Contra Costa County Council On Homelessness Orientation Packet

Updated 5/20/2021

Table of Contents

Contra Costa Continuum of Care

Welcome!

We are excited to have your join the Contra Costa County Council on Homelessness as a Councilmember! Your experience and expertise will be an important addition to help guide our homeless system of care.

We are providing this orientation packet to help you gain a better understanding of how the Council on Homelessness functions, expectations of a Councilmember, and how the Contra Costa County Homeless System of Care works and to provide important documents you will need to be aware of as a councilmember.

Throughout this document, you will receive important information on the Council on Homelessness, Continuum of Care, Coordinated Entry System, and the Homelessness Management Information System (HMIS). Each section will provide important documentation essential to implementing each part of the Contra Costa CoC. As a Councilmember, you will have an important role in ensuring these documents are followed and updated to align with HUD rules and regulations, and best practices.

This packet also includes information on your role as a Councilmember and how to stay connected with the CoC to receive updates on upcoming meetings and other important information.

This packet is for you to reference but if additional questions arise, please don't hesitate to reach out to us at contracostacoc@cchealth.org. For Presentation requests, materials, media inquiries and issues related to logistics and COH participation please reach out to the Community Engagement Specialist, Jaime Jenett at Jaime.Jenett@cchealth.org.

Again, welcome to the Contra Costa Council on Homelessness. We look forward to working with you!

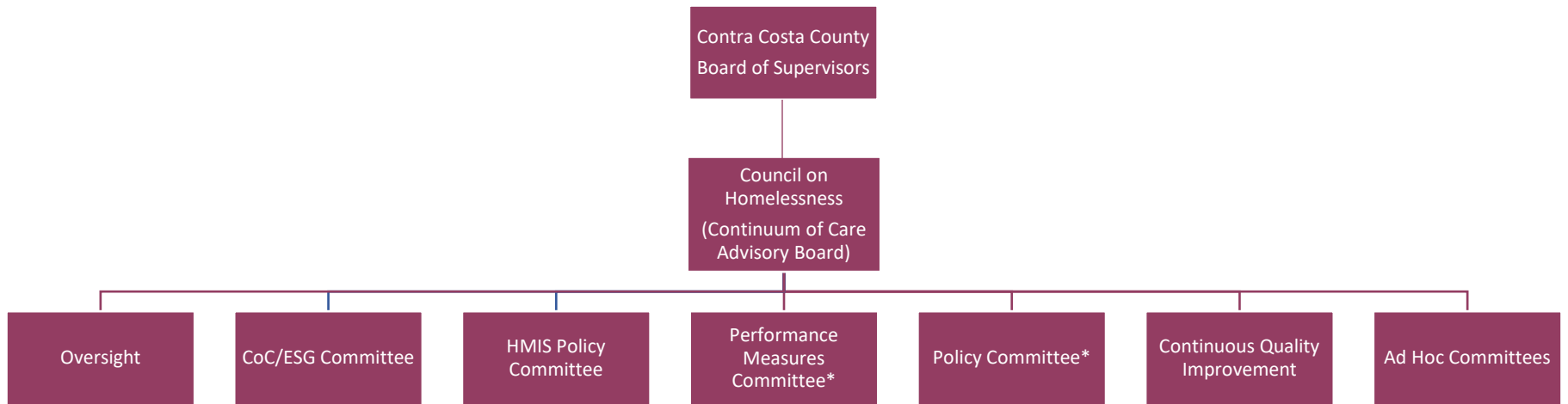# Introduction to the Contra Costa Council on Homelessness (COH)

What is the Council on Homelessness?

The Council on Homelessness is the governing body for the Contra Costa CoC. The Council is compliant with HUD regulations and is the planning body that coordinates the community's policies, strategies, and activities toward preventing and ending homelessness in Contra Costa County. The COH is responsible for approving some funding allocations for proposed projects and monitoring and tracking performance and compliance in coordination with the CoC and HMIS Lead Agency.

The Contra Costa Council on Homelessness, appointed by the Board of Supervisors, provides advice and input on the operations of homeless services, program operations, and program development efforts in Contra Costa County. The Council provides a forum for the Continuum of Care to communicate about the implementation of strategies to prevent and end homelessness.

What you will see in this section:

- **Council on Homelessness Organizational Chart.** *This document provides a visual of the organizational structure of the Council on Homelessness and it's committees.*
- **Council on Homelessness Governance Charter and Bylaws.** *This document identifies the purpose, composition, responsibilities, and governance of the Contra Costa County Continuum of Care (hereinafter referred to as the CoC).*

```
                    ┌─────────────────────┐
                    │ Contra Costa County │
                    │ Board of Supervisors│
                    └──────────┬──────────┘
                               │
                    ┌──────────┴──────────┐
                    │     Council on      │
                    │    Homelessness     │
                    │ (Continuum of Care  │
                    │   Advisory Board)   │
                    └─────────────────────┘
```

| Oversight | CoC/ESG Committee | HMIS Policy Committee | Performance Measures Committee* | Policy Committee* | Continuous Quality Improvement | Ad Hoc Committees |

Contra Costa Council on Homelessness
Governance Charter & Bylaws

Approved and Adopted by the Contra Costa Council on Homelessness on May 7, 2020

Approved and Adopted by the Contra Costa Board of Supervisors on May 12, 2020

Governance Charter

Article I. Purpose

Section 1. Overview

This charter identifies the purpose, composition, responsibilities, and governance of the Contra Costa County Continuum of Care (hereinafter referred to as the CoC).

For the history and evolution of the CoC, including naming conventions, relationships to other bodies, and strategic plans, please refer to the Timeline in the Appendix.

Section 2. Background

The US Department of Housing and Urban Development (HUD) sets specific responsibilities for communities that receive funds through the Homeless Continuum of Care Program ("CoC Program") under the Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act). HUD's 2012 HEARTH Interim Rule at Section 578.5 states that the CoC Program is designed to address homelessness through a coordinated community-based process of identifying needs and building a system of housing and services to address those needs. This system must include, at minimum, outreach, engagement and assessment; shelter housing and supportive services; and homelessness prevention strategies.

Under the Interim Rule, the Continuum of Care is established as the planning body responsible for meeting the Continuum of Care goals and ensure the system includes the necessary resources for the community. The purpose of the CoC Program is to:

- Promote a community-wide commitment to the goal of ending homelessness;
- Provide funding to quickly re-house individuals and families experiencing homelessness while minimizing trauma and dislocation to those persons;
- Promote access to and the effective use of mainstream programs by individuals and families experiencing homelessness;
- Optimize self-sufficiency among individuals and families experiencing homelessness.

Section 3. Guiding Principle

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.

Article II. Structure

Section 1. Contra Costa County Continuum of Care

A. Contra Costa County provides coordinated housing and services to the community through public-private partnerships and collaborations, which function as a Continuum of Care (CoC). The CoC includes community members, housing and services providers, a

governing body (Council on Homelessness), and an administrative entity and staff (Contra Costa Health Services' Health, Housing, and Homeless Services Division). The CoC in Contra Costa is formally known as the Contra Costa County Continuum of Care.

B. The CoC has been established and operates in compliance with HUD regulations, including:

  1. Published agendas and meeting minutes, and

  2. Monitoring reports of recipients and subrecipients.

Section 2. Council on Homelessness

The Council:

A. Is compliant with HUD's conflict of interest requirements, including documentation of a conflict of interest policy signed by all Council members;

B. Maintains bylaws governing the operation of the CoC;

C. Maintains a Board roster (including Council members' affiliations/representation(s));

D. Establishes and guides administration of CoC and ESG funding processes in compliance with state and federal, including HUD, requirements.

Section 3. Collaborative Applicant & Administrative Entity

Contra Costa Health, Housing, and Homeless Services, a division of the Contra Costa County Health Services Department (a county governmental entity), is the collaborative applicant for the Contra Costa Continuum of Care (CoC). The collaborative applicant's role is to:

A. Function as the Collaborative Applicant and Administrative Entity designated by the CoC to apply for and administer program funds for the CoC;

B. Apply for HUD CoC planning funds on behalf of the CoC;

C. Submit the consolidated application for HUD CoC funds;

D. Develop a governance charter with the CoC; and

E. Is designated by the Council on Homelessness to assist the Council and CoC comply with State and HUD CoC program regulations.

Bylaws

Article I. Name of the Continuum of Care and the Contra Costa Council on Homelessness

Section 1. Contra Costa Continuum of Care

The name of this Continuum of Care (CoC) shall be the Contra Costa Continuum of Care, herein referred to as the Continuum of Care or the CoC. The Contra Costa Continuum of Care includes the full general membership of all community members committed to our guiding principle.

Section 2. Contra Costa Council on Homelessness

The name of this Continuum of Care's governing body shall be the Contra Costa Council on Homelessness, herein referred to as the Council on Homelessness or the Council. The Council is comprised of the members serving in the seats outlined in Article IV. Council Membership and Committees.

Article II. Overview and Mission

The Council is committed to the Housing First approach, and has established this Guiding Principle:

"*Homelessness is <u>first</u> 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.*"

The CoC has identified two goals and three strategies for the implementation of this Guiding Principle:

- Goal 1: Permanent Housing
- Goal 2: Prevention
- Strategy 1: Coordinated Assessment
- Strategy 2: Performance Standards
- Strategy 3: Communication

The Contra Costa Council on Homelessness, appointed by the Board of Supervisors, provides advice and input on the operations of homeless services, program operations, and program development efforts in Contra Costa County. Further, the Council on Homelessness establishes the local process for applying, reviewing and prioritizing project applications for funding in U.S. Department of Housing and Urban Development (HUD) Homeless Assistance Grant Competitions, including the Continuum of Care (CoC) Program and the Emergency Solutions Grant (ESG) Program.

The Contra Costa Council on Homelessness provides a forum for the Continuum of Care to communicate about the implementation of strategies to prevent and end homelessness. The purpose of the forum is to educate the community on homeless issues, and advocate on federal, state, county and city policy issues that affect people who are homeless or at-risk of homelessness.

Article III. Council on Homelessness Responsibilities

Section 1. Functions and Tasks

The Contra Costa Council on Homelessness is the planning body that coordinates the community's policies, strategies, and activities toward preventing and ending homelessness in Contra Costa County, California. It is a regional, year-round collective planning body of stakeholders ranging from non-profit service providers to local governmental entities. The Council's work includes gathering and analyzing information in order to determine the local needs of people experiencing homelessness, implementing strategic responses, educating the community on homeless issues, providing advice and input on the operations of homeless services, and measuring performance as related to serving the homeless population in Contra Costa County.

The responsibilities of the Council include the development and implementation of all procedures and policies needed to comply with the HEARTH Act and relevant HUD regulations and guidance (see C.F.R §578.7). The Council must consult with recipients of CoC and ESG funds within Contra Costa County and other homeless service providers in order to coordinate care.

Further, it is the role of the Council to provide oversight and take direct action in the following areas:

A. COUNCIL ON HOMELESSNESS PLANNING

1. Policies and Procedures

   i. Develop, follow, and update the Council on Homelessness Bylaws and Governance Charter.

   ii. Vote on any action items that arise at Council on Homelessness meetings.

   iii. Review, rank, and recommend CoC and ESG Program Applications for submission to the Board of Supervisors, the California Department of Housing and Community Development, and HUD.

2. Systems Development

   i. Implement a coordinated entry system focusing on quality assurance, access, interdependency between programs and interdependency between programs and clients, and addressing barriers.

      ii. Develop and implement written standards for providing CoC assistance, including written policies and procedures as required by HUD.

3. Data, Analysis, and Evaluation

      i. Point-in-Time Count
Plan for and conduct, at least biennially, a point-in-time count of homeless persons within Contra Costa County that meets HUD requirements, including a housing inventory of shelters, transitional housing, and permanent housing reserved for homeless persons, in general, and chronically homeless persons and veterans, specifically, as HUD requires.

      ii. HMIS
Design and operate the Contra Costa County Homeless Management Information System (Contra Costa HMIS) Project. Designate a single HMIS lead agency. Ensure consistent participation in HMIS by recipients and subrecipients, and that the HMIS is administered pursuant to all HUD requirements. In compliance with Sub-part B of the HUD Interim Rule on the Continuum of Care Program (24 CFR Part 578) and the HMIS requirements, the HMIS Governance Charter, Policies and Procedures, and the Data Security, Quality, and Client Data and Privacy Plans outline specific details as to the relationship between the Council on Homelessness and the collaborative applicant, namely the Contra Costa Health Services' Division of Health, Housing and Homeless Services. These Bylaws fully incorporate those standards, policies, and plans.

      iii. Performance Measurement
Develop performance measures that can be used to inform a variety of tasks, including CoC Program competition project scoring and reporting; determining how federal, state, and local funds should be utilized; and, creating a responsive system that provides constructive support promoting efficiency by analyzing and responding to gaps in housing and service interventions offered in the system. Additionally, the Council will:

          1. Set targets that focus on real change, and are meaningful (relevant to the desired impact), measurable, realistic (adaptable and flexible), and regularly assessed.

          2. Consult with recipients and subrecipients, evaluate their performance, and initiate corrective action with poor performers.

      iv. Conduct an initial comprehensive assessment in coordination with ESG Program, and then annually conduct a gaps analysis of the needs of homeless people, as compared to available housing and services within Contra Costa County.

     v. Facilitate and support the reporting of outcomes of CoC and ESG programs to HUD in coordination with the Collaborative Applicant.

B. FUNDING COORDINATION

    1. Facilitate and support the development of funds and resources for homeless services in Contra Costa County in partnership with local jurisdictions located in Contra Costa County. Specifically, the Council will:

        i. Provide information required to complete the Consolidated Plan(s) within Contra Costa County.

        ii. Consult with State and local government ESG recipients within Contra Costa County on the plan for allocating ESG funds and reporting on and evaluating the performance of ESG recipients and subrecipients. Further, in consultation with recipients of ESG funds within Contra Costa County, establish and consistently follow written standards for providing homeless services and housing assistance.

C. COMMUNITY ENGAGEMENT

    1. Encourage and develop public understanding and education on homeless and housing issues in relationship to identified strategies.

    2. Advise the Board of Supervisors, the Health Services Director, and the Health, Housing, and Homeless Services Director, on the special needs of the homeless and matters of urgency regarding homelessness. Specifically, the Council will:

        i. Provide information and education on homeless concerns to the Board of Supervisors and cities located in Contra Costa County.

    3. Make recommendations about long-range planning and policy formulation to the Board of Supervisors and cities located in Contra Costa County.

Section 2. Transparency and Equitable Practices

The Council encourages all members of the community to apply for a seat on the Council, participate in community meetings, group discussions, and working groups, and make recommendations to the Council aimed at preventing and ending homelessness. The Council aims to ensure a diverse population contributes to deliberations and decision-making—including consumers and community members. The Council aims to include and engage as broad a representation as possible of abilities, ages, sexual and gender identities, immigration statuses, and racial, ethnic, and cultural backgrounds, and geographical representation within the County. To align with this effort, the Council conducts an annual recruitment effort by advertising open positions. Further, all interested persons are encouraged to attend meetings, provide input, and voice concerns to the Council.

The Council follows all provisions of the Brown Act and the Better Government Ordinance in its conduct as a public body. CoC membership is open to any interested party, and is defined as participation in at least one CoC, Council, or committee meeting per year. Further, anyone interested in membership on the Council may submit an application in compliance with the

process established by the Contra Costa County Board of Supervisors (see Article IV, Section 2 on Membership below for details).

Article IV. Council Membership and Committees

Section 1. Eligibility

All members of the Contra Costa Council on Homelessness must reside in or be employed in Contra Costa County.

All members of the Council shall demonstrate a professional interest in, or personal commitment to addressing and alleviating the impact of homelessness on the people of the County of Contra Costa.

Unless specific qualifications are noted, individuals are eligible to serve in a seat with the following areas of representation if they work or volunteer in a role that provides services in the designated category. Individuals may also be eligible to serve in a given area of representation if they work or volunteer for an agency that provides services in the designated category.

Section 2. Membership

Membership on the Council will be as shown in the chart below. The Council will make an annual invitation to the public for new members to apply for open seats. Each seat will have a term of two years expiring in alternating years, with the following areas of representation:

1. Affordable Housing Developer
2. Behavioral Health Representative
3. City Government Seat
4. CoC/ESG Program Grantee
5. Community Member Seat
6. Consumer/Consumer Advocate*
7. Education and Vocational Services Representative
8. Emergency Solutions Grants Representative
9. Employment and Human Services Department (EHSD) Representative
10. Faith Community Representative
11. Health Care Representative
12. Homeless Service Provider
13. Public Housing Authority
14. Public Safety Representative #1
15. Public Safety Representative #2
16. Reentry Services Representative
17. Veterans Services Representative
18. Youth Representative†

---

* The Consumer/Consumer Advocate seat allows for one of two types of people to serve in this capacity, a consumer or a consumer advocate. Consumer appointees to the Consumer/Consumer Advocate Seat must have a lived experience of homelessness (i.e., be homeless or formerly homeless). Lived experience is not required for consumer advocate appointees to this seat.
† Any youth or young adult with lived experience of homelessness may serve in this capacity. That

19. Workforce Development
    Representative

All members are appointed by the Board of Supervisors and may have their appointments rescinded by majority vote of the Board of Supervisors.

In addition to the seats that have already been designated, outreach will be made to obtain participation from groups including, but not limited to, the following: *local government staff/officials, CDBG/HOME/ESG entitlement jurisdictions, law enforcement, local jails, hospitals, EMS/crisis response teams, mental health service organizations, substance abuse service organizations, affordable housing developers, disability service organizations, disability advocates, public housing authorities, youth homeless organizations, youth advocates, school administrators/homeless liaisons, victim service providers, domestic violence advocates, street outreach teams, LGBT advocates, LGBT service organizations, agencies that serve survivors of human trafficking, other homeless subpopulation advocates, homeless or formerly homeless persons, mental illness advocates, substance abuse advocates.*

In addition to the above requirements, both public- and private-sector seats should, as much as possible, include representation from organizations or agencies who serve various homeless subpopulations such as: *persons with chronic substance abuse issues, persons with serious mental illness, persons experiencing chronic homelessness, persons with HIV/AIDS, veterans, families with children, homeless or formerly homeless youth and young adults, seniors, and victims of domestic violence, dating violence, sexual assault, trafficking, and stalking.*

Upon expiration of the term of a Council seat, the seat will be vacated and available to be filled through the selection process.

If a seated Council member is unable to complete the two-year term due to unforeseen circumstances, the Council may invite a replacement member, through the selection process, who shall serve out the remainder of the two-year term for that seat.

Section 3. Selection Process

The Council will review all eligible applications for open seats annually. The Council will recommend new members through majority vote. This selection process will be reviewed by the CoC every five years at a minimum.

Section 4. Officers

The Council shall elect one chair and one vice-chair to provide for the operation and conduct of business. Terms for the Officers shall be two years. Officers may serve no more than two consecutive terms in the same Council seat. The Council must take action within three months to replace an Officer in an expired Council seat. During the time the Council is acting to replace

---

person must be between the age of 17 and 24 at the time they are appointed by the Board of Supervisors. Service in this seat also requires membership and participation in the Contra Costa County CoC's Youth Action Council.

an Officer in a Council seat that has expired, the Officer may continue to serve in that role until the Council takes action to find a replacement.

The Chair of the Council shall provide oversight for the operation of the Council. The Chair shall preside over meetings of the Council. The Chair may call for special meetings of the Council or its committees.

The Vice-Chair shall provide oversight for the operations of all sub-committees. If the Chair is absent, or the office is vacant, the Vice-Chair shall assume responsibility for the operation of the Council.

Section 5. Eligibility Criteria

To be eligible for Council membership:

A. Nominees and Council members must contribute unique expertise, opinions, and viewpoints on homelessness issues.

B. Nominees and Council members must be willing to sign and abide by the Code of Conduct and Conflict of Interest policy upon being seated as a Council member and annually thereafter.

Section 6. When A Seated Member No Longer Meets the Eligibility Criteria

If a seated Council member no longer meets the eligibility criteria, the Council:

A. May request the Council member to submit a statement of resignation to the Council within 30 days of the change.

B. May recommend to the Board of Supervisors the removal of the member and the subsequent appointment of an eligible nominee selected by the Council.

C. May, where there is no apparent candidate to fill the seat, continue the seated member's participation, with or without limitation, until an eligible candidate is found.

D. May, with no less than 10 business days' notice to the Council member at issue, review the Council member's membership status on the Council and vote to limit the Council member from further participation, until the Council member resigns or the Board of Supervisors removes the member.

Section 7. Meetings and Attendance

The Council will set an annual meeting schedule. The Council will meet monthly and the full membership of the Continuum of Care will convene quarterly with published agendas.

Two absences, excused or unexcused, from the regularly scheduled Council meeting in any 12-month period will warrant inquiry from the Council as to ability and interest of the individual in continuing as a member. Three unexcused absences within any 12-month period from time of appointment will result in a recommendation to the Board of Supervisors that this member be removed from the Council.

Any Council member unable to attend a meeting should notify the Chair of the Council or its administrative designee to request an excused absence.

The Chair of the Council or its administrative designee will maintain attendance records, and notify the Council when two absences are recorded.

Section 8. Voting Members

A quorum of a majority of the appointed Council members is required for the conduct of business. Decisions must be made by an affirmative vote of a majority of Council members present during a Council meeting.

Section 9. Amendment and Review

The Council will review the Governance Charter and Bylaws at least annually and update and approve as needed.

Amendment of the Council on Homelessness Governance Charter and Bylaws requires an affirmative vote of two-thirds majority of current sitting Council members, provided that notice of the scheduled vote on the amendment was provided at least two weeks prior to that Council meeting. Amendments must be submitted to the Contra Costa County Board of Supervisors for approval, and take effect only upon approval by the Board of Supervisors.

Section 10. Committee Structure and Operations

The Council may create ad hoc committees as the need arises.

A. The purpose of the ad hoc committees will be to develop recommended solutions to the specific issue for which they were created. The ad hoc committees may be comprised of members of the CoC and outside individuals. Ad hoc committees may be dissolved upon a vote of the Council.

B. The Council may create an ad hoc nominating committee to make recommendations on the filling of vacancies. The ad hoc nominating committee will solicit and assess applicants, rank them in order of preferred appointment, and submit these recommendations to the Council for approval. The Council will submit final recommendations to the Board of Supervisors.

C. Ad hoc committees can be appointed to address any matters within the jurisdiction of the Council.

The Council will have the following standing committees that will meet annually or as needed:

A. CoC/ESG Committee: Prepares for the applications for funds administered by HUD under the HEARTH Act, including the CoC Program. Includes Scoring Tools Workgroup, Review & Rank Panel, and Appeals Panel. Membership on this committee will include, at

minimum, the Council Chair, Vice Chair, and a CoC- and/or ESG-funded member serving as CoC Representative on this committee.

B. System Performance Committee: Develops and tracks CoC performance outcomes at the system and project levels, in alignment with HUD and local strategic objectives. Includes Data Evaluation and HMIS Policy workgroups. Membership on this committee will include, at minimum, the Council Vice Chair, a representative from the Collaborative Applicant, a representative from the HMIS Administrator, and a CoC- and/or ESG-funded member.

C. Policy Committee: Reviews issues related to homeless policy opportunities, develops strategic approaches, and makes recommendations for action to the Council. Membership on this committee will include, at minimum, the Council Chair and a representative from the Collaborative Applicant as the body that reports to the Board of Supervisors on behalf of the CoC.

Standing Committees may form workgroups or subcommittees on an ad hoc basis to support their work.

Section 11. Council Staffing and Recordkeeping

The Council on Homelessness is supported by Contra Costa Health, Housing, and Homeless Services Division (H3) of Contra Costa Health Services as outlined in the Governance Charter. The responsibilities of Contra Costa Health, Housing, and Homeless Services staff to the Council include:

A. Storage of all Council and committee records, including agendas and minutes for all meetings;

B. Presentation of annual reports to the Board of Supervisors as called for by the Family and Human Services Committee;

C. Implementation, administration, and management of the Contra Costa County homelessness response system, including the Coordinated Entry System, defined as 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;

D. Serving as the Collaborative Applicant and Administrative Entity designated by the CoC to apply for and administer program funds for the CoC; and

E. All duties identified throughout these Bylaws that may be delegated to an administrative designee.

Article V. Conduct & Conflict of Interest

Section 1. Code of Conduct

Each Council member will uphold certain standards of performance and good conduct and avoid real or apparent conflicts of interest. In order to prevent a conflict of interest, a Council member, chairperson, employee, agent, or consultant of the Council may not:

A. Influence decisions concerning the selection or award of a grant or other financial benefit to an organization that the Council member, employee, officer, or agent has a financial or other interest in or represents, except for the Council itself.

B. Solicit and/or accept gifts or gratuities by anyone for their personal benefit in excess of minimal value.

C. Engage in any behavior demonstrating an actual conflict of interest or giving the appearance of any such conflict.

D. Engage in violations of the law or unethical business practices, which includes any payments for illegal acts, indirect contributions, rebates, and bribery.

Section 2. Conflict of Interest

All Council members must file an initial and annual conflict of interest statement with the Chair of the Council or its administrative designee. Failure to file such a statement may result in the removal of a member.

Appendix: Contra Costa County Continuum of Care Timeline

1986
Concerned people in the county begin drafting, "A Plan for Dealing with Homelessness in Contra Costa County".

1987
The Task Force on Homelessness reports to the Board of Supervisors on Homelessness in Contra Costa County and includes Recommendations for Action.

1991
A symposium is held to address homelessness in Contra Costa County.

1994
Contra Costa County Board of Supervisors mandates that a comprehensive, integrated plan for homeless services must be developed for the County. In response, the Ad Hoc Homeless Task Force is created to coordinate a countywide planning process and write the county's first official Homeless Plan.

1997
The Board of Supervisors officially establishes the Homeless Continuum of Care Advisory Board (CoCB) under Board Order C.87.

1999
The CoCB meets to oversee the planning process, to review the original plan, and to update the 2001-2006 Contra Costa Continuum of Care Homeless Plan.

2000
Contra Costa County begins the process of developing a new five-year Homeless Continuum of Care Plan. The CoCB coordinates the planning process.

2001
The plan is adopted. The CoCB is the lead agency for the Continuum of Care Planning Process, setting new objectives in response to changing circumstances.

2003
The CoCB adopts by-laws that include assuming all previous functions of the Contra Costa Homeless Advisory Committee and the new responsibilities under federal and state regulation of the Homeless Continuum of Care Boards.

2004
The Board of Supervisors approves *Ending Homelessness in Ten Years: A County-wide Plan for the Communities of Contra Costa County*. This plan embraces key concepts of the Five Year Plan but does not replace it. HIJIDWG, a newly formed group, is charged with the implementation of the Ten Year Plan provisions. This group begins meeting regularly.

2005
On parallel tracks the CoCB and HIJIDWG continue to work towards ending homelessness, with similar issues and membership.

