and Homeless Services Division (H3) and HUD respectively and provided to the Provider Agency.

If Provider receives CoC Program funds as a recipient, subrecipient, or contractor, Provider shall comply with the record keeping requirements outlined at 24 CFR 578.103. A selection of relevant subparts are reproduced below.

Section 578.103 Recordkeeping Requirements

(a) In general.

(7) Program participant records. In addition to evidence of homeless status or —at risk of homelessness status, as applicable, the recipient or subrecipient must keep records for each program participant that document:

(i) The services and assistance provided to that program participant, including evidence that the recipient or subrecipient has conducted an annual assessment of services for those program participants that remain in the program for more than a year and adjusted the service package accordingly, and including case management services as provided in § 578.37(a)(1)(ii)(F); and

(ii) Where applicable, compliance with the termination of assistance requirement in § 578.91.

(8) Housing standards. The recipient or subrecipient must retain documentation of compliance with the housing standards in § 578.75(b), including inspection reports.

(9) Services provided. The recipient or subrecipient must document the types of supportive services provided under the recipient's program and the amounts spent on those services. The recipient or subrecipient must keep record that these records were reviewed at least annually and that the service package offered to program participants was adjusted as necessary.

(b) Confidentiality. In addition to meeting the specific confidentiality and security requirements for HMIS data, the recipient and its subrecipients must develop and implement written procedures to ensure:



COORDINATED ENTRY POLICIES & PROCEDURES

(1) All records containing protected identifying information of any individual or family who applies for and/or receives Continuum of Care assistance will be kept secure and confidential;

(2) The address or location of any family violence project assisted with Continuum of Care funds will not be made public, except with written authorization of the person responsible for the operation of the project; and

(3) The address or location of any housing of a program participant will not be made public, except as provided under a preexisting privacy policy of the recipient or subrecipient and consistent with State and local laws regarding privacy and obligations of confidentiality;

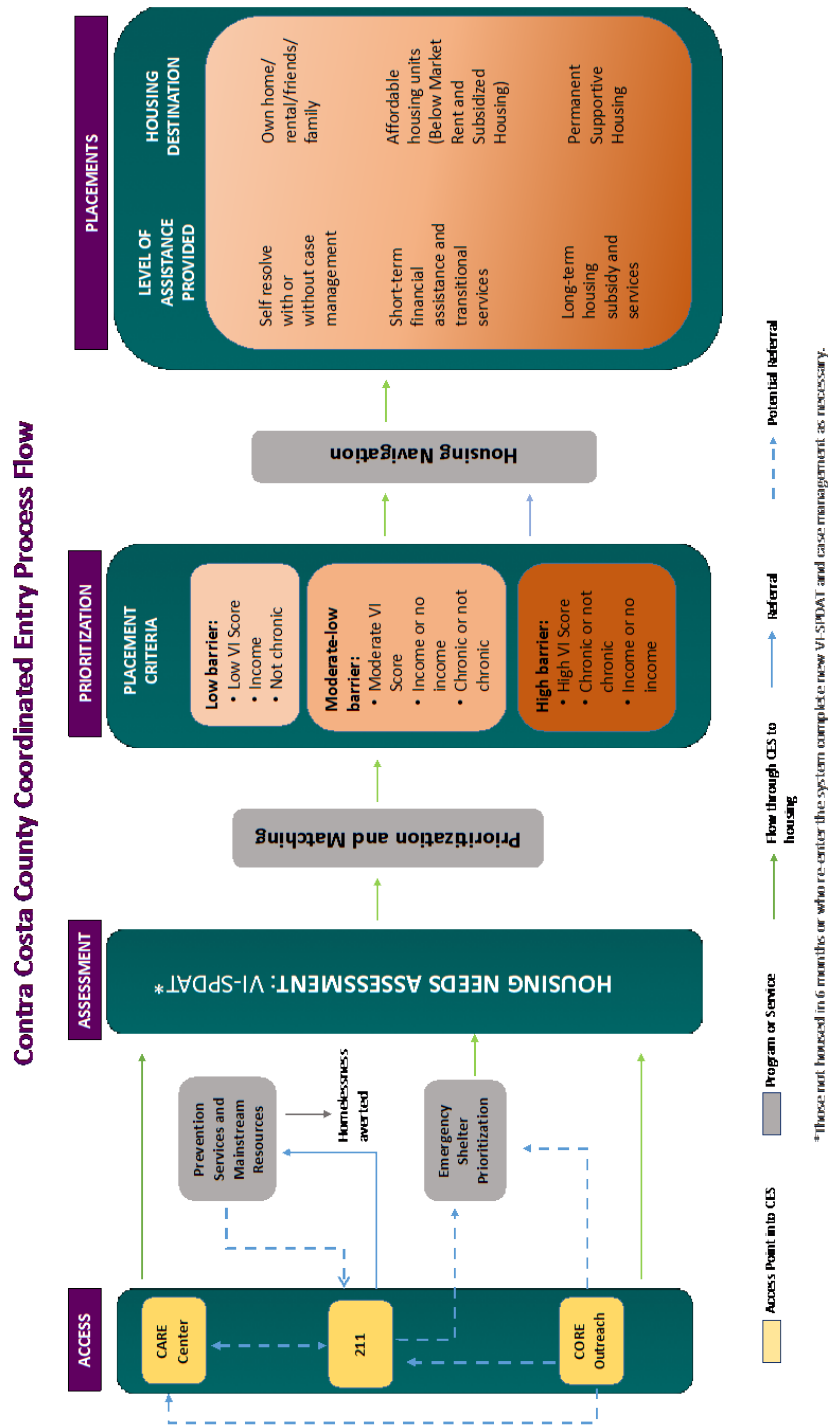
(c) Period of record retention. All records pertaining to Continuum of Care funds must be retained for the greater of 5 years or the period specified below. Copies made by microfilming, photocopying, or similar methods may be substituted for the original records.