2008
The CoCB and HIJIDWG merge to become the Contra Costa Interjurisdictional Council on Homelessness (CCICH).

2014
Using the ten-year plan as a foundation, CCICH develops a strategic plan update, *Forging Ahead*, outlining the guiding principal that homelessness is first a housing issue, and necessary supports and services are critical to help people remain housed.

2015
CCICH rebrands as the Council on Homelessness, adopting new by-laws and governance charter to reflect the role of the CoC and the Council.

Introduction to the Contra Costa Continuum of Care (CoC)

What is a Continuum of Care?

A Continuum of Care (CoC) Program is designed to assist individuals and families experiencing homelessness by providing services that are needed to help these individuals and families move into permanent housing, with the goal of long-term stability. The CoC Program is set up in a way that promotes community wide planning and strategic use of resources to address homelessness and improve coordination to mainstream resources and other programs targeted to people experiencing homelessness. This includes using coordinated access and assessments for resources and a system wide Homeless Management Information System (HMIS) database.

Continuums of Care are codified into law by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act and regulated by the Interim Rule and state and local laws and policies. The CoC Lead is responsible for planning in the CoC and overseeing the entire CoC which includes the Coordinated Entry System, HMIS, and other projects that are considered a part of the system of care. These projects can be other homeless service providers who are not CoC-funded or providers who have services that are utilized by those in the community experiencing homelessness. Federal and State rules and policies guide the maintenance and progress of the Contra Costa CoC, including the project and system functions and roles in preventing and addressing homelessness as part of the system of care.

Who is Health, Housing and Homeless Services (H3)?

Health, Housing and Homeless Services (H3) is a division of Contra Costa County Health Services. The Health, Housing and Homeless Services Division integrates housing and homeless services across our 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.

This new division was established to meet the requirements of the Medi-Cal 2020 Waiver, which recognizes the nexus between improving population health and providing safe housing. It has new requirements for meeting the needs of our highest risk patients, many of whom are homeless. We have learned that we will never be able to end homelessness without addressing the upstream social determinants of health. Access to basic needs such as nutritious food, housing, and safe places to exercise and play have been found to impact the health of those whom we serve. The Medi-Cal 2020 Waiver requires that health systems like ours address these social needs, and funding is linked to our ability to do this successfully.

H3 has multiple roles it plays within the Continuum of Care. The chart below lists each of these roles and describes the responsibilities and people associated with each role.

Role	Responsibilities	Staff Person
Continuum of Care (CoC) Lead	H3 as the CoC Lead is responsible for working with the CoC Board, providers and stakeholders to ensure the system is continuing to operate to prevent and end homelessness.	**Systems Team:** • Erica McWhorter, *Systems Strategy and Planning Administrator* • TBD, *CoC Manager* • Jaime Jenett, *Community Engagement Specialist*
Homeless Management Information System (HMIS) Lead	H3 as the HMIS Lead is responsible for operating and maintaining the Contra Costa HMIS.	**RED Team:** • Jamie Klinger, *Research and Evaluation Manager* • Kimberly Thai, *HMIS Administrator* • Dana Ewing, *Planner/Evaluator*
Collaborative Applicant and Administrative Entity	H3 is designated as the Collaborative Applicant and Administrative Entity for the Contra Costa CoC. The responsibilities of H3 as the Collaborative Applicant and Administrative Entity includes: • Apply for and administer program funds for the CoC; • Apply for HUD CoC planning funds on behalf of the CoC; • Submit the consolidated application for HUD CoC funds; • Develop a governance charter with the CoC; and	**Systems Team:** • Erica McWhorter, *Systems Strategy and Planning Administrator*

	• Is designated by the Council on Homelessness to assist the Council and CoC to comply with State and Federal CoC program regulations.	
Staff to COH	The Council on Homelessness is supported by H3. The responsibilities of H3 as staff to the COH include: • Storage of all Council and committee reords, including agendas and minutes for all meetings. • Presentation of annual reports to the Board of Supervisors as called for by the Family and Human Services Committee. • Implementation, administration, and management of the Contra Costa County homelessness response system, including the Coordinated Entry System, defined as 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. • Serving as the Collaborative Applicant and Administrative Entity designated by the CoC to apply for and administer program funds for the CoC; and • All duties identified throughout the COH Bylaws that may be delegated to an administrative designee.	**Systems Team:** • TBD, *CoC Manager* • Jaime Jenett, *Community Engagement Specialist*

How Does Contra Costa's Continuum of Care Work?

Contra Costa County is located in the Bay Area of California and is home to more than one million residents.

The Contra Costa CoC believes everyone should have a home. We commit to ending homelessness for all persons experiencing homelessness today in our community, and proactively working to ensuring that any future housing crisis is uncommon, brief, and nonrecurring. The Contra Costa County's CoC is comprised of multiple partners, including service providers, members of the faith community, businesses, private and public funders, community members, education system and law enforcement, who are working collaboratively to end homelessness. The 2020 PIT count identified 2,277 total individuals sleeping in shelters, outside, or in uninhabitable locations on January 20,2020. Just under one-third were sheltered (n=707) and more than two thirds were unsheltered (n=1,570).

The CoC offers a variety of project types related to housing and services for people at risk of homelessness and those who are literally homeless (unsheltered and temporarily sheltered), including but not limited to, Permanent Housing, Transitional Housing, Supportive Services Only (including street outreach and housing navigation), and Homeless Prevention and Rapid Resolution (diversion). These resources are provided in large part through a coordinated entry system that streamlines and coordinates access to community resources.

The Contra Costa Health Housing and Homeless Services (H3) functions as the collaborative applicant, CoC Lead, HMIS Lead and operates the Coordinated Entry System. H3 also acts as staff to the Council on Homelessness. H3 provides strategic direction, coordination of funding, and programmatic oversight of CoC programs.

What you will see in this section:

- **CoC Structure Chart.** *Outlines the partnerships in the CoC.*
- **CoC Priority Plan.** D*river diagram that outlines the system's values, goals, strategies, and interventions for addressing and ending homelessness in Contra Costa.*
- **Housing and Homelessness Continuum Wheel.** *This describes the different stages of housing and homelessness.*
- **Funding Housing and Homeless Services.** T*his chart displays the different funding streams that support the CoC.*
- **Summary of the Composition of the CoC.** *This excerpt is from the 2018 Annual Report, which describes data relating to the services, consumers, and performance of the Contra Costa homeless system of care, including the 2020 sheltered and unsheltered PIT count data. Note: The 2020 PIT Report is now available online and the 2019 Annual Report will be available online at the end of 2020. This section also includes the 2020 System Modeling which was developed in partnership with All Home to depict the cost and need analysis for housing and services as of the 2020 COVID-19 pandemic.*
- **Contra Costa's Written Standards.** *Standards for CoC and ESG funded homeless services program operations for providers in the CoC. Note: this document is currently under review and will be updated in 2020 and expanded its applicability to include all HMIS participating CoC provider partners*

Contra Costa County's Homeless Continuum of Care (CoC) Structure

LEADERSHIP	CoC Governing Board	Contra Costa Council on Homelessness (CoH)
	CoC Lead Agency HMIS Lead Agency Administrative Entity	Contra Costa Health Services, Health, Housing & Homeless Services Division (H3)

PROVIDERS	Prevention	Rapid Resolution	Outreach	Emergency Shelter	Transitional Housing	Rapid Rehousing	Permanent Supportive Housing	Permanent Housing

PARTNERS	Health Care	Veterans Affairs	Criminal Justice & Legal Services	Domestic Violence	School Districts	Workforce	Public Safety

STAKEHOLDERS	Cities	County	Community Members	Community Orgs	Funders

Committed to Making Homelessness a Non-occurrence in Contra Costa

We, the community of Contra Costa, believe everyone should have a home. We commit to ending homelessness for all persons experiencing homelessness today in our community, and proactively working to ensuring that any future housing crisis is uncommon, brief, and non-recurring.

Reduce Inflow through prevention

- **Divert from front door of homeless system of care**
  - Scale Rapid Resolution Services
  - Increase Housing Security Fund

Accelerate outflow to permanent housing

- **Enhance prioritization strategies for housing and services**
  - Integrate dynamic prioritization for RRH and shelter entry
  - Integrate problem-solving practices throughout crisis response system

- **Increase turnover in temporary shelter**
  - Expand housing navigation services throughout system

- **Increase shelter and housing inventory**
  - Add temporary housing capacity
  - Add and maintain PSH capacity

TRANSPARENCY

Regularly communicate information about activities, funding, and data across multiple platforms to all stakeholders.

EQUITY

Always de-aggegrate and review data across key demographics.

DATA INFORMED

Always use data in decision making to drive change.

HOUSING AND HOMELESSNESS CONTINUUM WHEEL

Homelessness

Housing Insecure

Stably Housed

PREVENTION

DIVERSION

SUPPORTIVE HOUSING

Coordinated Entry to Housing
Call 211, CARE, CORE

Unsheltered
Hotels/Motels
RV and Cars
Abandoned buildings
Encampments

Sheltered
Warming Center
Emergency Shelter
Transitional Housing

Other Temporary Shelter
SUD residential tx
Jails
Hospitals
MH crisis residential tx

Subsidized Housing
Short-term rental subsidies
Housing Choice Voucher
Public Housing
Permanent Supportive Housing

Non-subsidized Affordable Housing
Fair Market Housing

Extremely HIgh Housing Cost Burdened
Substandard Housing
Overcrowded
Facing Eviction

CONTRA COSTA
HEALTH HOUSING & HOMELESS
A Division of Contra Costa Health Services

32

Funding Housing and Homeless Services

Contra Costa
HEALTH HOUSING & HOMELESS
A Division of Contra Costa Health Services

| $25-$85/night | $2,239/mo 2020 FMR | $450,000/unit | ~$24,000/yr PSH |

HUD Formula Programs	HUD Housing	Homeless Assistance	VA	State of CA	Local/Private
CDBG	Housing Choice Vouchers	HUD: CoC	SSVF	ESG/CESH	Foundations
HOME		SAMHSA: PATH		VHHP	Housing Security Fund
HOPWA	Public Housing	ACYF: RHY	HUD-VASH	NPLH	County General Fund
ESG		FEMA			

Summary of the Composition of the CoC

The composition of the Contra Costa Continuum of Care can be broken down into two parts. Part one includes what services and resources are part of the system of care and part two includes who does the system of care serve. In part one the system map and presentation describes the system services flows and utilization while the Housing intervention modeling depict the cost and need analysis for housing and services. In part two, the 2020 PIT Count provides a one-day snapshot of the housing and homelessness crisis in the county and is used to highlight the housing and homeless crisis in the county. In 2020, the PIT Count identified 2,277 people experiencing homelessness in Contra Costa County. The 2018 Annual Report compiles data from the 2019 PIT Count, service data from HMIS, and consumer surveys and interviews. The information in this section will provide a brief overview of who is in the system of care and what services are being provided.

What you will see in this section:

- **Part 1: What services and resources are part of the system of care?**
  - **2019 System Map and Presentation.** *Map, Map summary, and Map presentation describing system service flows and utilization, as well as describing strategies (used in the priority plan) to right size the system and maximize its resources.*
  - **2020 Contra Costa County CoC Housing Intervention Model.** *These system models were developed in partnership with All Home to depict the cost and need analysis for housing and services as of the 2020 COVID-19 pandemic. This document was created during the COVID-19 pandemic to capture the current housing capacity and identify needs so it could be used in making funding and policy decisions. This document continues to be updated to reflect needs following the COVID-19 pandemic. This document will be used to guide the CoC recovery strategy, and to make decisions on future policy opportunities and other investments.*
  - **Contra Costa's Written Standards.** *Standards for CoC and ESG funded homeless services program operations for providers in the CoC. Note: this document is currently under review and will be updated in 2020 and expanded its applicability to include all HMIS participating CoC provider partners.*
- **Part 2: Who does the system of care serve?**
  - **2020 PIT Count report infographic.** *Shows a one-day snapshot of homelessness in Contra Costa County. The full PIT report can be found online at https:// cchealth.org/h3/coc/reports.php#PIT*
  - **2019 Annual Report.** *Describes data relating to the services, consumers, and performance of the Contra Costa homeless system of care, including the 2020 sheltered and unsheltered PIT count data. **Note:** The 2020 PIT Report and 2019 Annual Report are available online at https:// cchealth.org/h3/#Data.*

CONTRA COSTA
HOMELESS SERVICE SYSTEM

Meeting the Need

5,800 HH experience literal homelessness annually

26% leave to permanent housing (1450 HH)

There are PH resources to meet about **50%** of the need/year*

The average length of time homeless increased from 15 to 17 months in one year (2017-2018). **28%** are chronically homeless.

At least **2,900** more PH interventions are needed to meet the need in a year

*Assumes common rate of 25% self-resolve

EMERGENCY SHELTER
573 BEDS - 84% UTILIZATION RATE
Individual, Family, Youth and Veteran Beds
Serve 1700 people/year
Average LOS - 4 months
58% of exits ---> Permanent Housing

ES

AT RISK OF HOMELESSNESS
The top reasons for homelessness for people homeless for the first time include:
1. Low income
2. Job loss
3. Asked to leave

START HERE
211 - Basic needs information & referral

PREVENTION & RAPID RESOLUTION
In 2018: 90% of HH who exited prevention went to a permanent housing destination (455 HH).

COORDINATED ENTRY (CE) FRONT DOOR
ACCESS POINTS 211 OR PROVIDER STAFF FROM:
211 Phone; CARE Centers; CORE Team

CE

OUTREACH
CORE Team

DENIED SHELTER ENTRY OR EXITED
Under the influence of drugs/alcohol
Other non-compliance

UNSHELTERED/LITERALLY HOMELESS
About 5,800 households experience literal homelessness in Contra Costa in a year.

51% (2,978 HH) experience unsheltered homelessness

The top reasons for homelessness among people who have previous homeless episodes include:
1. Low income
2. Job loss
3. Substance Use

ALTERNATIVE TO SHELTER OPTIONS
Warming Centers
Capacity: 70 cots/night

CE WAIT TIME
1,400 people assessed for CE; avg wait-time: 11+ mos.
Of those assessed on the current queue:
40%: High Vulnerability
48%: Medium Vulnerability
12%: Low/No Vulnerability

RRH CAPACITY
Meets 47% of the need of people waiting in CE (1,400 HH)

PH
CES

RAPID RE-HOUSING
Family Units, Individual Units DV Units, Vets
Projected to serve 656 HH annually
Avg Financial Assistance: $6,000/HH

TRANSITIONAL HOUSING 136 BEDS
84% utilization rate
Family Units, Youth, DV, Individual Units, Veteran
97 people exited/yr; 70% went to permanent housing destinations

TH

BRIDGE HOUSING
New bridge and transitional housing-rapid re-housing (TH/RRH) beds coming on-line in the next year

PSH CAPACITY
About 36 PSH units open/year, which houses about 5% of the chronic population on the current chronic by name list (800 HH).
Average wait time for those referred is 10 months.

PERMANENT SUPPORTIVE HOUSING - 494 BEDS
Family Units, Youth, Individual Units, Veterans, Chronic

PH
CES

X **17% WHO EXIT PH** return to homelessness within 2 years

MARKET RATE HOUSING
About 1/3 of people served in all programs, including HP and RRH, transitioned to market rate or other affordable housing as a permanent destination

REGULATED AFFORDABLE HOUSING & NATURALLY OCCURRING AFFORDABLE HOUSING
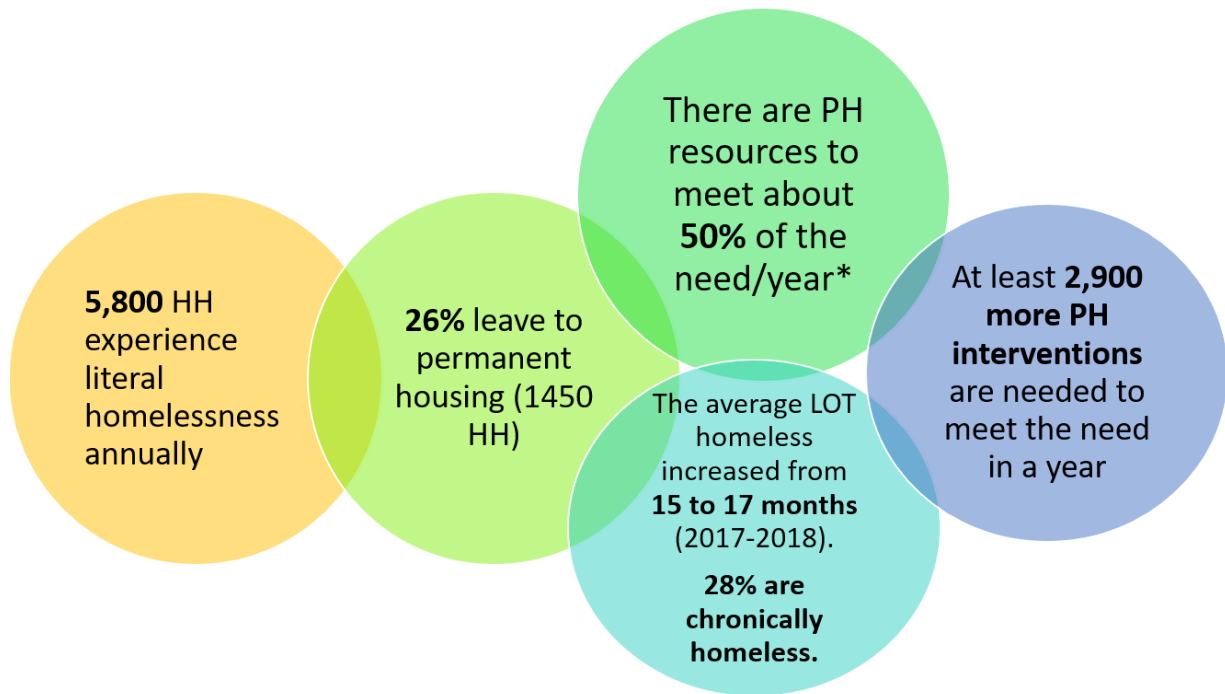3.7% rental vacancy rate

---

LEGEND

Populations:	Housing Types:		Acronyms:
Family	Permanent Housing	Emergency Shelter	HH: Households
Individual	Transitional Housing	Coordinated Entry	LOS: Length of Stay
Youth			LOT: Length of Time
Veteran			PH: Permanent housing destination
Domestic Violence Provider			

Understanding What It Takes

Using the System Map to right-size Contra Costa's homeless system of care

5,800 HH experience literal homelessness annually

26% leave to permanent housing (1450 HH)

There are PH resources to meet about **50%** of the need/year*

At least **2,900 more PH interventions** are needed to meet the need in a year

The average LOT homeless increased from **15 to 17 months** (2017-2018).

28% are chronically homeless.

Bring resources into the system

Add Shelter Beds

Providing temporary shelter for every unsheltered person requires 400 more shelter beds.

Scale Rapid Resolution Services

Increase efforts to route the 400+ individuals/mo that enter the system of care to alternate safe housing destinations.

Increase Permanent Supportive Housing

In order to offer every chronically homeless person housing, we would need approximately 1700 more PSH units.

Maximize current resources

Reduce Inflow

Whenever possible, re-direct individuals to other stable housing resources outside the homeless system of care

Reduce Length of Time Homeless

Reduce wait times for persons in the community queue for resources and increase bed turnover rates at shelters.

Enhance Prioritization Strategies

Maximize use of all housing resources based on highest vulnerability and length of time homeless.

Contra Costa System Map

Determining Resource Capacity, Need & Maximization Opportunities to End Homelessness

Ashley Mann-McLellan
Technical Assistance Collaborative (TAC)
August 20, 2019

Presentation Agenda

- System Map Purpose
- Key Highlights from the System Map
- **Use of the System Map:** Right-Sizing the System
- **Use of the System Map:** Maximizing Existing Resources
- Next Steps

Introductions

Technical Assistance Collaborative (TAC)

- Nonprofit technical assistance firm; specializes in housing & human services
- California HCD technical assistance (TA) contractor: Capacity Building
- Fulfilling Contra Costa TA related to system planning efforts

Ashley Mann-McLellan, Housing Team

System Map Purpose

What Does this System Map Represent?

- Positioning of Housing Resources in Contra Costa
- Agencies Administering Housing Resources
- General Participant Flow through Contra Costa System of Care
- Capacity of Housing Resources
- Key Data Points Related to Need

How to Use This System Map

- Resource Allocation (how do we fill capacity gaps)

- Setting Strategic Plans or Priorities (what do we address first)

- Resource Maximization (how do we use what we have efficiently)
  - Prioritization of Participants For Limited Resources
  - Exploring Process Causes of Bottle Necks
  - Improving Performance of All System Components

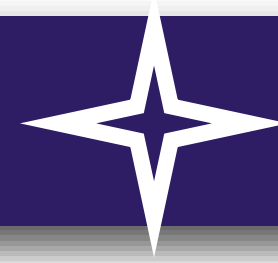# North Star in System Resource Planning
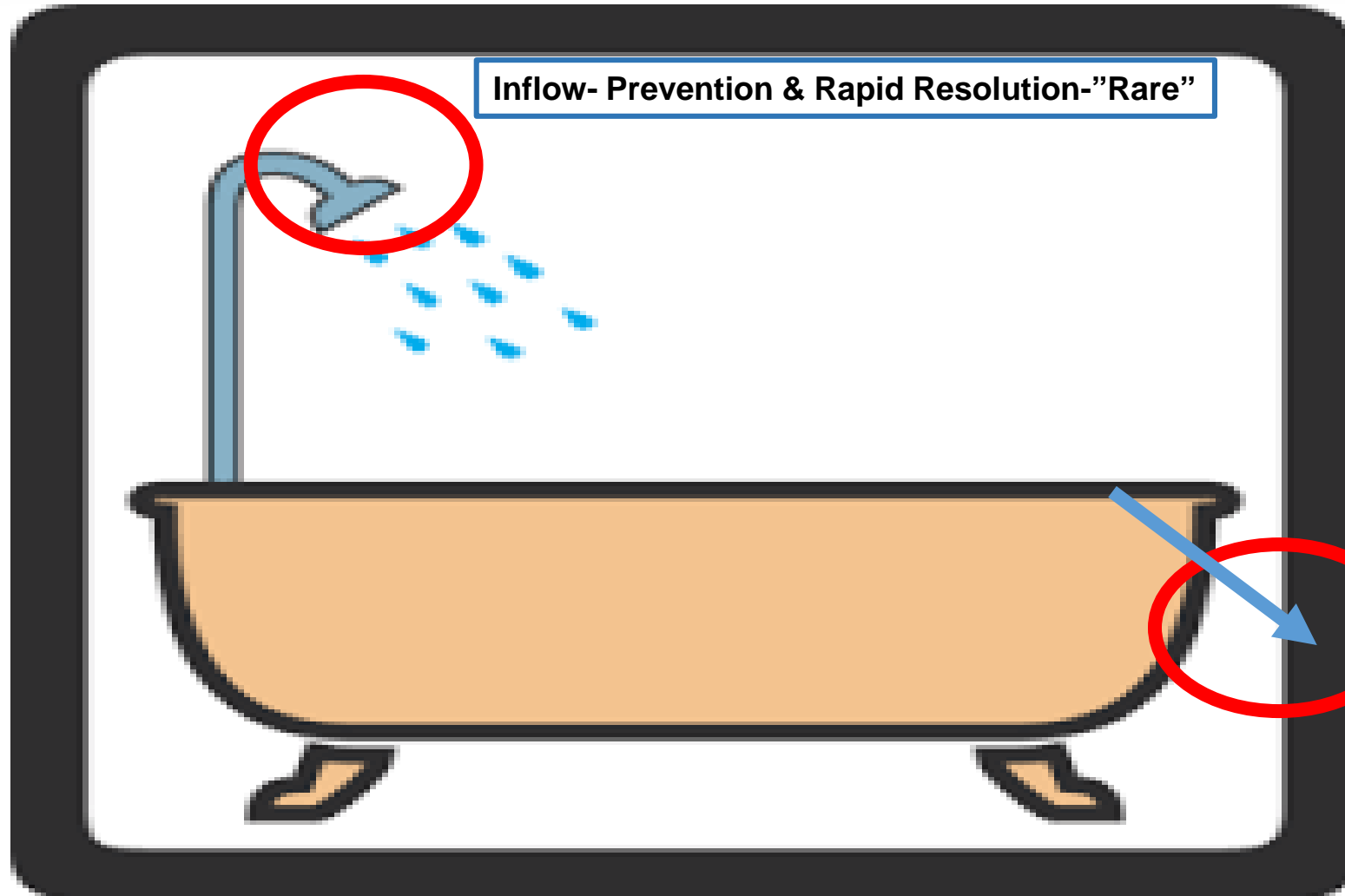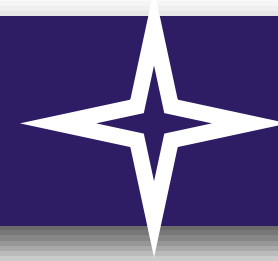
Inflow- Prevention & Rapid Resolution-"Rare"

Stabilization- "One-Time"

North Star in System Resource Planning

End homelessness by making it rare, brief & one-time

Federal framework

2 Part Approach to Reach the Goal

1. Ensure the system has the resources it needs

2. Ensure the system is performing well with the resources it has
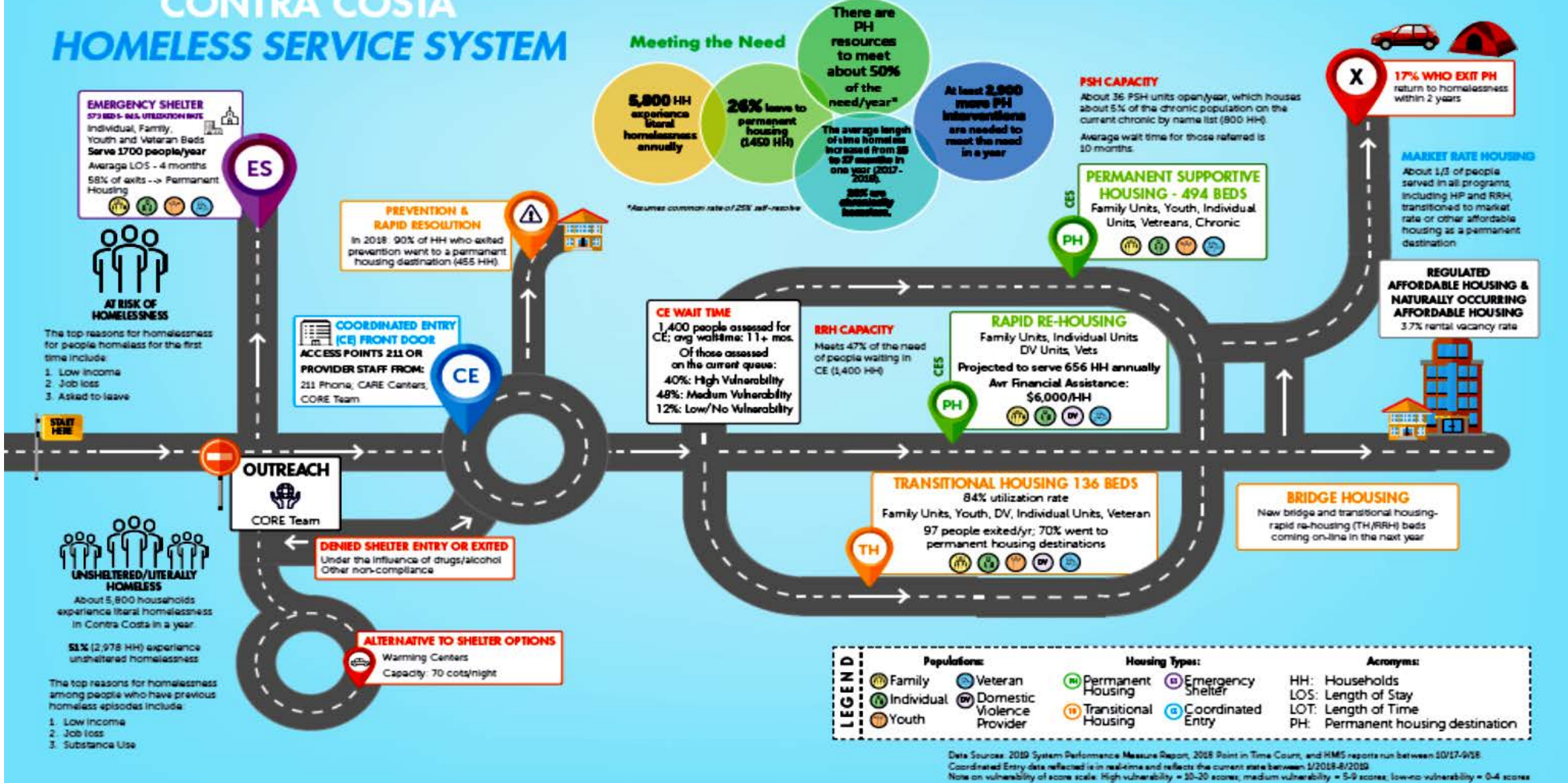
System Map Walk-Through

Quick Note: The Community's Working Document

- System map will be distributed at a later date

- Based on questions/thoughts you have today, it may be updated prior to use in planning efforts

CONTRA COSTA
HOMELESS SERVICE SYSTEM

Meeting the Need

5,800 HH experience literal homelessness annually

26% leave to permanent housing (1450 HH)

There are PH resources to meet about **50%** of the need/year*

The average length of time homeless increased from 18 to 27 months in one year (2017-2018).

At least 2,900 more PH interventions are needed to meet the need in a year

*Assumes common rate of 25% self-resolve

EMERGENCY SHELTER
573 BEDS - 86% UTILIZATION RATE
Individual, Family, Youth and Veteran Beds
Serve 1700 people/year
Average LOS - 4 months
58% of exits --> Permanent Housing

AT RISK OF HOMELESSNESS
The top reasons for homelessness for people homeless for the first time include:
1. Low Income
2. Job loss
3. Asked to leave

ES

PREVENTION & RAPID RESOLUTION
In 2018: 90% of HH who exited prevention went to a permanent housing destination (455 HH).

COORDINATED ENTRY (CE) FRONT DOOR
ACCESS POINTS 211 OR PROVIDER STAFF FROM:
211 Phone; CARE Centers; CORE Team

CE

CE WAIT TIME
1,400 people assessed for CE; avg wait time: 11+ mos.
Of those assessed on the current queue:
40%: High Vulnerability
48%: Medium Vulnerability
12%: Low/No Vulnerability

RRH CAPACITY
Meets 47% of the need of people waiting in CE (1,400 HH)

PH

PSH CAPACITY
About 36 PSH units open/year, which houses about 5% of the chronic population on the current chronic by name list (900 HH).
Average wait time for those referred is 10 months.

PERMANENT SUPPORTIVE HOUSING - 494 BEDS
Family Units, Youth, Individual Units, Vetreans, Chronic

PH

RAPID RE-HOUSING
Family Units, Individual Units DV Units, Vets
Projected to serve 656 HH annually
Avr Financial Assistance:
$6,000/HH

X
17% WHO EXIT PH return to homelessness within 2 years

MARKET RATE HOUSING
About 1/3 of people served in all programs, including HP and RRH, transitioned to market rate or other affordable housing as a permanent destination

REGULATED AFFORDABLE HOUSING & NATURALLY OCCURRING AFFORDABLE HOUSING
3.7% rental vacancy rate

START HERE

OUTREACH
CORE Team

DENIED SHELTER ENTRY OR EXITED
Under the influence of drugs/alcohol
Other non-compliance

UNSHELTERED/LITERALLY HOMELESS
About 5,800 households experience literal homelessness in Contra Costa in a year.
51% (2,978 HH) experience unsheltered homelessness
The top reasons for homelessness among people who have previous homeless episodes include:
1. Low Income
2. Job loss
3. Substance Use

ALTERNATIVE TO SHELTER OPTIONS
Warming Centers
Capacity: 70 cots/night

TRANSITIONAL HOUSING 136 BEDS
84% utilization rate
Family Units, Youth, DV, Individual Units, Veteran
97 people exited/yr; 70% went to permanent housing destinations

TH

BRIDGE HOUSING
New bridge and transitional housing-rapid re-housing (TH/RRH) beds coming on-line in the next year

LEGEND

Populations:
Family
Individual
Youth
Veteran
Domestic Violence Provider

Housing Types:
Permanent Housing
Transitional Housing
Emergency Shelter
Coordinated Entry

Acronyms:
HH: Households
LOS: Length of Stay
LOT: Length of Time
PH: Permanent housing destination

Data Source: 2019 System Performance Measure Report, 2018 Point in Time Count, and HMIS reports run between 10/17-9/18
Coordinated Entry data reflected is in real-time and reflects the current state between 1/2018-8/2019
Note on vulnerability of score scale: High vulnerability = 10-20 scores; medium vulnerability = 5-9 scores; low-no vulnerability = 0-4 scores

CONTRA COSTA
CONTINUUM OF CARE PROVIDER AGENCIES

HOMELESSNESS PREVENTION	EMERGENCY SHELTER	TRANSITIONAL HOUSING	RAPID RE-HOUSING	PERMANENT SUPPORTIVE HOUSING
SHELTER, Inc.	East County Shelter	Appian House- Youth (18-24 y/o)	Berkeley Food & Housing Project - Veterans	Contra Costa Health Services
Berkeley Food & Housing Roads Home	Men's Emergency Shelter	Pomona Apts.-Youth (18-24 y/o)	CCIH-Housing Works- Families on CalWorks	Contra Costa Interfaith Housing
STAND (DV)	Women and Families Shelter	Bay Area Rescue Mission	SHELTER, Inc.- Re-entry, Veterans families, individuals & DV	Resources for Community Development/Lifelong Medical
HUME	Brookside Adult Interim Housing	Casa Verde- Veterans	STAND - DV	SHELTER, Inc.
	Brookside Adult Interim Housing HCHV	STAND- Domestic Violence		Veterans' Affairs (HUD-VASH)
	Calli House Youth Shelter	Uilkema House- Substance Use Recovery		
	Concord Adult Interim Housing			
	Philip Dorn Respite Center			
	Philip Dorn Respite Center HCHV			
	Emergency Shelter			
	Winter Nights Shelter			
	Mountain View House			
	Emergency Shelter			
	Trinity Winter Shelter			

Data Crunch

Data Highlights from the System Map

5,800 HH experience literal homelessness annually

26% leave to permanent housing (1450 HH)

There are PH resources to meet about **50%** of the need/year*

At least **2,900 more PH interventions** are needed to meet the need in a year

The average LOT homeless increased from **15 to 17 months** (2017-2018).

28% are chronically homeless.
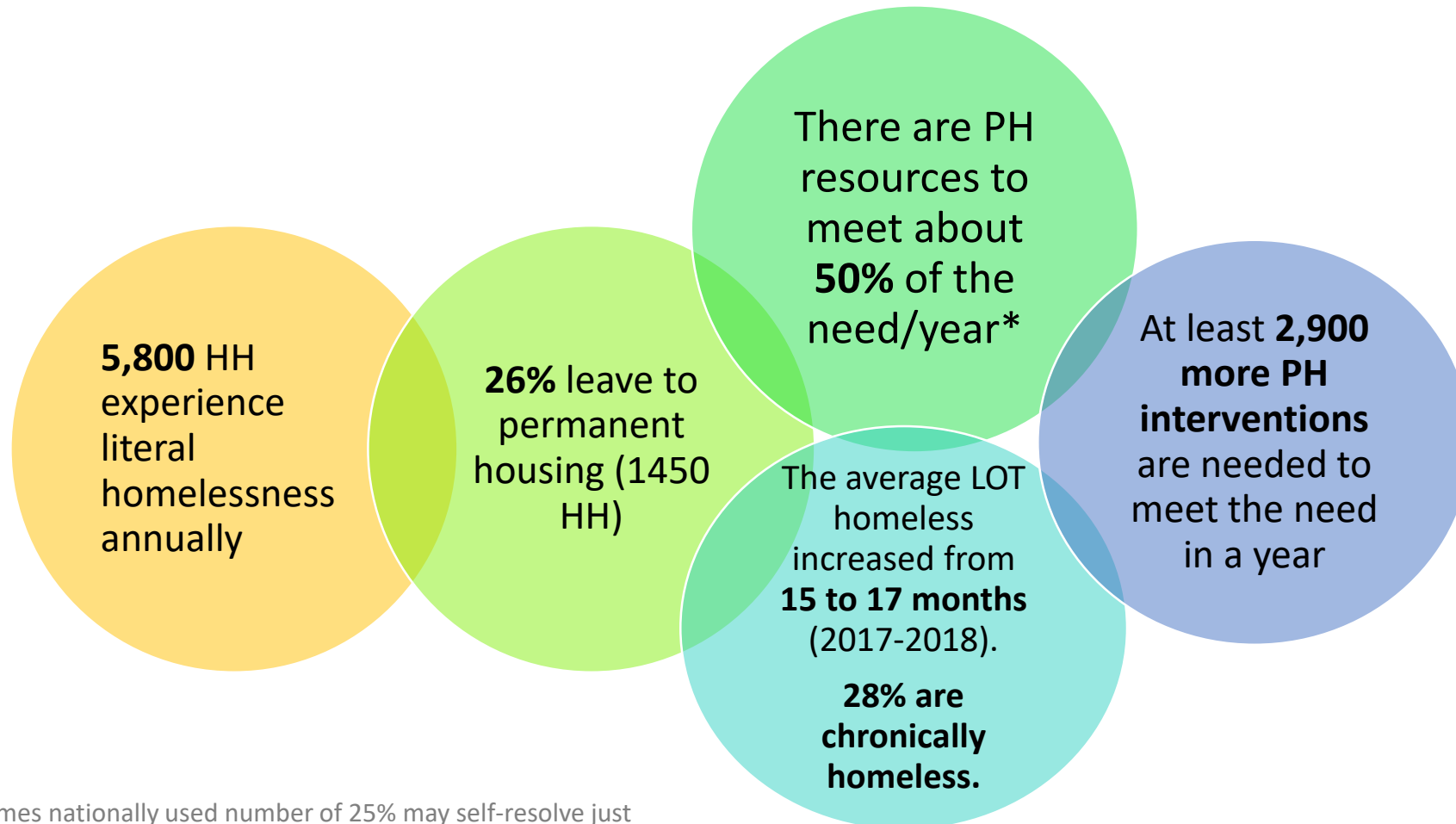
*Assumes nationally used number of 25% may self-resolve just for estimation purposes

50

Data Highlights from the System Map

Coordinated Entry Wait Times for a Housing Resource

- 1,400 Participants assessed & in the queue

- 10 months for those who were referred to a resource

- 11+ months for those waiting

Data Highlights from the System Map

Sheltering Participants

- About half of the homeless population experiences unsheltered homelessness (approx. 3,000/5,800)

- Emergency shelter meets a little over half of the unsheltered need (57%)
  - 70 cots/night through the Warming Center

- 1 bed is used by 3 participants/year

Data Highlights from the System Map

Housing Resources Dedicated to Homeless Population

- Estimate- there are about 700 housing openings/year
    - Permanent Supportive Housing (36 openings/year)
    - Rapid Re-housing (656 openings/year)
    - Add VASH (88 openings last year, total = about 788)

Data Highlights from the System Map

Providers & Participants Are Leveraging Resources Outside of CoC

- Shared housing, private market, hotels, relocations, other affordable hsg

- About 1,000 literally homeless participants accessed permanent housing outside of CoC resources last year

Using the System Map to Right-Size

Using the System Map to Right Size Resources

Right-Sizing Requires a Community to Have Clear Vision

Throughout this section, you will see visions TAC uses from the federal framework to end homelessness as an example to create right-sized scenarios

Using the System Map to Right Size Resources

System Map contains placeholders for:

- Rates of movement to permanent housing

- Capacity (CE wait times; housing openings/year)

- Affordable housing vacancy rate

These placeholders can be adjusted based on changes in performance & resource allocation to envision right-sized scenarios

Ex. new RRH & PSH that comes on-line will change need

Using the System Map to Right Size Resources

Emergency Shelter Capacity Right Now

- ES Serves about 1700 HH/year
  - Meets about 57% of unsheltered need (3,000 HH)
- LOS about 4 months
- 1 bed is used by 3 HH/year

Vision: If we right-sized so every unsheltered person could have the option to come inside

Approximately 400 more shelter options (low barrier) would be needed

Using the System Map to Right Size Resources

Transitional Housing Capacity

- Serves about 136 Participants/Year
- Stays vary between 3 months- 1+ year

Vision: If we right-sized so that TH was used as an intervention for those that choose it over an immediate permanent housing option…

Ex. Estimate 10% of total served would choose a TH option (570 HH/year)

Approximately 430 beds would be needed

Using the System Map to Right Size Resources

Permanent Supportive Housing Capacity

- 36 openings (most upon turnover)/year
- Current chronic by name list (point in time): 800 participants
- Currently meets just 5% of current chronic by name list

Vision: If we right-sized so that we could offer every person on Chronic BNL a PSH unit…

Approximately 750 more PSH units would be added

Using the System Map to Right Size Resources

Permanent Supportive Housing Capacity

- 36 openings (most upon turnover)/year
- Current chronic by name list (point in time): 800 participants
- Currently meets just 5% of current chronic by name list

Vision: If we right-sized so that we could offer every person on Chronic BNL AND those that enter into chronic homelessness a PSH Unit…

Estimate: 1600-1800 experience chronic homelessness in a year

1550-1750 PSH units would be needed

AND/OR: Engage PHA's in a Move On strategy to create flow in PSH inventory

Using the System Map to Right Size Resources

Rapid Re-housing Capacity

- 656 anticipated openings this year
- Will meet about 47% of the current Coordinated Entry queue

Vision: If we right-sized so that we could offer every person a pathway out of homelessness through rapid re-housing/other affordable housing…

Estimate: 1100* RRH/other affordable housing would be needed

Estimate varying degrees of intensity using assessment data (40% at highest score levels)

*Accounts for current RRH capacity, 25% self resolve rate, those that found housing outside of CoC resources, and those housed through PSH in an ideal system

Using the System Map to Right Size Resources

Total Housing Resource Need (Estimate) Based on Sample Vision

Type of Housing Resource	# Needed to Add to Current System
Emergency Shelter	400
Transitional Housing	430
Permanent Supportive Hsg/Move On	1550-1750
Rapid Re-housing/Other Affordable	1100

Using the System Map to Maximize Current Resources

Using the System Map to Maximize Resources

HUD System Performance Measures (SPM) Mirror Rare, Brief & One-Time Vision

HUD does not establish benchmarks; asks communities to do this locally

Instead, HUD compares communities to previous performance

In communities' interest to continually perform well

     Tied to CoC Renewal Funds NOFA more and more each year

     Ex. Performing well may increase chance of obtaining bonus funds for community

North Star in System Resource Planning
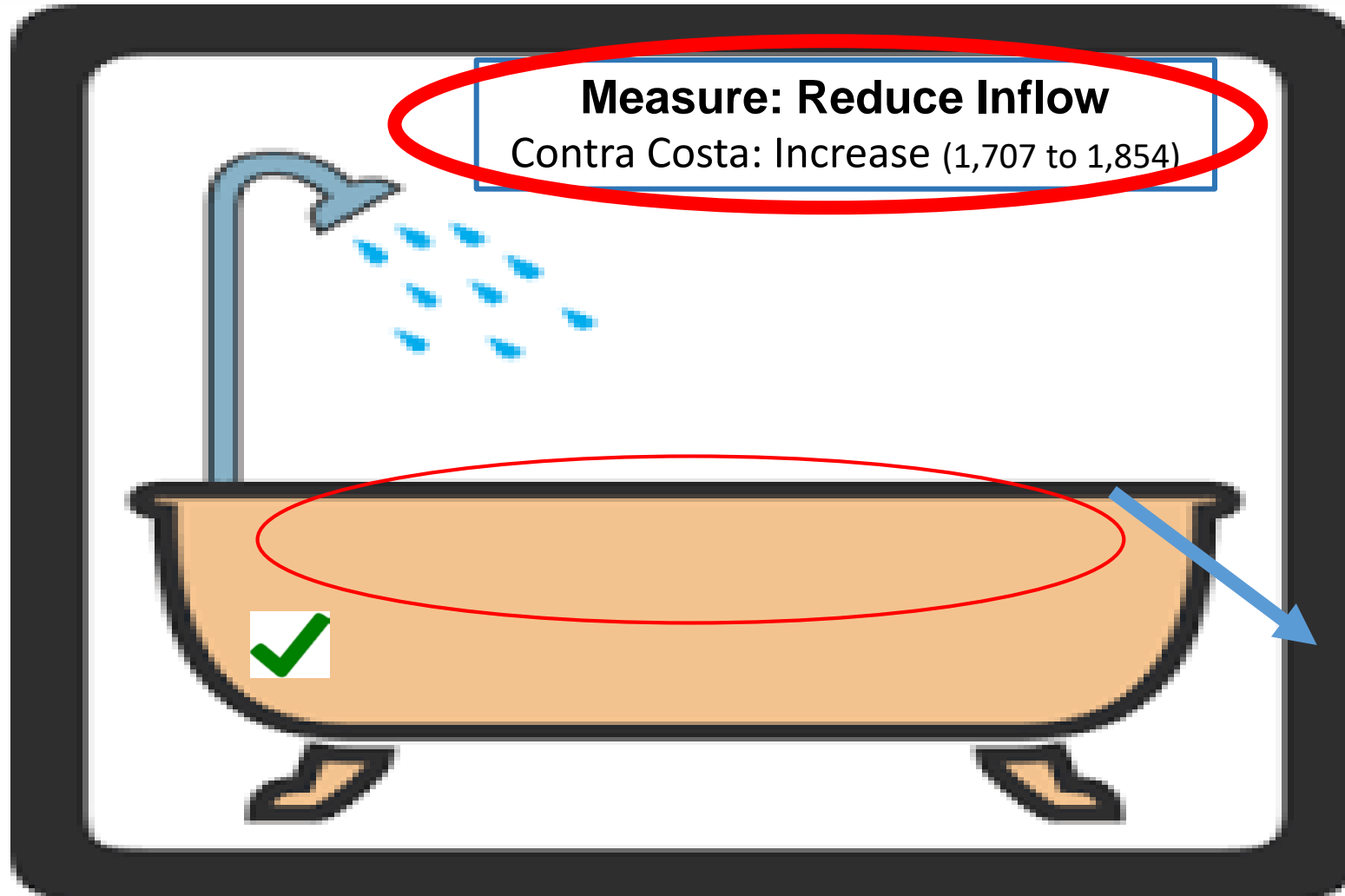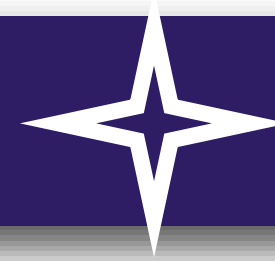
Measure: Reduce Inflow
Contra Costa: Increase (1,707 to 1,854)

Measure: Reduce Returns to Homelessness
Contra Costa: 17% return rate

Change measured from 2017 to 2018 SPM reports

66

Using the System Map to Maximize Resources

Many Caveats to Compared Data

- Local conditions, even in like, nearby communities will affect comparisons

- Data quality, migrations, mergers affect quality of numbers you see

- Key- look to see "like" communities' progress over time rather than hard numbers

Using the System Map to Maximize Resources

Contra Costa's Performance Compared to "Like" CoC's (2017)

CoC	PIT	Average LOTH (ES/TH)	Placements to PH	Inflow-Newly Homeless	Returns
Contra Costa	1695	135	1043 ✔	1707	16% ✔
Daly/San Mateo	2154	98	849	1087	16%
Salinas/Monterey/San Benito	1558	194	537	1505	13%

68

Using the System Map to Maximize Resources

Prevention & Rapid Resolution

- As this scales up, consider tying staff expertise related to common reasons people become homeless- income maximization, mediation/reunification & behavioral health specializations
    - Loss of income; job loss; asked to leave; substance use

- Build upon current strengths- 1/3 of all exits are to market rate or naturally occurring affordable housing

Using the System Map to Maximize Resources

Flow Within & Out of Emergency Shelter and Transitional Hsg

Opportunities to Explore Include

- Increasing percentage of exits to PH- what is needed?

- Reducing LOS to turnover beds more frequently → sheltering more people

- Explore utilization rates on the program-level
  - Ranges from 50%-full utilization

- Explore barriers to maximizing all beds
  - Intake processes
  - Referral sources
  - Admissions criteria
  - Outreach/partnering
  - Discharge and termination policies

Using the System Map to Maximize Resources

Maximize Use of PSH for Most Vulnerable

- So few openings a year (36)

- Look at vulnerability and LOTH to ensure resources is serving most vulnerable with highest service needs
  - Ex. Lower scores were housed in some projects due to project set up with higher threshold criteria
  - As system planners are bringing in new PSH, ensure the design allows for your most vulnerable (top 40% of queue) to be housed.

- Consider Move On strategy to increase flow

Using the System Map to Maximize Resources

Use RRH Efficiently Within the System

- Consider dynamic prioritization approach so that people who scored for PSH are offered other permanent housing options to exit homelessness quickly
  - Note- wait time for those not at the top of the list is 11+ months and counting
  - Pairing upcoming vacancies of any kind with a group of people who need the resource the most
  - Case conferencing: a tool to use to match people to upcoming vacancies

- Often using a score range to prioritize causes "buckets" of people who are lowest in that range to be stuck. For example:
  - If you prioritize everyone 10+ for PSH, since openings are limited, often 10-12 is overlooked

Dynamic Prioritization: A Visual
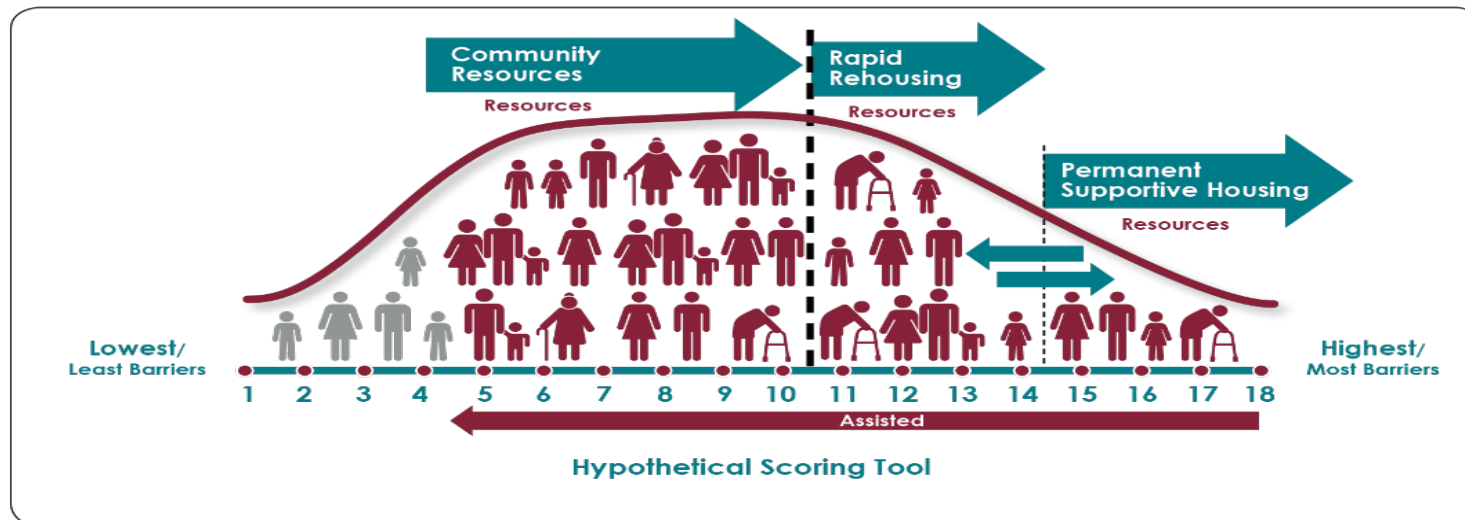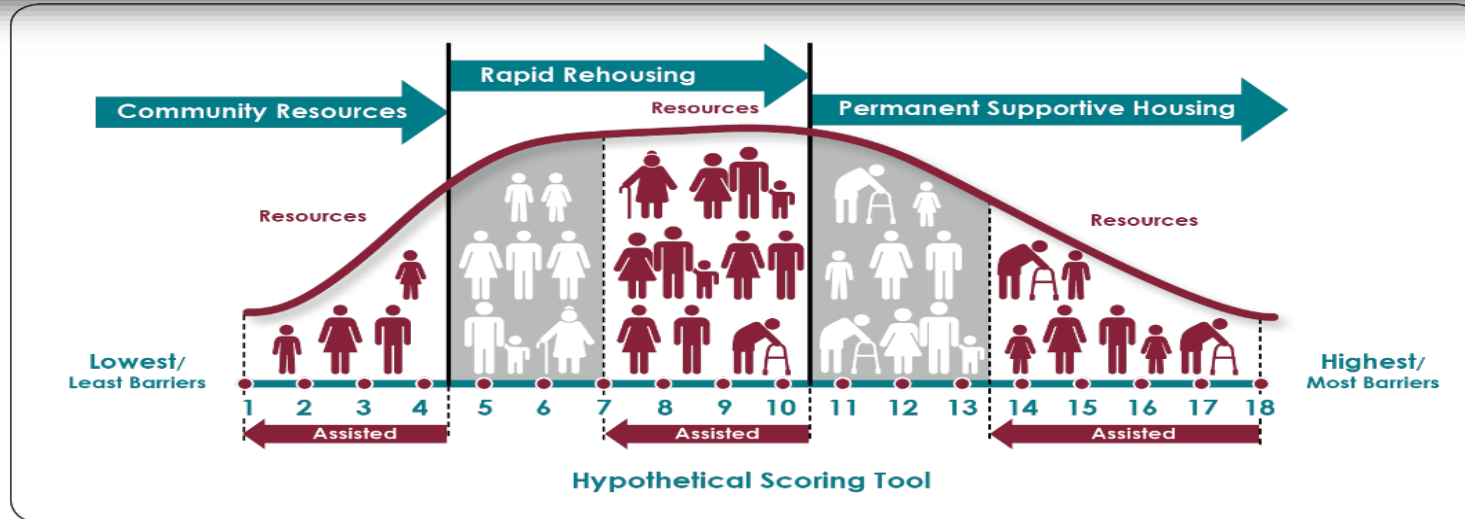
Using the System Map to Maximize Resources

Dynamic Prioritization may pair people with higher vulnerability scores with rapid re-housing, a short-medium term rental assistance option.