(1) Documentation of each program participant's qualification as a family or individual at risk of homelessness or as a homeless family or individual and other program participant records must be retained for 5 years after the expenditure of all funds from the grant under which the program participant was served.



COORDINATED ENTRY POLICIES & PROCEDURES

C. Client Flow Chart





D. List of Agencies/Programs Participating in Coordinated Entry System

The following list of providers are anticipated to sign a Memorandum of Understanding (MOU) agreeing to participate in the Contra Costa Coordinated Entry System in alignment with these Policies and Procedures. This list will be updated as MOUs are completed.

Coordinated Entry System Manager

- Contra Costa Health, Housing, and Homeless Services Division

Homeless Management Information System Administrator

- Contra Costa Health, Housing, and Homeless Services Division

Call (2-1-1 Information Line)

- Contra Costa Crisis Center

CARE (Coordinated Assessment and Resource) Centers

- Anka Behavioral Health
- Trinity Center

CARE Capable Centers

- Monument Crisis Center

Warming Centers

- Anka Behavioral Health

CORE Teams

- Anka Behavioral Health
- Contra Costa Health, Housing, and Homeless Services Division

Housing Navigation

- Contra Costa Interfaith Housing

Emergency Shelter

- Anka Behavioral Health (Don Brown Shelter for persons with disabilities)
- Contra Costa Health, Housing, and Homeless Services Division (Philip Dorn Respite Center, Calli House for Youth, Concord Adult Shelter, Brookside Adult Shelter)
- Greater Richmond Interfaith Housing (GRIP for families)
- Interfaith Council (Winter Nights for families)
- SHELTER, Inc. (Mountain View House for families)
- STAND! (Domestic Violence)
- Trinity Center (Winter Shelter)

Rapid Re-housing

- Berkeley Food and Housing Project (SSVF)
- East Bay Community Recovery Project (SSVF)

COORDINATED ENTRY POLICIES & PROCEDURES



- SHELTER, Inc. (REACH Plus Family RRH, CalWORKS, ESG, SSVF)