- Communities are trying this approach because of the extremely limited PSH and deeply affordable housing stocks

- So far research on RRH has not been able to give us predictors of who will do well

- Contra Costa: Average VI Score housed in RRH: 7 (low-medium vulnerability)

- Contra Costa return rate from RRH so far: 6%
  - 122/2129 served and/or currently enrolled in RRH

- National return rates- closer to 10-20%

Using the System Map to Maximize Resources

Use RRH Efficiently Within the System

Consider adopting a system wide progress engagement approach

- Adjust RRH $ assistance with the level of intensity a participant requires, rather than using a blanket financial package approach
- May save dollars on those who only needed a little assistance, and can use for those who need more
- May also save dollars within a program to serve more people

Questions

Thank You & Next Steps

Contra Costa County Housing Intervention Modeling

Current Capacity vs. Immediate Need

	Current	Optimal	Gap/Need
RRH	172	1,041	869
PSH	541	1,750	1209
Vouchers	35	857	822
Emergency Shelter	630	1,430	617
Interim Shelter (Hotel)	183		
Transitional Housing	194	194	
Prevention/Rapid Resolution	1,243	1,780	537
Total	2,998	7,052	4,054

Exits: RRH, PSH, Vouchers

Entry (Temporary Beds): Emergency Shelter, Interim Shelter (Hotel), Transitional Housing

Homelessness Prevention & Rapid Resolution: Prevention/Rapid Resolution

Population Baseline: 6,900

5800 households were sheltered and unsheltered in Contra Costa.

Approximately 47% (3,250) consumers are at risk of COVID-19.

Total COVID Funds: ~$40M
- Federal ESG $403k
- Federal ESG-CV1 $1.3M
- Federal ESG-CV2 $9.2M
- State ESG-CV $1M
- State ESG-CV2 $5M
- Project Roomkey $1.7M
- Project Homekey* $21.4M
- CRF HCFC COVID $858k

ALL HOME

Estimated Cost to Reach Optimal Capacity

INTERVENTION	COST PER UNIT/HH PER YEAR	NUMBER NEEDED	TOTAL (PER YEAR)
RRH	$19,980	869	$17.4 M
PSH	$24,000	1209	$29.0 M
Vouchers	$17,858	822	$14.7 M
Emergency and Interim Shelter	$10,950-$52,560	617	$6.7 M – $32.4 M
Transitional Housing	$43,070	0	$0
Homelessness Prevention/Rapid Resolution	$4,480	537	$2.4 M
Total		**4,054**	**$70.2 M – 95.9 M**

CONTRA COSTA COUNTY CONTINUUM OF CARE

WRITTEN STANDARDS FOR PROVIDING COC AND ESG ASSISTANCE

Adopted by Contra Costa Council on Homelessness – June 6, 2019

TABLE OF CONTENTS

PURPOSE

The HEARTH Act requires the Contra Costa County Continuum of Care to have written standards that govern the provision of assistance to individuals and families. All programs that receive Emergency Solutions Grant (ESG) or Continuum of Care (CoC) funding are required to abide by these written standards. Agency program procedure should reflect the policy and procedures described in this document. The CoC strongly encourages programs that do not receive either of these sources of funds to accept and utilize these written standards. The written standards have been established to ensure that persons experiencing homelessness who enter programs throughout the CoC will be given similar information and support to access and maintain services and housing.

The written standards are not intended to be in lieu of or in place of the Interim Regulations for the HEARTH Act but are intended to clarify local decisions regarding program administration. All HUD funded providers must follow the Interim Regulations in their entirety.

KEY TERMS AND DEFINITIONS

The following are key definitions contained in this document. In addition, future sections will define additional terms, such as definitions of homelessness, which can be found in the "Participant Eligibility and Documentation Requirements" section below.

A. **Continuum of Care (CoC):** The Contra Costa County Continuum of Care carries out the responsibilities required under HUD regulations, set forth at 24 CFR 578 – Continuum of Care Program. The CoC is comprised of a broad group of stakeholders dedicated to ending and preventing homelessness in Contra Costa County. CoC membership is open to all interested parties and includes representatives from organizations within Contra Costa County. The over-arching CoC responsibility is to ensure community-wide implementation of efforts to end homelessness and ensuring programmatic and systemic effectiveness of the local Continuum of Care program.

B. **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.

C. **Coordinated Entry System (CES):** 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.

D. **Homeless Management Information System (HMIS):** A local information technology system designated by the Continuum of Care in order to collect, track, and report uniform information on participant needs and services and enhance community-wide service planning and delivery.

E. **Housing First:** A model of 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).

F. **Participant:** Individual or household that is enrolled in a CoC- or ESG-funded program.

G. **Survivor of Domestic Violence:** Anyone who has experienced, or is fleeing, domestic violence, dating violence, sexual assault, stalking, or human trafficking.

GENERAL STANDARDS

Providers must ensure programs conform to applicable eligibility and other requirements established by federal and state rules. Those requirements may include, but are not limited to: the McKinney-Vento Homeless Assistance Act, as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act (42 USC 11302); the U.S. Department of Housing and Urban Development (HUD) Continuum of Care Program Interim Rule, 24 CFR Part 578; CoC Final Rule Defining "Homeless"; CoC Final Rule Defining "Chronically Homeless"; federal ESG regulations and definitions, including CFR 576.1 et seq., 24 CFR 576.400 et. seq; Notice on Coordinated Entry, CPD 17-01; Notice on Order of Priority in CoC Program-Funded Permanent Supportive Housing Beds, CPD 16-11; Final Rule: Violence Against Women Reauthorization Act 2013 – Implementation in HUD Housing Programs (24 CFR 200 et. seq) (VAWA); Final Rule on Equal Access in Accordance with an Individual's Gender Identity in Community Planning and Development Programs (24 CFR Part 5), and other regulations set forth governing eligible use of CoC and ESG funds. Where not specifically set forth below, those regulations are incorporated by reference into these written standards.

PARTICIPANT ELIGIBILITY AND DOCUMENTATION REQUIREMENTS

A. **The Continuum of Care (CoC) Program** provides funding for the following program types: Permanent Supportive Housing, Rapid Rehousing, Transitional Housing, Supportive Services Only (including Coordinated Entry), HMIS, and Planning. There are four categories of participant eligibility: (1) Literally Homeless, (2) Imminent Risk of Homelessness, (3) Homeless Under Other Federal Statutes (subject to cap), and (4) Fleeing/Attempting to Flee Domestic Violence. The Contra Costa County Continuum of Care elects to serve categories 1, 2, and 4 due to the shortage of resources for those priority populations and excessive demand.

B. **The Emergency Solutions Grant (ESG) Program** provides funding for Rapid Rehousing, Homeless Prevention, Street Outreach, HMIS, and Emergency Shelter. To receive ESG Rapid Rehousing (ESG-RRH) assistance, an individual or family must demonstrate at initial evaluation that it is Literally Homeless (aka Category 1). To receive ESG Homeless Prevention (ESG-HP) assistance, an individual or family must demonstrate at initial evaluation that it meets the criteria under the "at risk of homelessness" definition C.F.R. § 576.2, or meets the criteria for one of the following categories: (2) Imminent Risk of Homelessness, (3) Homeless Under Other Federal Statutes (subject to cap), and (4) Fleeing/Attempting to Flee Domestic Violence; AND has an annual income below 30 percent of median family income for the area, as determined by HUD. The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help a participant regain stability in the participant's current permanent housing or move into other permanent housing and achieve stability in that housing. In order to gain access to ESG Emergency Shelter (ESG-ES) services, individuals or families must meet the HUD definition of homeless under Category 1, 2, or 4.

C. **Documentation must be included in the case file, and/or scanned into the HMIS client record that demonstrates eligibility for the following relevant categories:**

1. **Literally Homeless**

   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.

   Eligibility should be documented in the following manner (in order of preference):

   i. Third party verification (HMIS print-out, or written referral/certification by another housing or service provider); or

   ii. Written observation by an outreach worker; or

   iii. Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter.

   If the provider is using anything other than a Third-Party Verification, the case file must include documentation of due diligence to obtain third party verification.

2. **Imminent Risk of Homelessness**

   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.

   Eligibility should be documented in the following manner (in order of preference):

   i. A court order resulting from an eviction action notifying the individual or family that they must leave within 14 days; <u>or</u>

   ii. For individual and families leaving a hotel or motel – evidence that they lack the financial resources to stay; <u>or</u>

   iii. A documented and verified written or oral statement that the individual or family will be literally homeless within 14 days; <u>and</u>

   iv. Certification that no subsequent residence has been identified; <u>and</u>

   v. Self-certification or other written documentation that the individual lacks the financial resources and support necessary to obtain permanent housing.

3. **Homeless Under Other Federal Statute** (Not Applicable in The Contra Costa County Continuum of Care)

4. Fleeing/Attempting to Flee Domestic Violence (DV)

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.

Eligibility should be documented in the following manner (in order of preference):

For victim service providers:

   i.   An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker.

For non-victim service providers:

   i.   Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and

   ii.   Certification by the individual or head of household that no subsequent residence has been identified; and

   iii.   Self-certification or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

D. **Chronically Homeless**

For all dedicated/prioritized chronically homeless units, participants must meet the chronically homeless definition as stated in Definition of Chronically Homeless final rule, which is:

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:

   i.   Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and

   ii.   Has been homeless and living as described in (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 (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 for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

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) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

4. A "**disability**" is defined as having one or more of:
   I. Physical, mental or emotional impairment
   II. Developmental disability
   III. HIV/AIDS

Homeless eligibility should be documented in the following manner (in order of preference):
   i. Third party verification (HMIS print-out, or written referral/certification by another housing or service provider); or
   ii. Written observation by an outreach worker; or
   iii. Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter.

   If the provider is using anything other than a Third-Party Verification, the case file must include documentation of due diligence to obtain third party verification.

Disability eligibility should be documented in the following manner:
   i. Disability documentation must be third-party and must be documented by:
      a. A professional licensed by the state to diagnose and treat that condition; or
      b. Social Security Administration (SSA) for persons receiving disability benefits.
   ii. Intake staff observations
      a. Only acceptable in the absence of third-party verification and must be confirmed and accompanied by written third-party verification no later than 45 days from initial intake.
   iii. Oral third-party and self-certification are not appropriate for documenting disability.

E. **At Risk of Homelessness**
   An individual or family who:
   i. Has an annual income below 30% of median family income for the area; AND
   ii. Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the "homeless" definition; AND
   iii. Meets one of the following conditions:
      a. Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; OR
      b. Is living in the home of another because of economic hardship; OR
      c. Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; OR
      d. Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; OR

    e.   Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; OR

    f.   Is exiting a publicly funded institution or system of care; OR

    g.   Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the Contra Costa Consortium Consolidated Plan (Con Plan).

F.   **Recordkeeping Requirements**

   1. All records pertaining to CoC funds will be retained for 5 years from the expenditure of the grant, or, in the case of documentation of each program participant's eligibility and other program participant records, for 5 years after the expenditure of all funds from the grant under which the program participant was served. 24 CFR 578.103(c)(1-3). Records required include the following, according to 24 CFR 578.103(a):

     i.   Verification of Homeless Status

    ii.   Verification of Chronic Homeless Status (if applicable)

   iii.   Annual Income Verification and Rent Contribution Calculation for Participants receiving Housing Assistance

   iv.   Program Participant Records

    v.   Signed Occupancy Agreements or Leases

   vi.   Notice of Occupancy Rights and Certification Forms required by VAWA

   vii.   Housing Quality Standards Checklist

  viii.   Services Provided

   ix.   Other records required by HUD or individual programs

   2. ESG Programs will maintain additional documentation to demonstrate:

     i.   The program participant met with a case manager at least once per month. 24 CFR 576.401(e)(1-2) and 24 CFR 576.500(f).

    ii.   The program used a plan to assist the program participant to retain permanent housing after the ESG assistance ends, 24 CFR 576.401(d)(1); 24 CFR 576.401(d)(2); 24 CFR 576.500(f).

   iii.   Programs made efforts to assist each program participant to obtain mainstream or other resources as needed. 24 CFR 576.401(d)(1); 24 CFR 576.401(d)(2); 24 CFR 576.500(f).

   iv.   Rental Assistance Agreements were entered into with each owner before providing the owner with rental assistance payments. 24 CFR 576.106(e), 24 CFR 576.500(h), 24 CFR 576.106(f).

   3. HUD may monitor projects as long as records are maintained. 24 CFR 578.103(d)(1). All client files are available for HUD monitoring, and will be reviewed during CoC monitoring visits at least once per fiscal year.

HOUSING FIRST

The Contra Costa County Continuum of Care has adopted a Housing First approach in CoC and ESG programs. The Housing First approach is characterized by progressive engagement and assistance practices including:

1. Ensuring low-barrier, easily accessible assistance to all people, including, but not limited to, people with no income or income history, and people with active substance abuse or mental health issues;
2. Helping participants quickly identify and resolve barriers to obtaining and maintaining housing;
3. Seeking to quickly resolve the housing crisis before focusing on other non-housing related services;
4. Allowing participants to choose the services and housing that meets their needs, within practical and funding limitations;
5. Connecting participants to appropriate support and services available in the community that foster long-term housing stability;
6. Offering financial assistance and supportive services in a manner which offers a minimum amount of assistance initially, adding more assistance over time if needed to quickly resolve the housing crisis by either ending homelessness, or avoiding an immediate return to literal homelessness or the imminent risk of literal homelessness. The type, duration, and amount of assistance offered shall be based on an individual assessment of the household, and the availability of other resources or support systems to resolve their housing crisis and stabilize them in housing; and
7. Notwithstanding subdivision (6) above:
    i. Rapid Rehousing activities funded within the same Continuum of Care service area shall follow the same program requirements for type, duration, and amount of assistance provided, unless sufficient written justification for any differences is provided by the Continuum of Care and approved by the California Department of Housing and Community Development; and
    ii. Homeless prevention activities funded within the same Continuum of Care Service area shall follow the same program requirements for type, duration, and amount of assistance provided, unless sufficient written justification for any differences is provided by the Continuum of Care and approved by the California Department of Housing and Community Development.
8. Any other practices promoted or required by HUD.

PRIORITIZATION

The Contra Costa County Continuum of Care prioritizes individuals and families, including victims of domestic violence, as follows:

ORDERS OF PRIORITY (HUD NOTICE CPD 16-11)

The Contra Costa County CoC has adopted the order of priority described in Notice CPD 16-11.

Order Of Priority In CoC Program-Funded Permanent Supportive Housing Beds Dedicated Or Prioritized For Occupancy By Persons Experiencing Chronic Homelessness

A. The Contra Costa County CoC adopts the recommended order of priority established in Notice CPD 16-11 to ensure that those persons experiencing chronic homelessness with the longest histories residing in places not meant for human habitation, in emergency shelters, and in safe havens, and with the most severe service needs are given first priority in PSH beds dedicated or prioritized for occupants by persons experiencing chronic homelessness. A chronically homeless individual or head of household must meet the definition stated in the Definition of Chronically Homeless final rule (see Participant Eligibility and Documentation Requirements section above).

B. A standardized Coordinated Entry assessment tool will be used by all CoC providers with a focus on length of time homeless and severity of the individual's or family's service needs to establish priority. Chronically homeless individuals and families with the longest history of homelessness and with the most severe service needs will be given first priority. Housing match and placement will be conducted in accordance with these established priorities and facilitated through the Coordinated Entry system.

C. Where there are no chronically homeless individuals and families within the CoC's geographic area, CoCs and recipients of CoC Program-funded PSH are encouraged to follow the order of priority for non-prioritized, non-dedicated beds described below.

Order of Priority in Permanent Supportive Housing Beds Not Dedicated Or Prioritized For Persons Experiencing Chronic Homelessness

FIRST PRIORITY: Homeless Individuals and Families with a Disability with a Long Period of Episodic Homelessness and Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

SECOND PRIORITY: Homeless Individuals and Families with a Disability with Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

THIRD PRIORITY: Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelters without Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

FOURTH PRIORITY: Homeless Individuals and Families with a Disability Coming from Transitional Housing.

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

ORDERS OF PRIORITY FOR ESG-FUNDED ACTIVITIES

The Contra Costa County CoC adopts the recommended order of priority established in 25 CCR 8409 for ESG-funded activities. The CoC will prioritize access to assistance for people with the most urgent and severe needs, including, but not limited to, survivors of domestic violence. ESG-funded activities shall seek to prioritize people who:

A. Are unsheltered and living in places not designed for human habitation, such as cars, parks, bus stations, and abandoned buildings;

B. Have experienced the longest amount of time homeless;

C. Have multiple and severe service needs that inhibit their ability to quickly identify and secure housing on their own; and

D. For homelessness prevention activities, people who are at greatest risk of becoming literally homeless without an intervention and are at greatest risk of experiencing a longer time in shelter or on the street should they become homeless.

EMERGENCY TRANSFERS

An Emergency Transfer Plan provides for emergency transfers for survivors of domestic violence receiving rental assistance or residing in units subsidized under a covered housing program (including CoC- and ESG- funded programs).

A. **Emergency Transfer Plan**
    A client qualifies for an emergency transfer if:
    1. The client is a survivor of domestic violence, dating violence, sexual assault or stalking;
    2. The client expressly requests the transfer; *and*
    3. Either:
        a. The client reasonably believes there is a threat of imminent harm from further violence if the client remains in the same dwelling unit; or
        b. If the client is a survivor of sexual assault, the sexual assault occurred on the premises during the 90-calendar-day period preceding the date of the request for transfer.

B. **Emergency Transfer Process**

A client may submit an emergency transfer request directly to program staff. The program must communicate with the Coordinated Entry System Manager to inform them that an emergency transfer request has been made and whether the request is for an internal transfer (a transfer where the client would not be categorized as a new applicant), external transfer, or both. A client may seek an internal and external emergency transfer at the same time if a safe unit is not immediately available. The program will take reasonable steps to support them in securing a new safe unit as soon as possible and a transfer may not be necessary.

Programs will ensure strict confidentiality measures are in place to prevent disclosure of the location of the client's new unit to a person who committed or threatened to commit an act of domestic violence, dating violence, sexual assault, or stalking against the client.

Where a family separates as part of the emergency transfer, the family member(s) receiving the emergency transfer will retain the rental assistance when possible. The program will work with the CoC and the household to support an effective transfer in situations where the program is not a good fit for the family member(s) receiving the emergency transfer.

C. **Internal Transfer**

Where the client requests an internal emergency transfer, the program should take steps to immediately transfer the client to a safe unit if a unit is available. Requests for internal emergency transfers should receive at least the same priority as the program provides to other types of transfer requests.

If a safe unit is not immediately available, program staff will inform the client that a unit is not immediately available and explain the options to:

1. Wait for a safe unit to become available for an internal transfer,
2. Request an external emergency transfer, and/or
3. Pursue both an internal and external transfer at the same time in order to transfer to the next available safe unit in the CoC.

D. **External Transfer**

If a client requests an external emergency transfer, the client has priority over all other applicants for CoC-funded housing assistance, provided the household meets all eligibility criteria required by HUD and the program. After the agency communicates the client's emergency transfer request to the Coordinated Entry System Manager, they will facilitate referral of the participant to the next available appropriate unit through the Coordinated Entry System. The household retains their original homeless status for purposes of the transfer.

E. **Documentation and Record Keeping**

To request an emergency transfer, the client should submit a written request to program staff, certifying that they meet the emergency transfer qualification requirements. The program may – but is not required to – request additional documentation of the occurrence for which the client is requesting an emergency transfer. No other documentation is required.

Programs must retain records of all emergency transfer requests and their outcomes for a period of 5 years following the grant year of the program in which the household was a participant and report them to HUD annually.

PROGRAM INTAKE

A. **Distribution of Written Program Rules and Process for the Termination of Assistance**
At intake (prior to the provision of financial assistance), all programs must ensure participants receive a written copy of program rules and the process for terminating assistance. Evidence of this should be preserved in the participant's file.

B. **Required Violence Against Women Act (VAWA) Notifications for Participants**
Programs must provide each individual or family applying for CoC or ESG assistance the Notice of Occupancy Rights and the Certification Form described in 24 CFR 5.2005 at each of the following times:

 1. When an individual or family is denied assistance;
 2. When a program participant is admitted to a program;
 3. When a program participant receives notification of eviction; and
 4. When a program participant is notified of termination of assistance.

Evidence of this should be preserved in the participant's file. When HUD grant funds are used for rental assistance, the program must ensure that the owner or manager of the housing provides the Notice of Occupancy Rights and Certification Form to the participant with any notification of eviction.

STANDARDS FOR ADMINISTERING ASSISTANCE

PERMANENT SUPPORTIVE HOUSING (PSH)

Structure of Permanent Supportive Housing Assistance
Permanent Supportive Housing (PSH) is community-based permanent housing with case management, and is the most intensive housing intervention available under the CoC program.

A. **Goals of Assistance**
 1. After entering the PSH program, the household remains stably housed, either remaining in PSH or exiting to another permanent housing location.
 2. Some participants in PSH may choose to move into other subsidized housing, with a lower level of supportive services. While clients will be supported to move to other subsidized housing when appropriate, this will not be a goal for every PSH client.

B. **Duration/Client Contributions**
 1. There can be no predetermined length of stay in a PSH program.

2. All participants in CoC-funded PSH programs must enter into a lease or occupancy agreement for an initial term of at least one year. The lease must continue automatically upon expiration, except on prior notice by either party. The lease agreement must observe Fair Housing regulations.

3. CoC-funded PSH programs must comply with CoC Program requirements regarding client portion of rent, occupancy charges, FMR and Rent Reasonableness.

   i. Participants in PSH rental assistance programs are expected to pay the higher of 30% of their income (monthly, adjusted) or 10% of their gross monthly income toward rent (including utilities). If the participant has zero income, the participants are not required to pay rent, but their supportive services partner is expected to work with them to secure income (either earned or unearned) as soon as possible. In no circumstance can a tenant be charged an amount above the rent calculation standard established by HUD.

   ii. Participants in leasing programs may be charged an occupancy charge up to 30% of the monthly adjusted income; 10% of the family's gross income; or the portion of the family's welfare assistance.

Eligibility Requirements

In order to qualify for PSH, households must satisfy the following criteria:

A. Be the highest priority household available according to the orders of priority outlined in the "Prioritization" section above.

B. Other eligibility criteria created at the program level as allowed by HUD.

C. *CoC-Funded Programs*: For CoC-funded PSH programs, participants must meet the following eligibility requirements:

   1. The individual or household must meet the definition of homeless in the CoC Program Interim Rule, under Category 1 or Category 4.
   2. Participants who are homeless under Category 1 and are entering from transitional housing must have entered the transitional housing program from emergency shelter or a place not meant for human habitation. (NOTE: if the project is designated for chronically homeless, the participant may only enter from the street or shelter. Individuals may lose their chronically homeless designation after they enter a transitional housing program).
   3. The individual or at least one member of the household must have a disability of long duration, verified either by Social Security or a licensed professional that meets the state criteria for diagnosing and treating that condition.

D. All CoC-funded PSH projects are strongly encouraged to prioritize or dedicate beds to chronically homeless individuals and families, including chronically homeless youth and domestic violence survivors.

E. PSH participants must be re-assessed once per year.

Housing Requirements for Permanent Supportive Housing

A. PSH programs will provide a living environment that is safe and accessible, offer supportive services, and encourage maximum independence.

B. PSH programs will ensure that units occupied by program participants meet the community standards for housing quality. Programs must ensure that units occupied by participants meet HUD Housing Quality Standards.

C. PSH programs will comply with local regulations and community standards regarding occupancy limits based on unit size.

D. PSH programs will endeavor to offer as much client choice as possible, regarding type and location of housing.

E. Where possible, PSH services will be provided in community settings that are readily accessible by public transportation and convenient to shopping and other community services.

Service Offerings for Permanent Supportive Housing

Case Managers will offer case management services throughout each participant's stay in PSH, to assist households to maintain housing stability. Participation in services unrelated to obtaining or maintaining permanent housing is voluntary.

A. PSH programs, through collaborative arrangement or by referral, must offer services to all clients that are tailored to each client's needs. The level and type of services offered should fully meet each client's identified needs, including but not limited to any of the following:

Housing Support
A. Rental assistance
B. Legal assistance
C. Information and training regarding tenants' rights and responsibilities
D. Education and assistance around landlord-tenant relationships

Socialization & Daily Functions
1. Daily living skills training
2. Budgeting and money management skills and training
3. Skills and training in maintaining a household
4. Eligibility screening for, and assistance applying for and retaining mainstream resources (SSI, CalWORKS, MediCal, veterans' benefits, etc.)
5. Vocational and employment assistance or training
6. Supportive employment and referral for employment
7. Interpersonal communication skills
8. Transportation
9. Child care

Adopted by Contra Costa Council on Homelessness – June 6, 2019

10. Parenting information and education
11. Conflict resolution
12. Helping clients connect to meaningful daily activities
13. Social, cultural, or recreational activities
14. Opportunities for peer-to-peer education and support
15. Support groups; and other services to maintain, preserve, and promote independence, including optimal physical, social, and psychological development and functioning

Wellness
1. Service coordination
2. Mental health counseling and education
3. Substance abuse education and counseling
4. Effective use of health care (medical/ dental/mental health/psychiatric)
5. Preventive health services

B. Case managers will offer case management contact with clients at least one time per month.

C. PSH programs are encouraged to maintain a client to case manager ratio at a level sufficient to ensure the success of the clients.

D. PSH programs will adopt a housing first approach and take all reasonable steps to reduce barriers to housing, including working with landlords to limit the criteria used to exclude applicants or evict participants. Unless required by law or as a condition of a particular source of funding, programs will not screen out or exclude participants based on any of the following:
1. Lack of participation in supportive services or make progress on a service plan;
2. Having too little or no income;
3. Refusal to participate in drug tests;
4. Active or history of substance abuse;
5. Experience of domestic violence (e.g., lack of a protective order, period of separation, etc.);
6. Credit or eviction history; or
7. Failure to participate in a probation or parole program.

Procedures for Transfer Between Permanent Supportive Housing Programs

A. **Transfers Within the Continuum of Care and Across Continuum of Care Geographic Borders**
1. Transfers from one Permanent Supportive Housing program to another Permanent Supportive Housing program can be made so long as the individual or family meets the eligibility criteria under the specific program and the requirements for the Permanent Supporting Housing project in the Notice of Funding Availability (NOFA) for the year the project was awarded.
2. Requests for transfer between Permanent Supportive Housing programs will be reviewed and facilitated within the Coordinated Entry system.

3. To assist the facilitation of a transfer, the provider from the transferring program should submit a request to transfer through the Coordinated Entry system, and provide information about eligibility and reason for transfer.

B. **Transfers Related to Domestic or Intimate Partner Violence or Stalking**
(See "Emergency Transfer" above in the "Prioritization" section for more details)
   1. When a resident of Permanent Supportive Housing requests a transfer related to domestic or intimate partner violence or stalking, the Coordinated Entry system will prioritize that transfer.
   2. Program staff of the transferring program will ensure that the person who experienced domestic or intimate partner violence has access to appropriate services in accordance with the Domestic Violence/Privacy Policies contained within these written standards.

Procedures for Transfer from One Program Model to Another

A. **Rapid Rehousing to Permanent Supportive Housing**
   1. Transfers from Rapid Rehousing to Permanent Supportive Housing can be made so long as the individual or family meets the eligibility criteria under the specific program and the requirements for the Permanent Supporting Housing project in the Notice of Funding Availability (NOFA) for the year the project was awarded.
   2. Individuals or families maintain their chronically homeless status for the purposes of eligibility for other Permanent Supportive Housing during the period that they are receiving the Rapid Rehousing assistance.
   3. Requests for transfer between Rapid Rehousing and Permanent Supportive Housing programs will be reviewed and facilitated within the Coordinated Entry system.
   4. To assist the facilitation of a transfer, the provider from the transferring program should submit a request to transfer through the Coordinated Entry system and provide information about eligibility and reason for transfer.

B. **Permanent Supportive Housing to Rapid Rehousing**
   1. Program transfers may be made from Permanent Supportive Housing to Rapid Rehousing so long as the household meets all eligibility criteria under the specific program and requirements for the Rapid Rehousing project in the Notice of Funding Availability (NOFA) for the year the project was awarded.
   2. Requests for transfer between Permanent Supportive Housing and Rapid Rehousing programs will be reviewed and facilitated within the Coordinated Entry system.
   3. To assist the facilitation of a transfer, the provider from the transferring program should submit a request to transfer through the Coordinated Entry system, and provide information about eligibility and reason for transfer.

RAPID REHOUSING (RRH)

Structure of Rapid Rehousing Assistance

The structure of Rapid Rehousing (RRH) assistance encourages providers to provide the least amount of assistance to individuals and families to ensure their housing stability. RRH provides access to program participants without preconditions.

A. **Goals of Assistance**
   1. Rapid Rehousing is designed to allow individuals and families receiving assistance to remain stably housed after the conclusion of such assistance. The goal of RRH is to end homelessness and move participants to permanent housing as quickly as possible, regardless of other personal issues or concerns.
   2. The goal is for households to "graduate" from the program once they no longer meet the eligibility requirements of the program's funding source and/or a Case Manager determines assistance can be terminated, whichever comes first. Assistance ends at 24 months (or earlier time as set by the program).

B. **Subsidy Amount/Length of Time/Calculation**
   1. Rental subsidies provided are based on client income. Initial assistance can be as much as 100% of rent depending on client income. Client will pay a percentage of their income in rent based on the program's assessment of the client's financial and family situation.
   2. Each provider shall verify the participant's income prior to approval for initial financial assistance. Documentation of the participant's income and expenses shall be maintained in the participant's file, as required by 24 CFR § 576.500(e) and 24 CFR § 578.103(a)(6). Income is not a requirement to participate in RRH.
   3. For the purposes of calculating rent for rapid rehousing, the rent shall equal the sum of the total monthly rent for the unit and, if the tenant pays separately for utilities, the monthly allowance for utilities (excluding telephone) established by the public housing authority for the area in which the housing is located.
   4. The amount or percentage of rent each program participant must pay and the maximum amount or percentage of rental assistance that a program participant may receive is determined on a case-by-case basis. Financial assistance is not a standard "package" and is flexible to adjust to households' unique needs and resources as participants' financial circumstances or housing costs change.
   5. Rental subsidies will be based on the program's assessment of the participant's family and financial situation. Case managers will adjust the amount of contribution over the term of the participant's participation in the program, based on monthly assessment. If a participant's income or ability to pay increases (e.g. due to access to additional resources, a new or higher paying job within the household, etc.), the program will re-adjust participant income contributions as necessary.
   6. Rental assistance will follow a progressive engagement model (e.g., decrease in assistance based upon the client's financial and family situation and the program's discretion).

7. Rental subsidies can be short-term (up to 3 months) or medium-term (3 to 24 months). The length of rental assistance will be determined by each agency as necessary to use resources efficiently while also minimizing returns to homeless.
8. An assessment tool is used regularly to determine the need for ongoing assistance.
9. The CoC may set a maximum number of times that a program participant may receive rental assistance in CoC-funded programs.

C. **Move-In Assistance**
1. Move-In Assistance will be targeted to households who are assessed as able to maintain their unit after the assistance. The amount of move-in assistance is determined by the program, within the limits set by the program's funding source. Move In Assistance may be provided as one time assistance or in tandem with Rental Assistance/Rental Subsidies.

D. **Housing Participants Outside of the CoC's Geographic Area**
1. A program participant may choose to move outside of the CoC's geographic area if the following conditions are met:
   i. The decision to choose housing or move outside of the CoC's geographic area is made in consultation between the participant and the CoC-funded program.
   ii. The program has the ability is to comply with all CoC program requirements in the geographic area where the housing selected by the participant is selected, including ensuring the housing meets required safety and quality standards, calculating the program participant's income for determining rent contributions, conducting an annual assessment of the participant's service needs, making supportive services available for the duration of the participant's residence in the project, ensuring supportive services are provided in compliance with all State and local licensing codes, and providing monthly case management. The participant must also remain in the HMIS.
   iii. The only reason the program may decline a participant's request to choose housing or move outside of the CoC's geographic area is that the program cannot reasonably meet all statutory and regulatory program requirements. If the participant's request to move is declined, but the participant believes the provider could have reasonably accommodated the request, the participant may contact the CoC or HUD directly.
   iv. The CoC where the participant chooses to move is not involved in the decision and may not prohibit individuals from using their rental assistance in the CoC area.
   v. Moving Survivors of Domestic Violence: With respect to a CoC program participant who is fleeing imminent threat of further harm from domestic violence, the program is exempt from regulatory requirements (such as providing monthly case management for RRH projects and conducting an annual assessment of the service needs of the program participant that has moved), but the program would not be exempt from statutory requirements such as participating in HMIS, ensuring housing meets quality standards, and ensuring the educational needs of children are met.

E. **Services Requirements for RRH Assistance**
1. Case Managers will offer case management services in order to assist households to successfully retain housing and move off the subsidy and into self-sufficiency.
2. During the clients' participation in the program, clients must meet with a case manager not less than once per month to assist the program participant in ensuring long-term housing stability. Case management will be offered in a manner consistent with Housing First principles. The project is exempt from this requirement if the Violence Against Women Act of 1994 (42 U.S.C. 13925 et seq.) or the Family Violence Prevention and Services Act (42 U.S.C. 10401 et seq.) prohibits the recipient operating the project from making its housing conditional upon the participant's acceptance of services.
3. All clients may receive follow-up services for up to 6 months to ensure housing stability and assess the effectiveness of RRH programs.
4. Participants are provided assistance to locate and obtain permanent housing, financial assistance for move-in and stabilization costs, and housing case management in order to achieve their Housing Plan goals. This includes assistance to address tenancy problems that may jeopardize housing. Assistance is provided:
   i. Without additional preconditions, such as employment or sobriety; and
   ii. With understanding that housing may cost greater than 30% of participant income and be precarious.
5. Services may be provided at the program offices, and Case Managers will conduct home visits when appropriate. Services may include, but are not limited to:
   i. Intake and assessment
   ii. A minimum of one monthly face-to-face case management meeting
   iii. A minimum of one quarterly home visit
   iv. Assistance with transportation, including accompaniment to appointments, home visits
   v. Assistance, and ongoing assistance, with creating and updating individualized Housing Plans, designed to rehouse and stabilize participants as quickly as possible
   vi. Verification of progress toward achievement of short- and long-term client objectives
   vii. Referral to behavioral health resources
   viii. Job search assistance
   ix. Benefits assistance and advocacy
   x. Referral to vocational and training programs
   xi. Mediation and negotiation with landlords
   xii. Crisis intervention
   xiii. Referral to child care resources
   xiv. Referral to other services and resources
   xv. Assistance with housing applications
   xvi. Budgeting and money management assistance
   xvii. Social and organized activities
6. Participation in services unrelated to obtaining or maintaining permanent housing is **voluntary**.
7. Program participants will be referred to other forms of homeless assistance in the CoC service area according to the Contra Costa County's Coordinated Entry System Policies and Procedures.

Eligibility Requirements

A. In order to qualify for Rapid Rehousing, households must fall within the target population as well as satisfy the following criteria:

1. The individual or household must meet the definition of homeless under Category 1 or Category 4. For ESG-RRH, an individual or household meeting Category 4 must also live in a place described in Category 1.

2. Other eligibility criteria created at the program level.

B. Program admission is prioritized for people with the most urgent and severe needs as defined in 25 CCR § 8409.

Screening & Assessment

A. All referrals to the program, including screening for program eligibility and prioritization, occur according to the Contra Costa County's Coordinated Entry System Policies and Procedures.

B. All people who are literally homeless who cannot quickly secure housing on their own or with another form of assistance are screened for and offered RRH, to the extent they are eligible, and assistance is available.

C. Participant assessment focuses on barriers to obtaining and/or maintaining housing (e.g., past rental/credit/criminal history, current income, legal issues, knowledge of tenant rights and responsibilities, etc.).

D. Programs must conduct participant re-assessments at least annually. At a minimum, re-assessment must establish and document ongoing need and lack of resources and support networks. ESG-funded RRH re-assessments must also demonstrate that the program participant does not have an annual income that exceeds 30% of the median family income for the area.

Housing Requirements for Rapid Rehousing

All housing supported by Rapid Rehousing resources must meet all HUD requirements, including but not limited to, Housing Quality Standards, rent reasonableness standards, FMR (as relevant), environmental review, and others.

Best Practices for Rapid Rehousing

In addition to the requirements related to receiving Rapid Rehousing resources, the CoC encourages providers to implement best practices when locating and securing housing for applicant families. These include:

A. **Overall Best Practices**
1. Set Goals - from the start, identify and set goals with the household to determine what they want.

2. Set Expectations – review the various rules and regulations related to housing – from noise levels to cleanliness to respect for neighbors. Stress the benefits. Differentiate between the household's wants versus their needs (e.g. studio serves the purpose rather than a one-bedroom).

3. Set Up Support – have in place counseling and case management during housing process to assist with necessary changes as household transitions into housing (e.g. modifying behaviors that may be viewed negatively in residential settings).

4. Listen to Household – meet regularly, view apartments together, recognize household's ability to decide where they want to live. Have household take an active role on the search.

5. Recognize What Landlords Want – know what landlords are looking for in prospective tenants (tenants who pay on time, maintain property, get along with others).

6. Address Credit, and Criminal History Issues – educate household on their credit report. Obtain it and review it with household, encourage payment arrangement on utilities to correct discrepancies. Same with criminal history – obtain police records to ensure information is accurate. Work to identify resources to assist household with cleaning up their criminal record.

7. Work with Landlords – work closely with landlord to provide simple, straightforward explanations of a household's credit/criminal history (face-to-face is best). Once household accepted have landlord and household meet. Prepare household for this first impression (e.g. specific questions the landlord may ask). If household not accepted maintain positive attitude and motivation for possible future opportunity.

8. Understand the Purpose of the Security Deposit – educate the household that the security deposit is a guarantee against damage, not unpaid rent. Meet with the landlord and the client to do an inspection and document/photograph any existing damage and include in household's file.

9. Review the Lease – review the lease with the household. Emphasize sections on rent, alteration of the apartment, lease violation, rules relating to guests and pets. Identify who is responsible for paying the utilities and any additional charges. Encourage the household to ask questions.

10. Anticipate Challenges – provide and identify support for household who may be experiencing a major transition and adjustments in routines now that they are housed.

B. **Financial Assistance Best Practices**
   1. Service providers will not issue checks to anyone other than a property owner or property management company. In no situation should a check or payment be made to household or another party.
   2. Service provider should call the landlord to verify the rental agreement.
   3. Service providers should mail payment to the property owner and/or property management company. Should the landlord, property owner and/or property management company need the check immediately, they may pick it up from the service provider. The household should not pick- up or deliver the payment to the property owner and/or property management company.

Staff Requirements

A. Staff helping participants are aware of and know how to access a wide array of housing options (public/private, subsidized/unsubsidized, all local permanent supportive housing, etc.) to help participants achieve their Housing Plan goals.

B. Staff are aware of and know how to access other community resources (e.g., legal services, subsidized childcare) that can help participants achieve their housing placement and stabilization goals.

EMERGENCY SHELTER (ES)

Structure of Emergency Shelter

"Emergency shelter" means any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements. This includes "day" shelters that meet the definition of "emergency shelter." In Contra Costa, there are two types of day shelters operating as entry points for Coordinated Entry:

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

Contra Costa also has CARE Capable Centers, which 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. Because these sites are not dedicated to homelessness, they are not considered day shelters for the purposes of these written standards.

A. **Goals of Assistance**
    Shelters provide services coordinated to meet the immediate safety and survival needs of the individual or family served, which may include shelter, food, clothing and other support services. These services are provided in a minimally intrusive environment.

B. **Duration of Stay**
    Participants may reside in an emergency shelter for the length of time established by each provider's program policies and procedures.

C. **Limitations on Assistance**
    The total amount of the recipient's fiscal year ESG grant that may be used for street outreach and emergency shelter activities cannot exceed the greater of:
    i.   60 percent of the recipient's fiscal year grant; or

        ii.   The amount of Fiscal Year 2010 grant funds committed for homeless assistance activities.

Eligibility & Screening

A. In order to gain access to emergency shelter services, individuals or families must meet the HUD definition of homeless under Category 1, 2, or 4.

B. Other eligibility criteria may be created at the program level.

C. All persons seeking assistance must first be screened to identify whether they should be admitted to a shelter because of their homelessness status, diverted to a provider of other services, or referred for other mainstream resources. Persons who have other safe and appropriate housing options or resources are diverted away from emergency shelter and instead offered problem-solving assistance and immediate linkage to homelessness prevention assistance, as needed, desired, and available.

D. Evidence of screening for eligibility shall be documented for all persons seeking assistance. The order of priority for obtaining evidence is as follows: third-party documentation first, intake worker observations second, and certification from the person seeking assistance third. However, lack of third-party documentation must not prevent an individual or family from being immediately admitted to emergency shelter or being immediately admitted to shelter or receiving services provided by a victim service provider.

E. All persons seeking shelter are also screened for critical health and safety needs to identify people with more severe service needs and provide an appropriate response.

F. Program admission is prioritized for people with the most urgent and severe needs as defined in 25 CCR § 8409.

G. All referrals to emergency shelter, including screening for program eligibility and prioritization, occur in alignment with Contra Costa County's Coordinated Entry System Policies and Procedures.

Assessment & Intake

A. Shelters will provide a basic intake within 24 hours of accepting a client into services. Required intake documents, include:
   1. Personal identification: at least one photo ID is preferred. If the client is unable to produce personal identification, the shelter may make a local decision about the necessity of pursuing ID;
   2. Documentation of homelessness status per federal guidelines;
   3. Income self-declaration;
   4. An assessment to determine clients' needs;
   5. HMIS intake forms, except for individuals and households qualifying under Category 4 of HUD's definition of homeless; and
   6. Signed acknowledgement of receiving program rules or requirements.

B. Shelters are prohibited from denying assistance to clients if they refuse to permit the shelter to share their information with other providers. In cases where a client does not consent to having their information shared, the information must still be collected by the shelter to determine eligibility, but it must not be shared via the HMIS if the program client objects.

C. Comprehensive assessments of admitted shelter program residents shall be conducted within one week of basic HMIS intake.

D. Program participants will be regularly reassessed throughout their stay at a shelter to determine the earliest possible time that a resident can be discharged to permanent housing.

E. Shelters shall conduct a full assessment of residents before they leave the shelter.

F. Program participants will be referred to other forms of homeless assistance in the CoC service area according to the Contra Costa County's Coordinated Entry system procedures.

Service Offerings

The following services may be provided with ESG funds (subject to the limitations in 24 CFR § 576.102):

1. Case management (including developing an individualized housing and service plan that outlines a path to permanent housing stability)
2. Child care
3. Education Services
4. Employment assistance and job training
5. Outpatient health services
6. Legal services
7. Life skills training
8. Mental health services
9. Substance abuse treatment services
10. Transportation

Access to Shelter

A. Notwithstanding restraints on program capacity and resource limitations, shelters shall follow a Housing First model with low barrier admission policies.

B. A shelter may turn away a prospective participant if:
    1. The shelter has no availability. If admission otherwise would be appropriate, the shelter may, at its discretion, provide one night of shelter or place the client in a motel, prior to referring them back to the coordinated entry system.
    2. The household includes a child under the age of 18 and the provider operates a single adult shelter.
    3. Agreement with a legal guardian or appropriate authorities has not been secured for an unaccompanied minor.

C. A shelter may not turn away an individual or family qualifying under Category 4 of HUD's definition of homeless except directly to a mutually agreed upon, more specialized referral, suggested by a Coordinated Entry system entry point, via a "warm" hand-off with a phone call and transportation; or via other mutually agreed upon safe transition protocol.

D. Per federal requirements, the age and gender of a child under 18 cannot be used as a basis for denying any family's admission to a shelter.

E. Shelters serving children must check adult names with the State sex offender registry before allowing entry. Single-gender adult shelters may accept sex offenders registered according to Sex Offender Registration Act (California Penal Code 290). Offenders will be asked to make legally required disclosures and will be advised of youth programs in the vicinity so they can stay in compliance with requirements.

F. Having an outstanding warrant does not disqualify a person from entering a shelter. Shelters may provide a voluntary program to help resolve outstanding warrants.

Discharge from Shelter

Participants are required to exit shelter at the end of their program-defined length of stay or if they are offered permanent housing. Extensions may be granted according to program policies and procedures.

Shelter Program & Staff Requirements

The following standards apply to emergency shelters with overnight sleeping accommodations. Day shelters (defined above) may offer a more limited array of these services.

A. Shelters shall be in operation 24 hours a day, 7 days a week.

B. Shelters will offer meals.

C. Shelters shall make every effort to ensure that their services are accessible and appropriate for individuals and families with the highest level of vulnerability.

D. Shelters should attempt to provide accommodations which protect the family unit whenever possible, allowing parents and children to be accommodated together.

E. Staff supervision, whether paid or volunteer, must be provided during the hours of operation.

F. Staff are aware of and know how to access other community resources (e.g., legal services) that can help participants achieve their housing placement and stabilization goals.

G. Staff helping to re-house participants are aware of and know how to access a wide array of housing options (public/private, subsidized/unsubsidized, all local permanent supportive housing, etc.) directly or through Contra Costa County's Coordinated Entry system to help participants achieve their Housing Plan goals.

HOMELESS PREVENTION (HP)

Structure of Homeless Prevention Assistance

Homelessness prevention must be provided in accordance with the housing relocation and stabilization services requirements in 24 CFR § 576.105, the short-term and medium-term rental assistance requirements in § 576.106, and the written standards and procedures established under § 576.400.

A. **Goals of Assistance**

Homeless prevention is designed to allow individuals and families receiving assistance to remain stably housed after the conclusion of such assistance.

B. **Assistance Amounts and Limitations**
1. Funds can be used for a one-time payment for up to 6 months of rent in arrears, including any late fees on those arrears.
2. No written lease for the rental unit is required if the assistance is solely for rental arrears.

Eligibility Requirements

A. To receive assistance, an individual or family must meet the criteria under the "at risk of homelessness" definition, or meet the criteria for one of the following categories: (2) Imminent Risk of Homelessness, and (4) Fleeing/Attempting to Flee Domestic Violence; AND has an annual income below 30 percent of median family income for the area, as determined by HUD.

B. The costs of homelessness prevention are only eligible to the extent that the assistance is necessary to help a participant regain stability in the participant's current permanent housing or move into other permanent housing and achieve stability in that housing.

C. Other eligibility criteria may be created at the program level.

STREET OUTREACH (SO)

Structure of Street Outreach Assistance

ESG funds may be used for costs of providing essential services necessary to reach out to unsheltered homeless people; connect them with emergency shelter, housing, or critical services; and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.

A. **Goals of Assistance**

Street outreach seeks to engage, case manage, and provide mental and physical health support to unsheltered homeless in order to connect them to shelter and support services.

B. **Assistance Limitations**
1. The total amount of the recipient's fiscal year ESG grant that may be used for street outreach and emergency shelter activities cannot exceed the greater of:
   i. 60 percent of the recipient's fiscal year grant; or
   ii. The amount of Fiscal Year 2010 grant funds committed for homeless assistance activities.

Adopted by Contra Costa Council on Homelessness – June 6, 2019

2. If the recipient or subrecipient is a unit of general purpose local government (any city, county, town, township, parish, village, or other general purpose political subdivision of a State), its ESG funds cannot be used to replace funds the local government provided for street outreach and emergency shelter services during the immediately preceding 12-month period, unless HUD determines that the unit of general purpose local government is in a severe financial deficit. See 24 CFR § 576.101(c) for more details.

Eligibility Requirements

In order to receive street outreach assistance, individuals or families must meet the unsheltered HUD definition of homeless within Category 1. "Unsheltered homeless" means an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.

Service Offerings

The following services may be provided with ESG funds (subject to the limitation in 24 CFR § 576.101):

1. Engagement
2. Case management
3. Emergency health services
4. Emergency mental health services
5. Transportation
6. Services for special populations (e.g. homeless youth, domestic violence victims, people living with HIV/AIDS)

POLICIES AND PROCEDURES

The following policies and procedures are mandated by Interim Regulations:

PARTICIPATION IN HMIS

A. All CoC- and ESG-funded projects must ensure that data on all persons served and all activities provided under these federally funded programs are entered into HMIS, in accordance with HUD's standards on participation, data collection, and reporting under a local HMIS. Victim service providers may use a comparable database, independent from HMIS.
B. Data associated with anyone who is fleeing or suffering from any form of domestic violence – including dating violence, stalking, trafficking, sexual assault, or youth with a perceived threat of violence due to their gender or sexual orientation-must receive additional safeguards. HMIS cannot be used to collect data from survivors of domestic violence because the Violence Against Women Act (VAWA) restricts HMIS' ability to track this information to protect this subpopulation's privacy and to ensure safety. Instead, a parallel database maintained by trained users control these data.
C. Programs should additionally adhere to requirements outlined in Contra Costa County's CoC-HMIS Governance Charter, Policies & Procedures.

PARTICIPATION IN COORDINATED ENTRY

The CoC has established a Coordinated Entry System in compliance with ESG regulations, 25 CCR 8409; HUD Coordinated Entry Notices CPD-17-01 and CPD-16-11; VAWA Reauthorization Act of 2013; and the CoC Program Interim Rule, 24 CFR Part 578. All CoC- and ESG-funded programs are required to participate in this system. All referrals to CoC- and ESG-funded programs, including screening for program eligibility and prioritization, occur according to Contra Costa County CoC's Coordinated Entry System protocols.

EDUCATION POLICIES

Consistent with the CoC Program Interim Rule 24 CFR §578.23, all CoC and ESG programs assisting families with children or unaccompanied youth must:

A. Take the educational needs of children into account when placing families in housing and will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education.

B. Inform families with children and unaccompanied youth of their educational rights, including providing written materials, help with enrollment, and linkage to McKinney Vento Liaisons as part of intake procedures.

C. Not require children and unaccompanied youth to enroll in a new school as a condition of receiving services.

D. Allow parents or the youth (if unaccompanied) to make decisions about school placement.

E. Not require children and unaccompanied youth to attend after-school or educational programs that would replace/interfere with regular day school or prohibit them from staying enrolled in their original school.

F. Post notices of student's rights at each program site that serves homeless children and families in appropriate languages.

G. Designate staff that will be responsible for:
    1. Ensuring that homeless children and youth in their programs are in school and are receiving all educational services they are entitled to.
    2. Coordinating with the CoC, the Department of Social Services, the County Office of Education, the McKinney Vento Coordinator, the McKinney Vento Educational Liaisons, and other mainstream providers as needed.

H. In order to ensure compliance and to assist providers in meeting these requirements, the CoC will provide training on these issues annually and will include these in the funding competition review and ranking process.

FAMILY ADMISSION/SEPARATION POLICIES

A. Consistent with the CoC Program Interim Rule §578.93, neither CoC nor ESG program-funded projects may involuntarily separate families: The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that receives CoC or ESG funds. The gender and marital status of a parent or parents may also not be used as a basis for denying any family's admission to a project that receives CoC or ESG funds.

B. The CoC will work closely with providers to ensure that placement efforts are coordinated to avoid involuntary family separation, including referring clients for the most appropriate services and housing to match their needs.

C. Any client that believes that they or a family member has experienced involuntary separation may report the issue to the CoC. The CoC will investigate the claim and take appropriate remedial action.

HOUSING FOR SPECIFIC SUBPOPULATIONS

All CoC-funded programs may exclusively serve a particular homeless subpopulation if the housing addresses a need identified by the Continuum of Care for the geographic area and meets one of the following:

A. The housing may be limited to one sex where such housing consists of a single structure with shared bedrooms or bathing facilities such that the considerations of personal privacy and the physical limitations of the configuration of the housing make it appropriate for the housing to be limited to one sex;

B. The housing may be limited to a specific subpopulation, so long as admission does not discriminate against any protected class under federal non- discrimination laws in 24 CFR 5.105 (*e.g.,* the housing may be limited to homeless veterans, victims of domestic violence and their children, or chronically homeless persons and families).

C. The housing may be limited to families with children.

D. If the housing has in residence at least one family with a child under the age of 18, the housing may exclude registered sex offenders and persons with a criminal record that includes a violent crime from the project so long as the child resides in the housing.

E. If the housing is assisted with funds under a federal program that is limited by federal statute or Executive Order to a specific subpopulation, the housing may be limited to that sub- population (*e.g.,* housing also assisted with funding from the Housing Opportunities for Persons with AIDS program under 24 CFR part 574 may be limited to persons with acquired immunodeficiency syndrome or related diseases).