Permanent Supportive Housing

- Anka Behavioral Health (Project Coming Home – Addressing Addictions to Alcohol)
- Contra Costa Health, Housing, and Homeless Services Division (Destination Home, Permanent Connections)
- Contra Costa Interfaith Housing (ACCESS, Families in Supportive Housing, Garden Park Apartments)
- Housing Authority of Contra Costa County (Shelter Plus Care, Project-Based Rental Assistance)
- Resources for Community Development (Idaho Apartments)
- Satellite Affordable Housing Associates (Tabora Gardens)
- SHELTER, Inc. (Permanent Step Project, Project Thrive)

Other Affordable Housing

- Housing Authority of Contra Costa County (Moving On Program, Bridge Housing)



E. Order of Priority for Permanent Supportive Housing Beds

On August 30, 2016, the Contra Costa Council on Homelessness approved and adopted the Orders of Priority listed in Notice CPD-16-11: *Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing*, and the Contra Costa CoC committed to incorporating the Orders of Priority into the written standards for Contra Costa's Coordinated Entry System once drafted. The following is a reproduction of the CoC's written standards for orders of priority.

ISSUE OF HUD NOTICE CPD-16-11

On July 25, 2016, HUD's Office of Community Planning and Development issued notice CPD-16-11 (the "Notice"), to supersede prior notice CPD-14-012 regarding prioritization of chronically homeless persons in CoC-funded permanent supportive housing (PSH) beds. The Notice:

- 1) Establishes an updated order of priority for PSH that is dedicated or prioritized for people experiencing chronic homelessness; and
- 2) Establishes a recommended order of priority for PSH that is not dedicated or prioritized for chronic homelessness to prioritize those persons with the longest histories of homelessness and most severe service needs, and therefore who are most at risk of becoming chronically homeless

GENERAL

- "CoCs are strongly encouraged to adopt and incorporate them into the CoC's written standards and coordinated entry process." (Section 1.B.)
- HUD clarified in the email releasing the new notice that adoption of either CPD-14-012 or CPD-16-11 satisfies the eligibility for points in the relevant 2016 NOFA application questions. The email states, "CoCs are encouraged to adopt these orders of priority and incorporate them into their written standards, however, CoCs will be eligible to receive points outlined in Section VII.A.6.(a) of the FY 2016 CoC Program NOFA for demonstrating adoption and incorporation of the orders of priority included in either Notice CPD-16-11 or Notice CPD-14-012."
- The purpose of the notice is to update the prioritization for CoC-funded PSH beds in order to "ensure that those individuals and families who have spent the longest time in places not meant for human habitation, in emergency shelters, or in safe havens and



COORDINATED ENTRY POLICIES & PROCEDURES

who have the most severe service needs within a community are prioritized for PSH.”
(Section I.B.)

- “Severity of Service Needs” is defined slightly differently than in the prior notice, adding youth, victims of domestic violence, and others to the definition. (Section I.D.3.)

PSH DEDICATED OR PRIORITIZED FOR PERSONS EXPERIENCING CHRONIC HOMELESSNESS

Prioritization for CoC-funded PSH beds dedicated or prioritized for persons experiencing chronic homelessness is to be decided by the CoC and based on length of time homeless and severity of service needs.

- The Notice calls for “an order of priority, determined by the CoC, ...that is based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual’s or family’s service needs.” (Section III.A.1.; emphasis in original)
- Persons “having the most severe service needs” are defined as experiencing at least one of the following:
 - History of high utilization of crisis services, including emergency rooms, jails and psychiatric facilities; or
 - Significant health or behavioral health challenges, substance use disorders, or functional impairments requiring a significant level of support in order to maintain PSH; or
 - For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.
 - CoCs and recipients may use alternate criteria used by Medicaid departments to identify high-need, high-cost beneficiaries, when applicable. (Section I.D.3.a)
- Severe service needs should be verified through data-driven methods such as administrative data match or standardized assessment tool and documented in the participant’s program case file. (Section I.D.3.b.)
 - The determination must not be based on a specific diagnosis or disability type but only on severity of the individual’s needs.