F. Programs may limit admission to or provide a preference for the housing to subpopulations of homeless persons and families who need the specialized supportive services that are provided in the

housing (*e.g.,* substance abuse addiction treatment, domestic violence services, or a high intensity package designed to meet the needs of hard-to-reach homeless persons). While the housing may offer services for a particular type of disability, no otherwise eligible individuals with disabilities or families including an individual with a disability, who may benefit from the services provided may be excluded on the grounds that they do not have a particular disability.

For ESG-funded Rapid Rehousing and Homelessness prevention activities, no subpopulation targeting will be permitted except if documentation of all of the following is provided to the California Department of Housing and Community Development prior to the award of funds for these activities: (1) that there is an unmet need for these activities for the subpopulation proposed for targeting, and (2) that there is existing funding in the Continuum of Care Service Area for programs that address the needs of the excluded populations for these activities.

PROGRAMS SERVING ONLY HOUSEHOLDS WITH CHILDREN

While it is acceptable for a program to limit assistance to households with children, it may not limit assistance to only women with children. The program must also serve the following family types, should they present, in order to be in compliance with the Equal Access rule:

    i.   Single male head of household with minor child(ren); and

    ii.   Any household made up of two or more adults, regardless of sexual orientation, marital status, or gender identity, presenting with minor child(ren).

In this example, the program would not be required to serve families composed of only adult members and could deny access to these types of families provided that all adult-only families are treated equally, regardless of sexual orientation, marital status, or gender identity.

INVOLUNTARY FAMILY SEPARATION

All CoC- and ESG-funded programs will not use the age and gender of a child under age 18 as a basis for denying any family's admission.

NONDISCRIMINATION AND EQUAL OPPORTUNITY

All CoC- and ESG-funded programs shall comply with applicable civil rights laws, including the nondiscrimination and equal opportunity requirements in the Fair Housing Act, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and Title II of the Americans with Disabilities Act. Further, in providing services and outreach activities related to such services, all programs will not discriminate against a program participant or prospective program participant on the basis of race, color, citizenship, national origin, ancestry, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity or expression, marital status, source of income, genetic information, status as a survivor of domestic violence, or other reasons prohibited by law.

EQUAL ACCESS TO HOUSING

All CoC- and ESG-funded programs must provide equal access to housing, services, and accommodations in accordance with an individual's gender identity. An individual's "gender identity" means the gender

with which a person identifies, regardless of the sex assigned to that person at birth and regardless of the person's perceived gender identity. Programs may not ask intrusive questions about gender or require proof through documentation. Program eligibility must be determined without regard to actual or perceived sexual orientation, gender identity, or marital status. Program policies and procedures must be updated to reflect this.

AFFIRMATIVELY FURTHERING FAIR HOUSING (OUTREACH)

A. All CoC- and ESG-funded programs will practice outreach to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, or disability as detailed in 24 CFR 578.93(c) and employ additional efforts to establish effective communication with persons with disabilities and persons with limited English proficiency, working cooperatively with the Coordinated Entry System Manager.

B. This outreach will consist of affirmative marketing of the program's housing opportunities and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or handicap who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities.

C. If programs encounter a condition or action that impedes fair housing choice for current or prospective program participants, programs will provide such information to the CoC Board. Programs will also provide participants with information on rights and remedies available under applicable federal, State and local fair housing and civil rights laws.

REASONABLE ACCOMMODATION AND DISABILITY-RELATED GRIEVANCE PROCEDURE

Disabled clients may request an accommodation to the program procedures if they are unable to comply with them due to their disability. In order for the client to receive an accommodation, the forms listed below must be completed and submitted to the Program Director for consideration. The client will be notified in writing whether the accommodation will be made, or not, with the reasons included. Please see the appendices for forms labeled "Request for Reasonable Accommodation", "Request for Consideration of Mitigating Circumstances" and "Verification of Mitigating Circumstances." All clients have a right to file a grievance, whether disabled or not.

MAINSTREAM BENEFITS

All CoC- and ESG-funded programs will receive information and training from the Contra Costa County CoC regarding projects to supplement CoC program funds with resources from other public and private funding sources, including, mainstream programs that assist participants in applying for and receiving mainstream benefits. Program staff will be kept systematically up-to-date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the Contra Costa County CoC area.

DOMESTIC VIOLENCE/PRIVACY POLICIES

All efforts shall be made to protect the privacy and safety of domestic violence survivors and to uphold client choice by presenting a range of housing and service options. The following procedures are in place to do that.

Privacy and Safety

A. Programs which are primarily for survivors of violence are prohibited from contributing client-level data into the HMIS. However, these programs must record client-level data within a comparable internal database and be able to generate aggregate data for inclusion in reports.

B. Non-victim service providers shall protect the privacy of individuals and families who are fleeing, or attempting to flee violence, by not including intake/treatment data in HMIS.

C. The location of Domestic Violence shelters/programs shall not be made public.

D. Staff responsible for coordinated intake/assessment shall receive training on protecting the safety and privacy of individuals who are fleeing, or attempting to flee violence.

E. For each program participant who moved to a different Continuum of Care due to imminent threat of further violence under § 578.51(c)(3), the CoC program must retain:
    1. **Documentation of the original incidence of violence.** This may be written observation of the housing or service provider; a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom the victim has sought assistance; medical or dental records; court records or law enforcement records; or written certification by the program participant to whom the violence occurred or by the head of household.
    2. **Documentation of the reasonable belief of imminent threat of further violence, which would include threats from a third-party, such as a friend or family member of the perpetrator of the violence.** This may be written observation by the housing or service provider; a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom the victim has sought assistance; current restraining order; recent court order or other court records; law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts; or a written certification by the program participant to whom the violence occurred or the head of household.

Services Requirement Exemption for Survivors of Domestic Violence

Programs are exempt from the services requirement if the Violence Against Women Act of 1994 (42 U.S.C. 13925 et seq.) or the Family Violence Prevention and Services Act (42 U.S.C. 10401 et seq.) prohibits the program from making its housing conditional upon the participant's acceptance of services.

DRUG FREE WORKPLACE

All CoC- and ESG-funded programs will certify that they operate in accordance with the Drug-Free Workplace Act of 1988 (41 U.S.C. 701, *et. seq.*) and HUD's implementing regulations at 2 CFR § 2429. All programs shall notify HUD about any employee's conviction for a criminal drug offense pursuant to HUD-50070.

ANTI-LOBBYING

A. All CoC- and ESG-funded programs are prohibited from using appropriated funds for lobbying the executive or legislative branches of the Federal Government in connection with a specific contract, grant, or loan.

B. All CoC- and ESG-funded programs shall disclose, using Standard Form LLL (SFLLL), "Disclosure of Lobbying Activities," any funds other than federally appropriated funds, that will be or have been used to influence federal employees, Members of Congress, or congressional staff regarding specific contract, grant, or loans.

C. As an applicant for future funds, programs shall submit the SFLLL if it has used or intends to use federal funds for lobbying activities.

COMPLIANCE WITH SECTION 3 OF THE HOUSING AND URBAN DEVELOPMENT ACT OF 1968

Employment and other economic opportunities generated by federal financial assistance for housing and community development programs shall, to the greatest extent feasible, be directed toward low- and very low-income persons, particularly those who are recipients of government assistance for housing.

SOLID WASTE DISPOSAL ACT

All CoC- and ESG-funded programs will comply with the requirements of Section 6002 of the Solid Waste Disposal Act as amended by the Resource Conservation and Recovery Act, in the procurement of certain items and services as follows. Programs will:

1. Procure items designated in guidelines of the EPA at 40 CFR part 247 that contain the highest percentage of recovered materials practical, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds $10,000 or the value of the quantity acquired in the preceding fiscal year exceeded $10,000;
2. Procure solid waste management services in a manner that maximizes energy and resource recovery; and
3. Establish an affirmative procurement program for the procurement of recovered materials identified in the EPA guidelines.

RELOCATION DUE TO PROGRAM CLOSURE

A. In the event that a program is closing its doors, the program should contact the local HUD field office. These entities should work together to develop a plan for transitioning the participants to

other permanent housing. HUD expects that programs that are closing, in partnership with the CoC, will take a client-centered, proactive approach to ensure consistency of appropriate housing for program participants after the program closes.

B.   Program participants that are receiving assistance through programs such as the Emergency Solutions Grants (ESG) Program, the Continuum of Care (CoC) Program, the Supportive Services for Veterans Families (SSVF) Program, or the Veterans Homelessness Prevention Demonstration Program (VHPD) maintain their homeless status for the purpose of eligibility for other permanent housing programs, such as HUD-VASH and CoC-funded permanent supportive housing (so long as they meet any other additional eligibility criteria for these programs). Program participants only maintain their homeless status during the time period that they are receiving the rapid re-housing assistance.

PROGRAM POLICIES AND PROCEDURES

All CoC- and ESG-funded programs will establish and maintain standard operating procedures that adhere to CoC and ESG requirements, including but not limited to recordkeeping, as outlined in 24 CFR §§ 578.103 and 576.500 respectively.

NOTICE OF FUNDING AVAILABILITY (NOFA) REQUIREMENTS BY GRANT YEAR

All CoC- and ESG-funded programs must additionally adhere to any requirements stated in the NOFA (or RFP) for the grant year in which they are operating. At times, HUD places additional requirements for the use of a funding source that may alter who can be served, how funds can be spent, and other activities.

MONITORING AND EVALUATION OF RECIPIENTS AND SUBRECIPIENTS

The CoC Interim Regulations (24 CFR § 578.7(a)) mandate that the Continuum of Care do the following:

A.   Consult with recipients and subrecipients to establish performance targets appropriate for population and program type, monitor recipient and subrecipient performance, evaluate outcomes, and take action against poor performers; and
B.   Evaluate outcomes of projects funded under the Emergency Solutions Grants program and the Continuum of Care program, and report to HUD.

PARTICIPANT TERMINATION AND APPEALS POLICY

If a client violates program requirements or no longer meets minimum eligibility requirements for assistance, the program may terminate assistance. Program policies and procedures must outline the termination and appeals process. These policies and procedures must be given to the participant at program entry and at the time of termination.

A.   To terminate assistance, the minimum required formal process must consist of:
    1.   A written notice to the client containing a clear statement of the reasons for termination; and

2. A review of the decision, in which the client is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and

3. Prompt written notice of the final decision to the client.

B. Termination does not bar the program from providing further assistance at a later date to the same family or individual if they so wish.

C. Participants who seek to appeal an unfavorable decision by the program may contact the Contra Costa Council on Homelessness for a review of the decision.

APPENDICES

A: CHRONIC HOMELESSNESS DOCUMENTATION CHECKLIST

Chronic Homelessness Definition

Recordkeeping Documentation Options Explained

	HMIS Record		
3rd Party Documentation	Documentation from HMIS/Comparable Database *Records must show entries/exits at Shelters.* *An answer of "Yes" to the question as to whether the individual is chronically homeless (Universal Data Element 3.917) is not sufficient.*	Written observation by an outreach worker or Written referral by another housing or service provider	Documentation from Institutions like Hospitals, Correctional Facilities, etc. *Must include records about stay the length of stay, signed by Clinician or other appropriate staff.*
Self Certification		Signed certification by the individual seeking assistance describing how they meet the definition, which must be accompanied by the intake worker's documentation of the living situation and the steps taken to obtain evidence to support it. Remember that for each Project: • 100% of households served can use self-certification for 3 months of their 12 months, • 75% of households served need to use 3rd Party documentation for 9 months of their 12 months, and • 25% of households served can use self-certification as documentation for any and all months.	

When do you need third party documentation?

✔ Preferred to record all occasions of homelessness to document Chronic Homelessness.

✘ Not necessary to record breaks in homelessness, these can be based on self reports.

Chronic Homelessness Documentation Checklist

An individual is defined by HUD as "Chronically Homeless" if they have a disability and have lived in a shelter, safe haven, or place not meant for human habitation for 12 continuous months or for 4 separate occasions in the last three years (must total 12 months). Breaks in homelessness, while the individual is residing in an institutional care facility will not count as a break in homelessness. Additionally, an individual who is currently residing in an institutional care facility for less than 90 days and meets the above criteria for chronic homelessness may also be considered chronically homeless. Lastly, a family with an adult/minor head of household who meets the above mentioned criteria may also be considered chronically homeless, despite changes in family composition (unless the chronically homeless head of household leaves the family).

Client Name:	**Date of Birth:**
Number in Household:	**Client Head of Household:** ☐ Yes ☐ No
Part 1: Current Housing Status	
Client must currently be in one of these locations in order to be considered chronically homeless. **Client is currently residing:** ☐ In Emergency Shelter ☐ On the Streets/Place not Meant for Human Habitation ☐ In the Safe Haven ☐ In an Institutional Care Facility (Where they have been for fewer than 90 days)	
Start Date: _____	**End Date: _____**
Location Name/Address:	
Current Housing Status Notes:	
Chronic Homelessness Documentation Checklist - Page 1 of 4 (Not including Attachments)	

Part 2: Housing History	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Mo./Yr.												
Location *Check all that Apply*	☐ Streets ☐ Shelter ☐ Safe Haven ☐ Inst. (<90 days)	☐ Streets ☐ Shelter ☐ Safe Haven ☐ Inst. (<90 days)	☐ Streets ☐ Shelter ☐ Safe Haven ☐ Inst. (<90 days)	☐ Streets ☐ Shelter ☐ Safe Haven ☐ Inst. (<90 days)	☐ Streets ☐ Shelter ☐ Safe Haven ☐ Inst. (<90 days)	☐ Streets ☐ Shelter ☐ Safe Haven ☐ Inst. (<90 days)	☐ Streets ☐ Shelter ☐ Safe Haven ☐ Inst. (<90 days)	☐ Streets ☐ Shelter ☐ Safe Haven ☐ Inst. (<90 days)	☐ Streets ☐ Shelter ☐ Safe Haven ☐ Inst. (<90 days)	☐ Streets ☐ Shelter ☐ Safe Haven ☐ Inst. (<90 days)	☐ Streets ☐ Shelter ☐ Safe Haven ☐ Inst. (<90 days)	☐ Streets ☐ Shelter ☐ Safe Haven ☐ Inst. (<90 days)
Doc. Type *Check One* *(Except Self-Cert. select both)*	☐ HMIS ☐ Obsv. By Outreach ☐ Comp. Database ☐ Discharge Paperwork ☐ Referral ☐ Self-Cert. ☐ Staff Doc. of Situation ☐ Doc. of steps to obtain evidence	☐ HMIS ☐ Obsv. By Outreach ☐ Comp. Database ☐ Discharge Paperwork ☐ Referral ☐ Self-Cert. ☐ Staff Doc. of Situation ☐ Doc. of steps to obtain evidence	☐ HMIS ☐ Obsv. By Outreach ☐ Comp. Database ☐ Discharge Paperwork ☐ Referral ☐ Self-Cert. ☐ Staff Doc. of Situation ☐ Doc. of steps to obtain evidence	☐ HMIS ☐ Obsv. By Outreach ☐ Comp. Database ☐ Discharge Paperwork ☐ Referral ☐ Self-Cert. ☐ Staff Doc. of Situation ☐ Doc. of steps to obtain evidence	☐ HMIS ☐ Obsv. By Outreach ☐ Comp. Database ☐ Discharge Paperwork ☐ Referral ☐ Self-Cert. ☐ Staff Doc. of Situation ☐ Doc. of steps to obtain evidence	☐ HMIS ☐ Obsv. By Outreach ☐ Comp. Database ☐ Discharge Paperwork ☐ Referral ☐ Self-Cert. ☐ Staff Doc. of Situation ☐ Doc. of steps to obtain evidence	☐ HMIS ☐ Obsv. By Outreach ☐ Comp. Database ☐ Discharge Paperwork ☐ Referral ☐ Self-Cert. ☐ Staff Doc. of Situation ☐ Doc. of steps to obtain evidence	☐ HMIS ☐ Obsv. By Outreach ☐ Comp. Database ☐ Discharge Paperwork ☐ Referral ☐ Self-Cert. ☐ Staff Doc. of Situation ☐ Doc. of steps to obtain evidence	☐ HMIS ☐ Obsv. By Outreach ☐ Comp. Database ☐ Discharge Paperwork ☐ Referral ☐ Self-Cert. ☐ Staff Doc. of Situation ☐ Doc. of steps to obtain evidence	☐ HMIS ☐ Obsv. By Outreach ☐ Comp. Database ☐ Discharge Paperwork ☐ Referral ☐ Self-Cert. ☐ Staff Doc. of Situation ☐ Doc. of steps to obtain evidence	☐ HMIS ☐ Obsv. By Outreach ☐ Comp. Database ☐ Discharge Paperwork ☐ Referral ☐ Self-Cert. ☐ Staff Doc. of Situation ☐ Doc. of steps to obtain evidence	☐ HMIS ☐ Obsv. By Outreach ☐ Comp. Database ☐ Discharge Paperwork ☐ Referral ☐ Self-Cert. ☐ Staff Doc. of Situation ☐ Doc. of steps to obtain evidence
Doc. Att.	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No	☐Yes ☐No
Break Mo./Yr. & Descr. or N/A	Break 1: Break 2: Break 3: If there are additional breaks please detail and attach.											
Notes												
Self-Cert. Check	Does the documentation include more than 3 Months of Self-Certifications? * ☐ Yes ☐ No * Please be advised that if you answered **YES**, that for at least 75% of the households assisted by a recipient in a project during an operating year, no more than 3 months can be self-certified. **Please check with you project administrator to ensure your project has not exceeded its self-certification cap.**											
Key	*Mo. = Month, Yr. = Year, Inst. = Institution, Doc. = Documentation, Obsv. = Observation, Comp. = Comparable, Cert. = Certification, Descr. = Description*											

Chronic Homelessness Documentation Checklist - Page 2 of 4 (Not including Attachments)

Part 3: Disability Status

The term homeless individual with a disability' means an individual who is homeless, as defined in section 103, and has a disability that
- *Is expected to be long-continuing or of indefinite duration;*
  - *Substantially impedes the individual's ability to live independently;*
  - *Could be improved by the provision of more suitable housing conditions; and*
  - *Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;*
- *Is a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or*
- *Is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.*

The head of household has been diagnosed with one or more of the following (check all that apply):

☐ Substance use disorder

☐ Serious mental illness

☐ Developmental disability

☐ Post-traumatic stress disorder

☐ Cognitive impairments resulting from brain injury

☐ Chronic physical illness or disability

☐ Other:

Documentation Attached:

☐ Written verification of the disability from a licensed professional;

☐ Written verification from the Social Security Administration;

☐ The receipt of a disability check; or

☐ Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, accompanied by supporting evidence.

Disability Notes:

Chronic Homelessness Documentation Checklist - Page 3 of 4 (Not including Attachments)

Part 4: Staff and Client Certifications

Client Certification:

To the best of my knowledge and ability, all the information provided in this document is true and complete. I also understand that any misrepresentation or false information may result in my participation being cancelled or denied, or in termination of assistance. It is my responsibility to notify _____ of any changes in my housing status or address in writing during program participation and I understand that my application may be cancelled if I fail to do so.

Client Name: (Printed)	Client Signature:	Date:

Staff Certification:

To the best of my knowledge and ability, all of the information and documentation used in making this eligibility determination is true and complete.

Staff Name: (Printed)	Staff Signature:	Date:
Staff Role:	Agency:	

Notes:

Chronic Homelessness Documentation Checklist - Page 4 of 4 (Not including Attachments)

B: DISABILITY CERTIFICATION

1. Name of Client: _____

The above named individual is a client of the _____ program. As required by the US Department of Housing and Urban Development (HUD), we must verify the following self-reported disabilities before entering this information into the Homeless Management Information System: Mental health issues, chronic health conditions, physical/medical conditions, developmental disabilities. A disability as defined by HUD is as follows:

> (1) a disability as defined in Section 223 of the Social Security Act;
> (2) a physical, mental, or emotional impairment which is (a) expected to be of long, continued and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions.
> (3) a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act;
> (4) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome; OR
> (5) a diagnosable substance abuse disorder.

Other Definitions:

- *Mental Health Problem* – a mental health condition that is expected to be of long-continued and indefinite duration and may substantially impede a client's ability to live independently. A mental health problem may include serious depression, serious anxiety, hallucinations, violent behavior or thoughts of suicide.

- *Chronic Health Condition* - a diagnosed condition that is more than three months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples of chronic health conditions include, but are not limited to, heart disease (including coronary heart disease, angina, heart attack and any other kind of heart condition or disease); severe asthma; diabetes; arthritis-related conditions (including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia); adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions); severe headache/migraine; cancer; chronic bronchitis; liver condition; stroke; or emphysema.

- *Physical/Medical* -a physical impairment which is (a) expected to be of long, continued and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions.

- *Developmental* - a severe, chronic disability that is attributed to a mental or physical impairment (or combination of physical and mental impairments) that occurs before 22 years of age and limits the capacity for independent living and economic self-sufficiency.

2. Please indicate the type of disability that is being verified (you may check more than one) and sign below to certify that the individual meets HUD's definition of said disability. Certification must be signed by a qualified licensed professional.

☐ Mental Health Problem: _____
☐ Physical/Medical: _____
☐ Chronic Health Condition: _____
☐ Developmental

_____   _____   _____
Signature 1   *Date*   *License No and License Type*

_____   _____   _____
Signature 2   *Date*   *License No and License Type*

C: REQUEST FOR REASONABLE ACCOMMODATION

Name _____ Phone _____

Address_____City_____ZIP_____

The following member of my household has a disability. "Disability" is defined as having a physical or mental impairment that substantially limits one or more major activities, a record of having such an impairment, or being regarded as having such an impairment.

Name of Person with Disability_____

As a result of the disability, the person listed above requires the following change(s) be made to the existing residence:

❑   A modification to the residence or a modification to the housing complex. Describe the change requested:

❑   A change to a rule, policy or procedure. Describe the change requested:

The reasonable accommodation is needed so that the person with the disability can:

To verify the disability and need for accommodation, you may contact the following person:

Name and Relationship   _____

Address   _____

Phone   _____

I give _____ permission to contact the above individual for purposes of verifying that I or a household member has a disability and requires the reasonable accommodation described above. I understand that the information you obtain will be kept completely confidential and used solely to determine necessity for reasonable accommodation.

Signature_____Date_____

D: REQUEST FOR CONSIDERATION OF MITIGATING CIRCUMSTANCES

Applicant/Tenant Name_____Phone _____

Address_____City_____ZIP_____

I have a disability. I am submitting this request because my application was rejected, I received a lease violation or I received an eviction notice due to circumstances resulting from my disability.

1.   Describe why you believe the problem was a result of the disability.

2.   Describe why the problem is not likely to happen again.
        ❑   The following circumstances have changed.
        ❑   A request for reasonable accommodation has been approved. (Describe the accommodation or attach a request form.

3.   To verify the disability, you may contact the following person:

        Name and Relationship   _____
        Address   _____
        Phone   _____

4.   To verify that the problem is not likely to reoccur, you may contact the following person:

        Name and Relationship   _____
        Address   _____
        Phone   _____

5.   To verify that the reasonable accommodation request is necessary and likely to solve the problem, you may contact the following person:

        Name and Relationship   _____
        Address   _____
        Phone   _____

I give _____ permission to contact the above individuals for purposes of verifying the information described on this form. I understand that the information you obtain will be kept completely confidential.

Signature_____   Date_____

E: VERIFICATION OF MITIGATING CIRCUMSTANCES

In signing this form, I verify the following information regarding the individual:

Name _____

❑   The individual was denied services, received a lease violation or an eviction notice due to
         circumstances resulting from a disability. Describe the reason one or more of these occurred.

❑   The problem is not likely to reoccur because of the following changes. Describe the changes and
         explain your reasoning.

❑   The problem is not likely to reoccur if the individual is provided the following reasonable
         accommodation. Describe the reasonable accommodation and explain your reasoning.

Name and Title_____

Relationship to Named Individual_____

Address_____Phone _____

Contra Costa County 2020 Point in Time Count

Each year in January, Contra Costa's Homeless Continuum of Care (CoC), with the help of county agencies and community volunteers, conducts a comprehensive Point in Time (PIT) count of families and individuals experiencing homelessness. This count provides a one-day snapshot of homelessness and is used to highlight the housing and homeless crisis in the county. The 2020 PIT count was conducted on January 22, 2020 with the help of more than 150 volunteers and staff.

2,277 People Were Experiencing Homelessness in Contra Costa County

707 people in shelters

1,570 people sleeping outside

154 children

2,123 adults

2019/2020 PIT Comparisons

2,295 — 2,277

1,627 — 1,570

668 — 707

2019 — 2020

4% decrease in unsheltered persons

- Sheltered
- Unsheltered
- Total Count
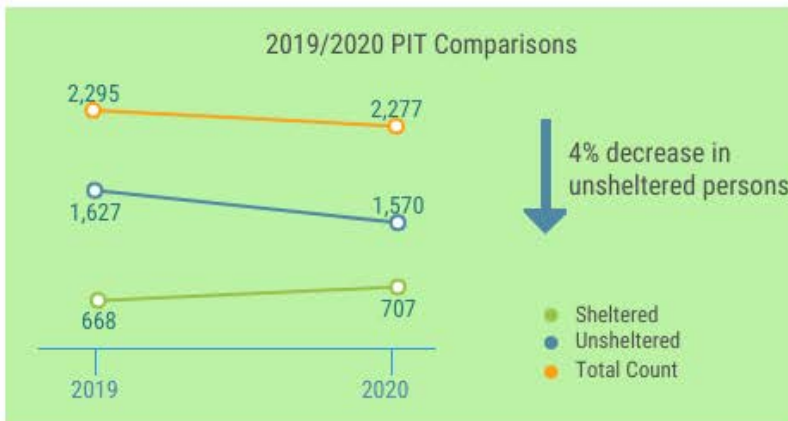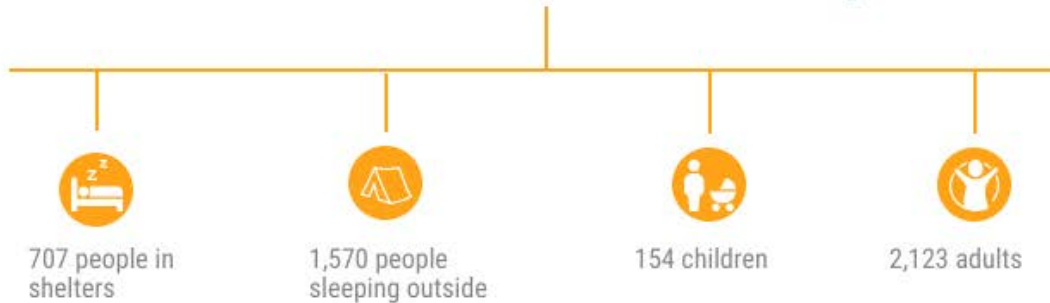
52% of adults had a mental health condition

50% of adults had a substance use issue

45% of adults had a chronic health condition

6% of adults were veterans

Age categories

7% minors

5% transition age youth 18-24

55% adults 25-54

17% older adults 55-61

16% seniors 62+

nearly 1 in 3 were chronically homeless
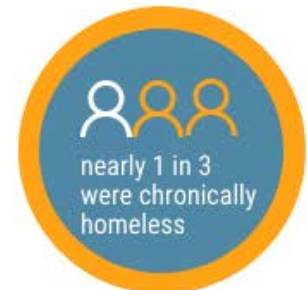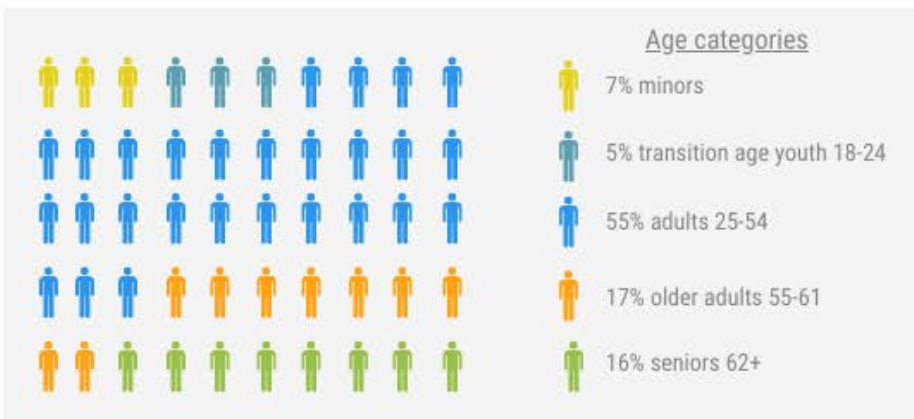
2020 Point in Time Count, page 1
V1, 5/5/20

83% lost their housing in Contra Costa County

Top three reasons for losing housing:

- 25% due to cost of living/rent
- 17% due to eviction
- 14% due to their substance use

Families 5% — 92 households with children — 67% sheltered

2,277 individuals made up 1,972 households

Adult-Only Households 95% — 1,880 adult-only households — 27% sheltered
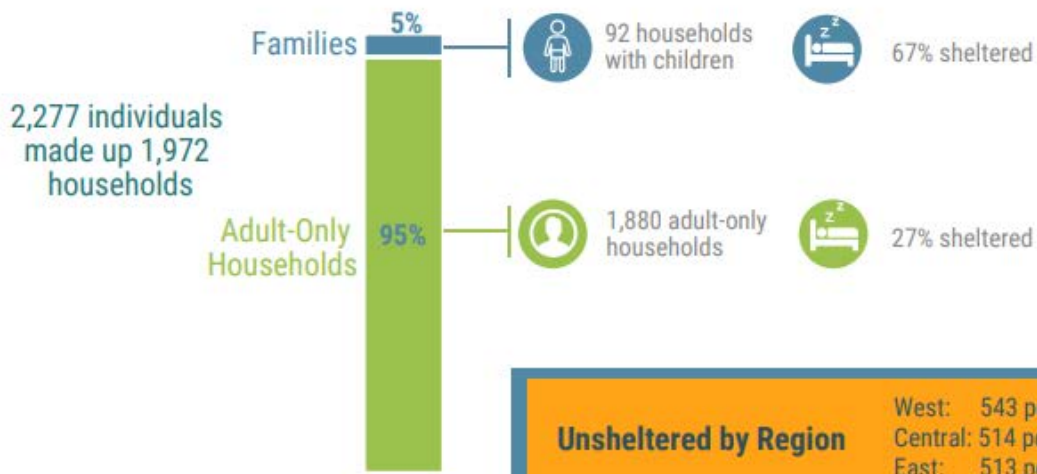
Unsheltered by Region

West:	543 people (34%)
Central:	514 people (33%)
East:	513 people (33%)

Heat Map for Unsheltered Across Contra Costa County

CONTRA COSTA
HEALTH HOUSING & HOMELESS
A Division of Contra Costa Health Services
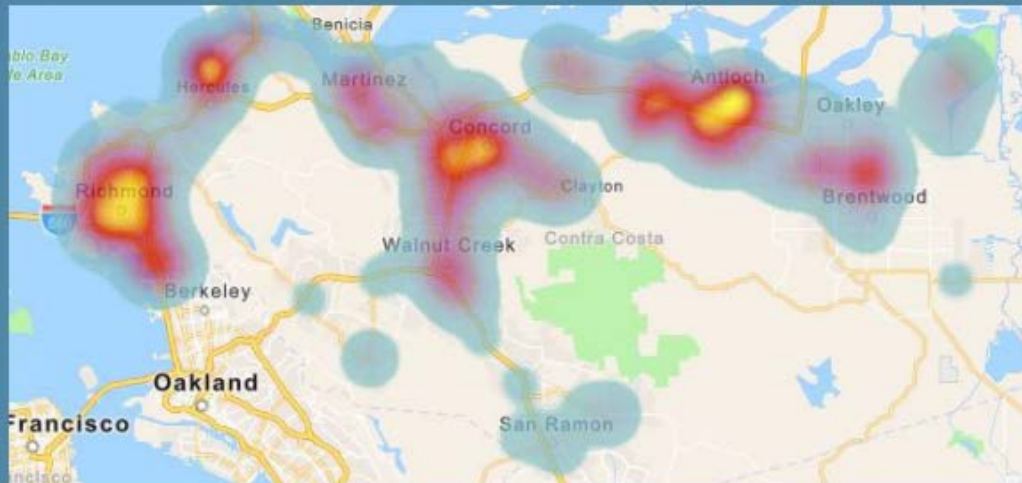
For more information about the PIT count, please email
H3Redteam@cchealth.org

2020 Point in Time Count, page 2
7/22/20

updated 8/12/20

4

Introduction to the Coordinated Entry System (CES)

What is a Coordinated Entry System?

Establishing a Coordinated Entry System (CES) is a federal and state requirement for the CoC and is strongly encouraged by most funders, including H3 on behalf of Contra Costa County and CoC. The primary goals for the Contra Costa CES are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present. Coordinated Entry is a centralized and coordinated process designed to streamline voluntary placement into permanent and stable housing through consumer intake, assessment, and provision of referrals. The purpose of the County's CES 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. Contra Costa's CoC has designated Contra Costa Health Services Health Housing and Homeless Services (H3) Division as the provider and manager of the CES.

What you will see in this section:

- **Contra Costa County Coordinated Entry Flyer.** *A flyer that can be used to connect individuals and organizations to Coordinated Entry.*

- **Contra Costa County Coordinated Entry Process Flow.** *This chart depicts Contra Costa's Coordinated Entry process.*

- **Contra Costa County Coordinated Entry Policies & Procedures.** *This document describes the policies and procedures that guide and govern Contra Costa's Coordinated Entry System, including roles and responsibilities of the providers, CE Manager, CoC and HMIS Lead*

Agency.

- **Contra Costa County Coordinated Entry Diversion and Housing Navigation Policies & Procedures for Use of the Housing Security Fund.** *This document describes the operation and use of Contra Costa's Housing Security Fund.*

HOMELESS?
LOSING YOUR HOUSING?

CALL 211 or
Text "HOPE" to 20121
FREE CONFIDENTIAL SERVICE AVAILABLE 24/7
Callers will be matched and referred to appropriate programs

WALK INTO A CARE CENTER
Coordinated Assessment Referral and Engagement (CARE) Centers can provide help with:

Updated with COVID-19 Pandemic Related Changes

RICHMOND
(GRIP)

165 22nd Street

M-F: 9 am-3 pm
Sat-Sun: 8 am –2 pm

Current Services

- Basic needs services (meals, bathrooms, showers, mail, laundry)
- Case management : M-F, 9 am-3 pm
- Lunch served bagged, to-go (2 to-go meals per person per day, 7 days/week)
- Housing navigation

WALNUT CREEK
(Trinity Center)

1888 Trinity Ave

M-F: 8 am-4 pm

Current Services

- Basic needs services (meals, bathrooms, showers, mail, laundry)
- Breakfast and lunch served inside with social distancing enforcement
- Case management
- Housing navigation

Contra Costa Continuum of Care

4.20.21

cchealth.org/h3

CONTRA COSTA
HEALTH HOUSING
& HOMELESS SERVICES
A Division of Contra Costa Health Services

¿ESTÁ DESEMPARADO?
¿VA A PERDER SU VIVIENDA?

LLAME AL 211 o envie el mensaje 'HOPE' al 20121

SERVICIO CONFIDENCIAL GRATUITO DISPONIBLE 24/7

Las personas que llamen serán colocadas y derivadas a los programas apropiados

VISITE UN CENTRO DE CUIDADO

Los Centros de Intervención, Evaluación y Derivación Centros de Cuidado (Coordinated Assessment Referral and Engagement, CARE) pueden ayudar con:

Actualizado con cambios relacionados a la Pandemia de COVID-19

(GRIP)	*(Trinity Center)*
165 22nd Street	*1888 Trinity Ave*
Lu-Vi, de 8 a.m. a 5 p.m., Sa-Do, de 8 am –2 pm	**Lu-Vi de 8 a.m. a 4 p.m.**

Current Services

- Servicios Básicos (comida, baños con ducha, correo, lavandería)
- Duchas disponibles Lunes y Viernes, 11:30—2 pm
- Manejo de Casos: Lu-Vi, 9 am-3 pm
- El almuerzo se sirve en bolsa para llevar (2 bolsas por persona por día, 7 días a la semana
- Los servicios de búsqueda de vivienda

Current Services

- Servicios Básicos (comida, baños con ducha, correo, lavandería)
- Desayuno y almuerzo dentro de la propiedad enforzando distanciamiento social
- Manejo de Casos
- Los servicios de búsqueda de vivienda

4.20.21

cchealth.org/h3

Contra Costa County Coordinated Entry Process Flow

ACCESS	ASSESSMENT AND REFERRALS	PRIORITIZATION AND MATCHING	EXIT

ACCESS

- 211
- CARE Centers
- CORE Outreach

INITIAL ARRIVAL SCREENING/STANDARD INTAKE

HOMELESSNESS AVERTED ✓

Rapid Resolution Services

- CARE Center
- Emergency Shelter
- Transitional Housing
- Warming Center

HOUSING NEEDS ASSESSMENT: VI-SPDAT*

Community Queue for Housing

HOUSING PLACEMENT CASE CONFERENCE

- Housing Navigation
- Housing Security Fund
- Rapid Rehousing Assistance

Affordable Housing
(Friends/family, rental, etc.)

Permanent Supportive Housing
(w/ services for persons with disabilities, including SMI)

Legend:
- ▢ Programs or Services
- ▢ Tools
- → Referrals
- ⇒ Exit to Housing

*Those not housed in 6 months or who re-enter the system complete new VI-SPDAT as necessary.

133

CONTRA COSTA COORDINATED ENTRY SYSTEM POLICIES & PROCEDURES

TABLE OF CONTENTS

For Council Approval – July 6, 2017

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."

For Council Approval – July 6, 2017

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
    - o **Between programs**, by promoting trust about assessments, referrals, and warm handoffs, and
    - o **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:

For Council Approval – July 6, 2017

- **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. <u>Assess</u>

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.

For Council Approval – July 6, 2017

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

For Council Approval – July 6, 2017

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

For Council Approval – July 6, 2017

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 consist 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.

For Council Approval – July 6, 2017

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.

For Council Approval – July 6, 2017

- o 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.
- o 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.
- o 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.

For Council Approval – July 6, 2017

- **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

For Council Approval – July 6, 2017

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

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.

For Council Approval – July 6, 2017

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-

For Council Approval – July 6, 2017

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

For Council Approval – July 6, 2017

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

For Council Approval – July 6, 2017

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

For Council Approval – July 6, 2017

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

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. Who May Access Coordinated Entry Data

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

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 date, 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

For Council Approval – July 6, 2017

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.

For Council Approval – July 6, 2017

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

For Council Approval – July 6, 2017

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

For Council Approval – July 6, 2017

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

For Council Approval – July 6, 2017

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.

For Council Approval – July 6, 2017

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.

For Council Approval – July 6, 2017

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.

Diversion: 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.
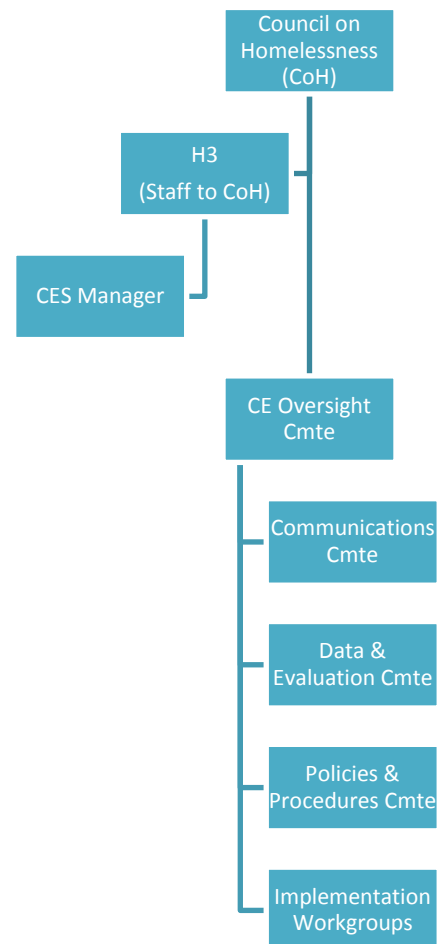
H3: The Health, Housing, and Homeless Services Division, a division of Contra Costa Health Services, which integrates housing and homeless services across Contra Costa's health system; coordinates health and homeless services across county government and in the community; and works with key partners 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;

For Council Approval – July 6, 2017

    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. <u>Category 4: Fleeing/Attempting to Flee Domestic Violence</u>: 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

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:

For Council Approval – July 6, 2017

(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.

For Council Approval – July 6, 2017

C. Client Flow Chart

Contra Costa County Coordinated Entry Process Flow
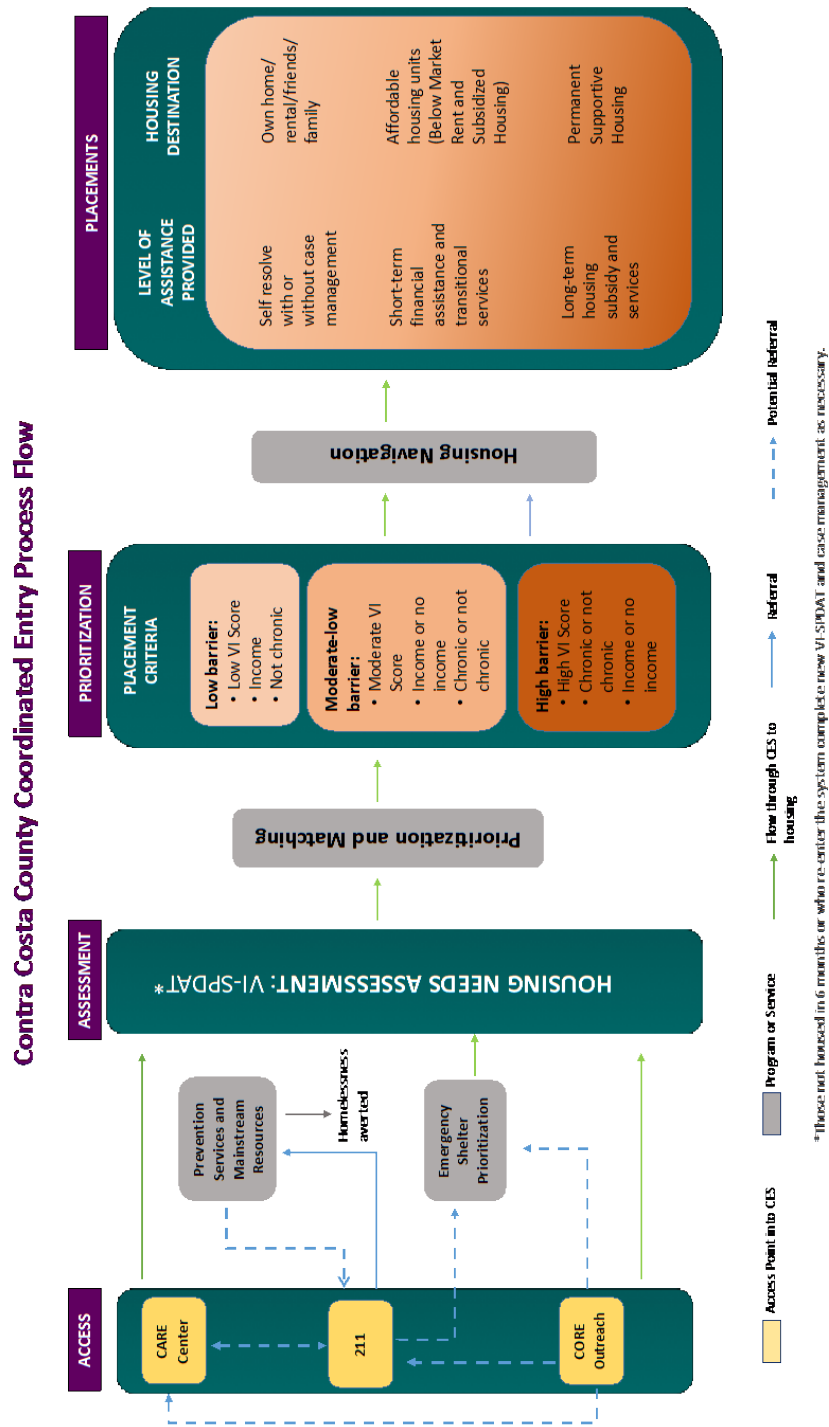
D. List of Agencies/Programs Participating in Coordinated Entry System

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)

For Council Approval – July 6, 2017

- 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)

For Council Approval – July 6, 2017

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 SectionVII.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

For Council Approval – July 6, 2017

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:

    o History of high utilization of crisis services, including emergency rooms, jails and psychiatric facilities; or

    o Significant health or behavioral health challenges, substance use disorders, or functional impairments requiring a significant level of support in order to maintain PSH; or

    o For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.

    o 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.)

    o The determination must not be based on a specific diagnosis or disability type but only on severity of the individual's needs.

For Council Approval – July 6, 2017

- 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.

For Council Approval – July 6, 2017

- 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.)

  o **"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."

  o "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.)

For Council Approval – July 6, 2017

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)

For Council Approval – July 6, 2017

COORDINATED ENTRY DIVERSION AND HOUSING NAVIGATION POLICIES & PROCEDURES FOR THE USE OF THE HOUSING SECURITY FUND

TABLE OF CONTENTS

1. PURPOSE AND BACKGROUND

The Contra Costa Continuum of Care (CoC) implemented the Housing Security Fund ("the Fund") as a fund of last resort that provides a flexible source of funds to help consumers ("clients" or "renters") who are working with CoC-participating providers to obtain and maintain long term, stable housing of their choice. Funding is provided from a variety of sources, including private donations and contributions from government agencies.

The Fund is intended to cover gaps in services available through the Coordinated Entry (CE) system for persons who are experiencing or at imminent risk of homelessness. This is a funding stream that works in conjunction with the Housing Navigation and Diversion services offered through CE to specifically target persons who do not qualify for other funding streams accessible to them as participants in Contra Costa County's Coordinated Entry System (CES), for the purpose of rapidly housing or diverting persons from homelessness and the emergency shelter system.

The county-wide Fund has several important features and benefits, including flexible uses to fill some of the gaps in service provision for persons experiencing or imminently at risk of homelessness and uses that to encourage the broader participation of the community in addressing homelessness.

Flexible Funding with Few Limits or Restrictions

Persons experiencing or imminently at risk of homelessness or entry into the County homeless system of care working with a contracted diversion or housing navigation provider are eligible for resources in the form of services or funding for eligible uses from the Fund (collectively, "services" or "resources"). These resources are not arbitrarily limited to a certain number of instances or capped at a specific amount. Instead, Provider Agencies contracted to distribute resources from the Fund are encouraged to be flexible and creative in addressing the needs of the client and filling gaps in their service needs that may not be easily addressed through other streams of funding or Coordinated Entry (CE) providers in the system. However, to allow for the greatest impact on the largest number of clients, Fund uses in excess of certain annual amounts

for individuals and households are reviewed by the CE Manager for compliance with these Policies and Procedures and for system improvement efforts.

Diversion from Homelessness and County Homeless System of Care[1]

While the Fund supports access to housing for persons experiencing or imminently at risk of homelessness, it is not intended to be a resource for homelessness prevention. Instead, resources from the Fund are aimed at providing quick housing stability solutions for persons at risk of becoming homeless *within the next two weeks*. This diversion from homelessness and the homeless system of care (specifically, the few available emergency shelters) is a strategy that helps persons at imminent risk of homelessness identify immediate alternate housing arrangements and connects those persons to services, which can include financial assistance. The Fund relies on both Housing Navigators and Diversion Services to make this process work. This has the added advantages of reducing the number of persons that may become homeless, the demand for shelter beds, and CoC resources.

Related Benefits for Landlords Renting to CE Clients

The Fund further supports CE clients by offering certain property owners (excluding CoC-funded housing providers who own or master lease properties) who agree to rent to CE clients limited additional protections, in the form of vacancy payments and unit holding fees. Eligible clients may also request assistance with security deposits, rental and utility arrears, or landlord reimbursement for unit damages (beyond normal wear and tear and what is covered by the security deposit) to support client efforts to acquire new housing or retain housing when imminently at risk of homelessness.

2. SYSTEM OVERVIEW AND WORKFLOW

Contra Costa's Health, Housing, and Homeless Services Division ("H3") oversees the administration of the Fund and the Contracted Provider Agencies approved to provide services

---

[1] Prevention is generally defined as the provision of supports and services aimed at housing retention for persons at risk of experiencing homelessness. By contrast, diversion serves persons who are currently experiencing homelessness or an imminent housing crisis, offering alternative housing situations and supports that redirect people away from homelessness and the homeless system of care.

Adopted by Council on Homelessness – July 12, 2018

and resources from the Fund. Provider Agencies contract with H3 to obtain an allotment of money from the Fund to provide flexible diversion and housing support. Resources from the Fund are available to clients through two access points: the contracted Provider Agencies.

A. Client Eligibility

All clients participating in County CoC-funded diversion or housing navigation services who are homeless or within two weeks of becoming homeless are eligible for resources to (1) obtain or move into a new rental unit, (2) maintain their current housing, or (3) support diverting them from homelessness or the homelessness response system.

Contracted Provider Agencies will make determinations about eligibility for resources. That determination will include ensuring the client first tries and exhausts all other available resources to address their housing crisis.

B. Access

The Fund is part of Contra Costa County's Coordinated Entry (CE) System. Consumers may connect to Fund resources through one of two portals:

- **Diversion Services**: Centralized diversion services divert clients in crisis from the homeless system of care through short-term counseling and financial supports, including homelessness diversion counseling, family mediation services, landlord/tenant conflict resolution, goal-oriented case management, and other services.
- **Housing Navigation Services**: Housing Navigation services aim to quickly house persons who are homeless or at risk of homelessness. Housing Navigators use a variety of tools including, housing plans and assessments, housing readiness and location assistance, referrals, close support and housing placement aftercare, as needed.

Consumers may access Diversion and Housing Navigation Services by way of referral from 2-1-1 or the CE Coordinated Outreach and Referral Engagement (CORE) teams. Access may also be available at CE access points, including designated Coordinated Assessment Referral and Engagement Centers (CARE Centers) where mobile Diversion or Housing Navigation services are provided.

C. Funding Determinations

Contracted Provider Agencies will screen all clients seeking or being referred for services. This screening must include: (1) identifying which resources for which the client is eligible and (2)

exhausting those resources before using Fund-sponsored resources. All eligibility information must be entered into HMIS.

Contracted Provider Agencies determine the type and amount of assistance to be provided to clients for eligible uses after ensuring all other avenues of funding for the eligible use are exhausted. For eligible uses in excess of $3,000 per year for households comprised of an individual and $5,000 per year for households comprised of families (annual threshold amounts), the Contracted Provider Agency must submit a request for review by the CE Manager. The CE Manager will approve, conditionally approve, or deny such funding requests.

There are no appeals to CE Manager funding determinations or denials of requests for funding. If there is a material change in circumstances, the Contracted Provider Agency may submit a new request to the CE Manager.

D. **Fund Disbursement**

Contracted Provider Agencies may use the funds already allocated to them per their Housing Security Fund contract with H3 to cover any eligible costs. In the event the Provider Agency lacks sufficient funding for the eligible use, the Provider Agency may request additional funds prior to the next contracting period. If the proposed use goes beyond the terms of the Provider Agency's contract or clearly defined eligible Fund uses outlined above, the Provider Agency must submit a request for review by the CE Manager.

3. ELIGIBLE AND INELIGIBLE USES

The primary purpose of the Housing Security Fund is to provide funds to assist persons experiencing or at imminent risk of homelessness with housing placement, renter retention, and consumer diversion efforts. The Fund is intended to be a flexible tool allowing contracted providers to assess the amount of funds and time necessary to address each consumer's situation. These are flexible funds of last resort—available for use by contracted Provider Agencies only after other avenues of funding and service provision for the eligible use have been tried and exhausted.

Landlords and other housing providers are not eligible to request money from the Fund. The Fund directly supports client access to housing and diversion from homelessness. The benefit of providing resources for client security deposits, rental and utility arrears, and reimbursement for repairs for damages to the client's unit, is passed on to landlords who ultimately receive the funds by way of reimbursement and stable tenancies, which serves as an incentive to rent to clients. Other Fund uses, including unit holding fees and vacancy payments, may also be used at

Adopted by Council on Homelessness – July 12, 2018

the discretion of the Contracted Provider Agencies to incentivize landlords to rent to housing navigation and diversion clients.

Similarly, there are no direct referrals to access points for purposes of receiving money. Instead, the Fund functions as a tool for contracted Diversion and Housing Navigation providers to provide services in the manner that they deem most effective for the client's needs—services, various resources, or funding other eligible uses. Therefore, any referrals to Contracted Provider Agencies will not automatically qualify the referred client for support from the Fund.

The following list describes eligible and ineligible uses of Fund resources. Any uses not specifically listed must be approved by the CE Manager. These and any future uses approved by the CE Manager must meet the threshold requirements of (1) supporting persons who are homeless or imminently at risk of homelessness from entering the Contra Costa emergency shelter system, and (2) the use must directly support **housing** the client and not be merely a preventative step to avoid homelessness or *only* tangentially related to curing the individual's or household's housing crisis.