COORDINATED ENTRY POLICIES & PROCEDURES

- If a project has a specific target population, it should choose from persons who fit within that target population following the order of priority called for in Section III.A.1. (Section III.A.3.)
- The Notice does not further specify how this prioritization should be broken down.
- If no chronically homeless persons exist within the CoC's geographic area, the CoC should use the order of priority outlined in Section III.B. for such situations. (Section III.A.2.)
- Due diligence must be utilized in outreach to chronically homeless persons who are resistant to accept housing. (Section III.A.4.)

PSH *NOT* DEDICATED OR PRIORITIZED FOR PERSONS EXPERIENCING CHRONIC HOMELESSNESS

Prioritization for CoC-funded PSH beds that are *not* dedicated or prioritized for persons experiencing chronic homelessness should conform to the following order of priority. All areas of priority describe an individual or family that is eligible for CoC-funded PSH. (Section III.B.) Note that people in these priority groups do not necessarily fall under the definition of chronically homeless.

- **First Priority:** Individual or family **with a disability** who has experienced fewer than four occasions where they have been residing in a place not meant for human habitation, safe haven, or emergency shelter, but where the **cumulative time homeless is at least 12 months** and has been identified as having **severe service needs**.
- **Second Priority:** Individual or family **with a disability** residing in a place not meant for human habitation, safe haven, or emergency shelter and has been identified as having **severe service needs**. Length of time homeless should be considered but no minimum length is required.
- **Third Priority:** Individual or family **with a disability** residing in a place not meant for human habitation, safe haven, or emergency shelter, without identified severe service needs. Length of time homeless should be considered but no minimum length is required.
- **Fourth Priority:** Individual or family **with a disability** residing **in transitional housing** and (a) has previously lived in a place not meant for human habitation, safe haven, or emergency shelter, or (b) was fleeing domestic violence or similar prior to entering transitional housing.



COORDINATED ENTRY POLICIES & PROCEDURES

- If a project has a specific target population, it should choose from persons who fit within that target population following the order of priority called for in this section. (Section III.B.2.)

SINGLE PRIORITIZED WAITLIST THROUGH COORDINATED ENTRY

The Notice encourages a single prioritized waitlist that is the only means of access to all CoC-funded PSH. This should be adopted into the coordinated entry policies and procedures.

- “CoCs are also encouraged to include in their policies and procedures governing their coordinated entry system a **requirement that all CoC Program-funded PSH accept referrals only through a single prioritized list that is created through the CoCs coordinated entry process**, which should also be informed by the CoCs street outreach.” (Section IV.B.)
 - **“Adopting this into the CoC’s policies and procedures for coordinated entry** would further ensure that CoC Program-funded PSH is being used most effectively, which is one of the goals in this Notice.”
 - “The single prioritized list should be updated frequently to reflect the most up-to-date and real-time data as possible.”

RECORDKEEPING AND DOCUMENTATION

For CoCs that take the recommended step of adopting the order of priorities in the Notice, **evidence of implementing the priorities should be maintained by both the CoC and the program recipients**. Specific documentation methods that *may* be implemented are outlined in detail.

- These include demonstrating the severe service needs of participants, collecting documentation from program recipients of revised intake procedures, and documenting the determination that chronically homeless individuals do not exist in the geographic area or are unwilling to accept PSH placement. (Section V.)



COORDINATED ENTRY POLICIES & PROCEDURES

F. Assessment Tools/Forms

The up-to-date versions of the following tools and forms will be available on the H3 website as they are completed and finalized: <http://cchealth.org/h3/coc/partners.php>.

- Prevention/Diversion Pre-Screen
- Homeless Management Information System (HMIS) Intake
- Emergency Shelter Prioritization Tool
- VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool)
- F-VI-SPDAT (Family Vulnerability Index – Service Prioritization Decision Assistance Tool)
- Housing Placement Committee Eligibility Screening Tool
- Standardized Evaluation for Client Refusal of Housing Match
- Client Corrective Action Plan (for Provider Rejection of PSH/RRH Referral)