A. Eligible Uses of Funds

Consumer Supports

- Application fees for rental unit
- Credit and background checks for rental unit
- Diversion support for persons at <u>imminent</u> risk (within 2 weeks) of homelessness or entry into the shelter system
- Late, unpaid, or back rent (arrears) owed to assist with qualification for new rental housing or renter housing retention for those imminently at risk of homelessness (within 2 weeks)
- Repairing damage to units beyond normal wear and tear
- Short-term rental assistance
- Utility deposits for rental unit
- Utility arrears to avoid eviction or enable qualification for new rental housing
- Security deposits, including increased security deposits, reallocated security deposits, and first month's rent to assist with move-in
- Other unique uses not otherwise classified as eligible, as approved by the CE Manager

Landlord Incentives

- Unit holding fees

Adopted by Council on Homelessness – July 12, 2018

- Vacancy payments (to incentivize the landlord to hold a unit vacated by a person placed in the unit through CES so long as the landlord agrees to rent the unit to a person working with a Contracted Provider Agency)

B. **Ineligible Uses of Funds**
- Prevention services (support for persons not at imminent risk of homelessness within the next two weeks)
- Mortgage payments or support (because no imminent risk of homelessness within two weeks)
- CoC-funded providers with master leases or provider-owned properties
- Funding for uses that are funded through other sources

4. ROLES & RESPONSIBILITIES

A. **Fund Holders**

Money for the Fund is provided by a variety of sources, including private donors, and local government agencies. The Fund is held by two entities and administered by H3 to disburse in contracted allotments to H3-specified Provider Agencies. There are no functional access, maintenance, or distribution differences between the two fund holders. Funds from both entities comprise the Housing Security Fund and will be used exclusively for all purposes outlined in these Policies and Procedures.

Contra Costa Regional Health Foundation: The Contra Costa Regional Health Foundation, a registered 501(c)(3) nonprofit, holds the money donated to the Housing Security Fund from the general public. This is administered by H3.

Health Services Trust Account: The County Health Services Trust Account is administered by Contra Costa Health Services. It is an interest-bearing account administered by H3. This account holds funds from government agencies and large contributors.

B. **Contra Costa Health, Housing, and Homeless Services Division**

H3 provides oversight of the Fund and the Contracted Provider Agencies using money from the Fund by ensuring funds are distributed in line with provider agency contract terms, the Contra Costa homelessness response system, and the needs and eligibility of the persons served. H3 contracts directly with Provider Agencies, which act as access points and resource distributors for services and funds allotted through the Fund.

Adopted by Council on Homelessness – July 12, 2018

H3's oversight role extends to vetting Provider Agencies for additional funding or requests for uses of funding over annual threshold amounts or approving unique uses not previously classified as eligible. The CE Manager will make determinations of permissible Fund uses not otherwise classified as eligible by administering a litmus test of the proposed Fund use. Such an examination will require the Contracted Provider to show the proposed use: (1) is intended to divert the client from the emergency shelter system, or (2) the use can directly facilitate <u>housing</u> the client.

H3 may approve, conditionally approve, or deny any request. H3 will also ensure the collection of data from the Fund and Provider Agencies to increase the effectiveness of the Fund and to support marketing efforts.

C. Contracted Provider Agencies

Provider Agencies contracted with H3 to provide resources from the fund will enter into a contract with H3 to receive allotments from the Fund. Those contracts may identify permissible uses and amounts of funds available for use by the Contracted Provider Agency. Contracted Provider Agencies will make determinations about the type and amount of Fund-sponsored resources to use for a client after exhausting other resources in line with annual threshold amounts unless special use or permission is received from the CE Manager.

Contracted Provider Agencies may make requests for additional funds through the Contra Costa CE Manager or H3's Chief of Operations. The CE Manager or Chief of Operations will approve or deny fund requests. While there is no appeal process for denials or conditional approvals, H3 may re-evaluate a new request if the Provider Agency can show a material change in circumstances. Provider Agencies will ensure funds are provided directly to the entity owed (e.g., Utility Provider or Landlord) and not to the client.

All Provider Agencies will be required to adhere to the Contra Costa CES Non-discrimination and HMIS policies, which are incorporated here by reference, and uphold any client and resource eligibility requirements.

5. ACCESS POINTS

The Fund is specifically for clients in need of Diversion and Housing Navigation Services. Funds for those services or related eligible resources may only be accessed by contracted Diversion and Housing Navigation service providers. Any client accessing resources from the Fund must be a client of a contracted Diversion or Housing Navigation services provider.

A. Diversion Services

Adopted by Council on Homelessness – July 12, 2018

Centralized diversion services divert clients imminently at risk of homelessness (within two weeks) from the homeless system of care. Diversion Services specializes in assisting clients with accessing and receiving health and behavioral health supports. However, Diversion Services are also equipped to support clients with time-limited case management to support clients imminently at risk of losing their housing or clients able to obtain stable housing with less traditional resources. Based on the needs of the client, Diversion services also provides referrals to resources and creative resources designed to divert persons from the homeless system of care. Diversion Services are mobile and can meet clients at a variety of locations within Contra Costa County.

B. Housing Navigation Services

Housing Navigation services aim to quickly house persons who are homeless or imminently at risk of homelessness by ensuring they are housing ready and that they have access to units that match their needs. Housing Navigators develop housing plans and provide assessments, housing readiness and location assistance, referrals, and close support and aftercare post-housing placement. Housing navigation services are mobile and available through various parts of the coordinated entry system, including at CARE Centers.

6. FUND DETERMINATIONS AND DISBURSEMENTS

A. Provider Agency Contracts

H3's contracts with Provider Agencies will outline the scope of services Provider Agencies may provide, which influence the referrals Provider Agencies may accept and service and fund determinations that Provider Agencies may make. Provider Agency contracts may impose guidelines or state with specificity the types of eligible uses the Provider Agency is permitted to fund with resources from the Housing Security Fund. For the most part, Provider Agencies are free to make fund determinations for eligible uses and provide services and resources accordingly.

B. HMIS: Eligibility and Referrals

HMIS will be used to document eligibility and accept or reject referrals. A screening tool will be used to support determining eligibility for Diversion and Housing Navigation services.

Documenting Eligibility

The Contracted Provider Agency must take appropriate steps to screen the client for eligibility for services. All eligibility determinations should be documented in HMIS. Where HMIS includes

Adopted by Council on Homelessness – July 12, 2018

fields for client, referral, use, or funding data, Contracted Provider Agencies are required to input the relevant data into HMIS.

Contracted Provider Agencies must document in HMIS all referrals that are accepted and any subsequent disbursement details, including amounts, dates of disbursement, and entity receiving payment, for each disbursement. If available, Contracted Provider Agencies are encouraged to upload to HMIS or otherwise store per CoC and CE requirements receipts, invoices, or other documentation related to the reimbursement (e.g., invoice for repairs to unit beyond normal wear and tear; bus ticket receipt for client to move in with relative, etc.).

Accepting or Rejecting Referrals

Contracted Provider Agencies may accept client referrals for services or resources from any CoC-participating provider through HMIS.

If a Contracted Provider Agency determines the referral is inappropriate or incomplete, the Contracted Provider Agency is encouraged to follow up with the referring provider or with the client before rejecting the referral. In instances where the Contracted Provider Agency decides to reject the referral, the Contracted Provider Agency must document the reason for the rejection and any subsequent referrals for the client in HMIS.

C. **Disbursement Procedures**

H3 will make annual disbursements of money to Contracted Provider Agencies from the Housing Security Fund. Contracted Provider Agencies are expected to use funds annually allotted to them per their Housing Security Fund contract to cover all eligible costs. In the event the Provider Agency lacks sufficient funding for the eligible use, the Contracted Provider Agency may petition H3 for an additional allotment of funds to cover the estimated costs of a specific request or any projected future requests for funding until the next allotment or contracting period is due. In the event the Contracted Provider Agency wishes to fund an eligible use in an amount in excess of $3,000 per year for households comprised of an individual and $5,000 per year for households comprised of families, the Contracted Provider Agency must seek approval from the CE Manager. These are annual threshold amounts that may be disbursed once to an individual or family once in a 12-month period. This is intended to ensure resources are available to the most people throughout the year.

H3 may approve, conditionally approve (e.g. approve for a different amount), or deny any request. All approvals will be funded within 10 business days of the notice of approval. While there is no appeal process for denials or conditional approvals, H3 may re-evaluate a new request if the Contracted Provider Agency can show a material change in circumstances.

Adopted by Council on Homelessness – July 12, 2018

Contracted Provider Agencies must consider the most reasonable means of diverting persons from homelessness, including the sustainability of their support and the amount of time support may be required. Contracted Provider Agencies may consider annual threshold amounts in making resource assessments.

Payments of (Rent or Utility) Arrears to Access New Housing

Contracted Provider Agencies must obtain verification of rental or utility arrears in the form of notices, invoices, receipts or other documentation. Payments or reimbursement for rental or utility arrears must be made to the landlord or agency to which the client owes the outstanding debt. Payments should not be made to the client.

Enhanced Security Deposits

Occasionally, landlords will request higher than normal security deposits due to a client's rental or credit history, based on previous experience with the client, or concerns about damages. To encourage landlord continued participation in housing persons experiencing or at risk of homelessness, Contracted Provider Agencies may use their best judgment as to what is appropriate for an enhanced security deposit. Enhanced security deposits are still security deposits. They not intended to be windfalls or increased income for landlords. The enhanced security deposit is solely to cover any damage or repairs to the unit beyond normal wear and tear.

Security Deposit Reallocation

Under this program, a security deposit that is provided for a tenant renting from a specific landlord may be carried over to the next tenant placed through the homeless system of care in a unit with *that* landlord. The landlord will agree that any unused portion of the initial security deposit may be applied to another unit with that landlord filled through the Contracted Provider Agency. Any deductions from the security deposit must be documented by the landlord and submitted to the Contracted Provider Agency within a reasonable time after the tenant to whom the security deposit applied has moved out. The Contracted Provider Agency must maintain records of the security deposit reallocation, including (1) the remainder of the initial deposit that is being reallocated to the next tenant; (2) any additional funds provided to the landlord to supplement the existing security deposit that will eventually be included in any future reallocations; and (3) the lease term the reallocated security deposit covers for the new tenant.

Unit Holding Fees

Adopted by Council on Homelessness – July 12, 2018

In circumstances where the market does not provide for adequate affordable housing within range of the typical Housing Navigation or Diversion consumer, it may be necessary to provide a landlord with a holding fee while the Contracted Provider Agency secures a tenant match or negotiates lease terms. Contracted Provider Agencies are strongly encouraged to require the unit holding fee go towards the security deposit if the landlord agrees to rent to the matched tenant or be fully refundable if the landlord later declines to rent to the matched tenant.

Vacancy Payments

To avoid loss of the unit to market rate or other uses outside of the homeless system of care, Contracted Provider agencies are permitted to make vacancy payments to a landlord who currently or previously offered a unit for rent to a client through the Contra Costa County homeless system of care. If a tenant leaves a unit secured through funding or a program affiliated with the Contra Costa Coordinated Entry System, the Contracted Provider Agency may make a payment to the landlord of that unit for the equivalent of 30 days of rent. This payment is to incentivize the landlord to hold the unit so long as the landlord agrees to rent the unit to a person working with a Contracted Provider Agency. Housing Navigators may be used to facilitate the disbursement of these payments.

Repairs to Units

In instances where a client must pay for damages to their unit to avoid eviction within two weeks or cannot not obtain new housing and is homeless or at risk of homelessness within the next two weeks due to damages to a current or prior unit, the client may need to reimburse their former landlord for repairs.

All damage costs must first be deducted from the security deposit. If costs exceed what is available in the security deposit, Contracted Provider Agencies may use their allotted Fund resources to cover any additional costs necessary to support the client's housing retention or qualification for new housing.

When possible, the Provider Agency staff will conduct a damage inspection of the unit or obtain photographs of the damage to the unit. For damages that have already been repaired by the landlord, the Contracted Provider Agency will obtain from the landlord an invoice or receipt for the costs of the repairs. For damages that have not yet been repaired, when possible, the Contracted Provider Agency will obtain from the landlord an estimate of the costs of the repairs prior to payment for the damages.

7. SPECIAL CONSIDERATIONS

A. Screening

As the Fund is a resource of last resort, any CoC-provider agency referring a client for Diversion or Housing Navigation Services, must first ensure that all other resources available for that use, including existing CoC-funded provider services and other housing and diversion resources, have been explored and exhausted. No Fund resources may be expended without verification and documentation in HMIS that this initial screening is completed.

B. Consumer Repayment

Occasionally, consumers may experience bureaucratic delays or other challenges (e.g., payee control of client finances, state and federal assistance or benefits delays) that may risk limiting their ability to obtain housing quickly. In instances where Diversion and Housing Navigation clients experience these challenges, Contracted Provider Agencies may use resources from the Fund in advance of confirmed consumer fund availability to pay for approved uses to secure client housing. Contracted Provider Agencies are permitted to request repayment of those advanced funds from the consumer.

C. Exceptions

There are many programs in the Contra Costa County Homelessness System of Care, that support clients in need of quick and flexible housing resources (i.e., Rapid Re-housing, housing navigation support in the course of case management). For these programs, it is imperative that CoC-funded programs and services specifically for those purposes be tried and exhausted first. If there is an instance, where a client loses their housing under one of these funded programs and is otherwise eligible for Diversion and Housing Navigation services, the CE Manager Committee *may in their discretion* explore a resolution with the Diversion Services or Housing Navigation provider about services to assist the client.

D. Role of CE Oversight Committee

H3, through the CE Manager, will make final funding determinations and disbursement decisions. The Council on Homelessness CE Oversight Committee will review Fund processes and continued Fund integration into the CES. This may include reviewing aggregate policy and administrative decisions about Fund use or intermittently at regularly scheduled CE Oversight

Adopted by Council on Homelessness – July 12, 2018

Committee meetings as issues arise, assisting with troubleshooting, or updating these Policies and Procedures.

Introduction to the Homelessness Management Information System (HMIS)

What is HMIS?

The Homelessness Management Information System (HMIS) is a local information system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards. **H3 uses Clarity software for its HMIS, a tool supported by Bitfocus.**

The mission of the Homeless Management Information System of the Contra Costa County Continuum of Care is to be an integrated network of homeless and other service providers that use a central database to collect, track and report uniform information on client needs and services. This system will not only meet Federal requirements but also enhance service planning and delivery.

H3 was designated as the HMIS Lead Agency by the CoC to operate and maintain the Contra Costa HMIS. H3 staff also provide training and technical assistance to users of the system throughout the county.

What you will see in this section:

- **HMIS Policies and Procedures.** *This document describes the framework for the ongoing operations of the Contra Costa County Homeless Management Information System which includes a Data Quality and Monitoring PLan and a Data and Privacy Plan. Note: this document is currently under review and will be updated in 2020.*

CONTRA COSTA COUNTY CONTINUUM OF CARE

HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

HMIS GOVERNANCE CHARTER AND HMIS POLICIES & PROCEDURES

Adopted by Contra Costa Council on Homelessness – 05/06/2021

Contra Costa HMIS Project Staff
2400 Bisso Ln., Suite D2
Concord, CA 94520

Revision History

Date	Author	Description
03/21/2006	Evan Smith	Changes to reflect edits made at the 02/2006 COCB HMIS Meeting
04/21/2006	Evan Smith	Changes to reflect edits made at the 03/2006 COCB HMIS Meeting
05/22/2006	Evan Smith	Changes to reflect edits made at the 04/2006 COCB HMIS Meeting
06/4/2009	Kim Baello	Added "24 hours or 1 business day" under 5.3 Policies
12/11/2014	HMIS Policy Committee	Changes to reflect edits made at 02 – 09/2014 HMIS Policy Committee meetings
6/18/2018	Kimberly Thai	Name change for County Homeless division, Change of address for County Homeless division, Updated software vendor to Bitfocus Inc.
05/06/2021	HMIS Policy Committee	Changes to reflect edits approved by the HMIS Policy Committee during 04/2021 meeting

TABLE OF CONTENTS

I. Overview

This document provides the framework for the ongoing operations of the Contra Costa County Homeless Management Information System (CONTRA COSTA HMIS). The document is organized into two main parts.

Part One contains the *HMIS Governance Charter*, which outlines how HMIS will be managed and the responsible parties. The Governance Charter establishes the relationship between the Contra Costa County Continuum of Care (the Continuum or CoC) and Contra Costa County Health, Housing and Homeless Services division (H3) as both the Collaborative Applicant and the HMIS Lead Agency for the operation and oversight of HMIS.

Part Two consists of the *HMIS Policies and Procedures*, which provide specific policies and steps necessary to control the operational environment and enforce compliance in the areas of:

HMIS Participation
User Authorization
Collection of Client Data
Release of Client Data
Server Security and Availability
Data Quality
Workstation Security
Training
Technical Support

A. Purpose of HMIS

The purpose and mission of the Homeless Management Information System of the Contra Costa County Continuum of Care is to serve as a central database to collect, track, analyze and report uniform client and activity data regarding the provision of shelter, housing, and services to individuals and families experiencing homelessness and at risk of homelessness within the Contra Costa CoC region.

The long-term vision of HMIS is to enhance Partner Agencies' collaboration, service delivery and data collection capabilities. Accurate information will put The Continuum in a better position to request funding from various sources and improve planning efforts for future needs for the Contra Costa homeless system of care through evidence-based decision making.

A fundamental goal of CONTRA COSTA HMIS is to understand the trajectory of how clients are moving through the homeless system of care from access and enrollment to referral and housing. Data regarding clients' trajectory through the system can help identify patterns in utilization of services, effectiveness of services, and inform any gaps or process improvement points in the system. In addition, HMIS also documents the demographics of homelessness in Contra Costa County according to the U.S. Department of Housing and Urban Development (HUD) HMIS Standards. Demographic data is important in identifying the trends in the population of individuals and families experiencing homelessness to ensure individuals of different racial and ethnic backgrounds, age, gender, household size, and other subpopulations have access to and receive services within the CoC in a fair and equitable manner.

Data that is gathered in HMIS will be used to complete required local, state, and federal reporting requirements, including HUD Annual Progress Reports. HMIS data may also be analyzed to provide unduplicated counts and anonymous aggregate data to funders, policy makers, service providers, advocates, and clients and the public upon request.

HMIS utilizes a web-enabled application residing on a central server to facilitate data collection by homeless service organizations across the county. Access to the central server is limited to agencies formally participating in the project and then only to authorized staff members who meet the necessary training and security requirements.

B.   HMIS Oversight & Support

The CONTRA COSTA HMIS is staffed and advised by the Contra Costa County Health, Housing, and Homeless Services division (H3), which acts as the HMIS Lead Agency. The HMIS System Administrator is the keeper for all agreements made between Partner Agencies and H3. Bitfocus, Inc. is responsible for the administration of the central server and administration of their software Clarity Human Services. H3 Staff will also provide technology, training and technical assistance to users of the system throughout the county.

The Contra Costa CoC Lead Agency, H3, is also responsible for oversight and direction of the CONTRA COSTA HMIS pursuant to the Contra Costa Council on Homelessness Governance Charter and HMIS Governance Charter.

The HMIS Policy Committee is responsible for oversight and guidance of the CONTRA COSTA HMIS. This group is committed to balancing the interests and needs of all stakeholders involved: individuals and households experiencing homelessness, including all children and adults; service providers; funders; policy makers, and system partners.

C.   HMIS Benefits & Utility

Potential benefits for clients, service providers, and the system: Service coordination and delivery can be improved when information is shared among homeless service provider staff within one agency or with staff in other agencies (with client consent) who are serving the same clients.

Potential benefits for agencies and program managers: Aggregate information can be used to develop a more complete understanding of clients' needs and outcomes, and then used to advocate for additional resources, complete grant applications, conduct compliance and performance evaluations of agencies and program services, and/or report to funding agencies such as HUD and the State of California.

Potential benefits for the Continuum of Care and decision makers: County-wide involvement in the project provides the capacity to generate HUD Annual Progress Reports for the CoC, allows access to aggregate information both at the local and regional level that will assist in identification of gaps in services and for continuous quality improvement, as well as the delivery of other service reports used to inform policy and funding decisions aimed at addressing and ending homelessness in the County.

D.   Key Terms

- **Client or Consumer**– person or persons experiencing or at-risk of homelessness that engage with the Contra Costa CoC to receive services.
- **Confidential Data** – data that includes personal identifying information (see below)
- **HMIS** – **Homeless Management Information System** - an internet-based database that is used by homeless service organizations across the Contra Costa CoC to record and store client-level information about the numbers, characteristics, needs, and service utilization of homeless persons and those at-risk of homelessness and must adhere to HUD Technical and Data Standards
- **Personal Identifying Information (PII)** - data that identifies, either directly or indirectly, a specific individual; or can be manipulated by a reasonably foreseeable method to identify a specific individual; or can be linked with other available information to identify a specific individual
- **End User** – a Partner Agency staff member that is permitted to access and enter data into HMIS and must adhere to minimum training and security standards and the HMIS Policies and Procedures
- **HMIS Vendor** – the Contra Costa HMIS Vendor is Bitfocus, the entity that administers the central server of their HMIS software, Clarity Human Services
- **Minimum Data Entry Standards** – a minimum set of questions that must be completed for each client to provide data for use in aggregate analysis
- **HMIS Partner Agency (Partner Agency)** – a homeless service organization that uses HMIS in accordance with the Partner Agency HMIS MOU; the Partner Agency User Agreement and Partner Agency HMIS Administrator Agreement; and the HMIS Policies and Procedures herein
- **Partner Agency HMIS Agency Administrator (Agency Administrator or AA)** – staff at the Partner Agency responsible for serving as a liaison between the HMIS Lead and the Partner Agency. The Agency Administrator is responsible for providing first-tier technical support to End Users and ensuring that HMIS Policies and Procedures are complied with at the agency level.
- **Partner Agency HMIS MOU** - the Memorandum of Understanding Between Contra Costa County Health, Housing, and Homeless Services and a Partner Agency which includes the terms that the Partner Agency must adhere to maintain access and continue to be an active participant in HMIS
- **HMIS System Administrator** – staff at H3 who are responsible for overseeing HMIS users and ensuring compliance with the HMIS Policies and Procedures

II.   Part One: HMIS Governance Charter

HMIS Governance Charter

A.   Article 1: Purpose

The purpose of the HMIS Governance Charter (Governance Charter) is to establish the governance structure for the operation of Contra Costa HMIS. The Governance Charter articulates the decision-making process and formalizes the roles and responsibilities of the parties and entities involved in the management and operation of HMIS. Any roles and responsibilities identified in this Governance Charter are also subject to any Memorandum of Understanding documents between the either of the parties herein.

B.   Article 2: Contra Costa Continuum of Care Responsibilities

The Contra Costa Continuum of Care is a community-based collaborative that oversees homeless system planning and coordination, including HMIS implementation in Contra Costa County. The Continuum includes community members, housing and services providers, a governing body (Council on Homelessness), and an administrative entity and staff (Contra Costa Health, Housing and Homeless Services Division (H3)). H3 acts as the CoC Lead Agency and Collaborative Applicant on behalf of the CoC. The Continuum has the following HMIS-related responsibilities:

HUD Responsibilities:

- **HMIS Lead Agency**: The CoC is responsible for the selection of the HMIS Lead.
- **Designating HMIS:** The CoC is responsible for designating a single information system as the official HMIS software for the geographic area.
- **Reviewing and Approving Policies and Plans**: The CoC is responsible for reviewing, revising, and approving an HMIS privacy plan, security plan, data quality plan, and other policies and plans required by federal regulation.
- **HMIS Participation**: The CoC is responsible for ensuring consistent participation of recipients and subrecipients in the HMIS.
- **HMIS Compliance**: The CoC is responsible for ensuring that the HMIS is administered in compliance with requirements prescribed by HUD.

In addition to the HUD-mandated responsibilities, the CoC Lead is responsible for conducting oversight and monitoring of the HMIS Lead to ensure compliance with HUD HMIS standards and alignment with local needs and CoC goals. For a full description of the roles and responsibilities of the CoC Lead Agency, refer to Section C.1 of the HMIS Policies and Procedures herein.

C.   Article 3: Designations

HMIS Software

The CoC designates Clarity Human Services to serve as its HMIS. Clarity Human Services is a software product of Bitfocus, Inc., and will hereafter be referred to as the Clarity System.

HMIS Lead Agency

The CoC designates H3 as the HMIS Lead Agency for the Contra Costa HMIS.

D. Article 4: Responsibilities of the HMIS Lead

H3, as the HMIS Lead Agency, is responsible for the day-to-day management of HMIS, including monitoring Partner Agencies for compliance with HMIS policies and data quality, privacy, and security plans. The HMIS Lead Agency provides technical support and training to ensure compliance with local and federal policies and regulations. In addition, the HMIS Lead agency is responsible for authorizing/completing mandatory reporting to HUD. The HMIS Lead Agency develops plans, policies and procedures on behalf of the CoC, which are reviewed and approved by the CoC Lead, the HMIS Policy Committee, and the Council on Homelessness. For a full description of the roles and responsibilities of the HMIS Lead, refer to Section C.2 of the HMIS Policies and Procedures herein.

E. Article 5: Responsibilities of the HMIS Policy Committee

The HMIS Policy Committee of the CoC is responsible for reviewing and approving HMIS related policies, conducting an annual review of the HMIS Governance Charter in partnership with the HMIS Lead and the CoC Lead, and providing direction and guidance on HMIS policies on an ongoing basis. For a full description of the roles and responsibilities of the HMIS Policy Committee, please see Section C.3 of the HMIS Policies and Procedures herein.

F. Article 6: Responsibilities of Partner Agencies

Partner Agencies are homeless service providers in Contra Costa County that have agreed to be an active contributor to the CONTRA COSTA HMIS. Partner Agencies must sign a Memorandum of Understanding between H3 and the Partner Agency (Partner Agency HMIS MOU). Partner Agencies are responsible for designating a staff person to oversee the HMIS activities of users within the agency and serve as a liaison with the HMIS Lead (hereinafter referred to as the Partner Agency HMIS Agency Administrator or Agency Administrator). Partner Agencies must develop internal policies and procedures to ensure its staff complies with the HMIS policies, procedures, governance charter, or other related HMIS agreements. Partner Agencies must hold client information in HMIS in strict confidence and adhere to all confidentiality policies related to client data. For a full description of the roles and responsibilities of Partner Agencies, please see Section C.4 of the HMIS Policies and Procedures herein.

III. Part Two: HMIS Policies and Procedures

HMIS Policies and Procedures

A. Purpose

The HMIS Policies and Procedures (Policies and Procedures) provides policies, procedures, and guidelines that govern HMIS operations, as well as responsibilities for Partner Agencies and End Users.

B. Governing Principles

Described below are the overall governing principles upon which all other decisions pertaining to the CONTRA COSTA HMIS are based.

Participants are expected to read, understand, and adhere to the spirit of these principles, even when the Policies and Procedures do not provide specific direction.

Confidentiality

The rights and privileges of clients are crucial to the success of HMIS. These policies will ensure clients' privacy without impacting the delivery of services, which are the primary focus of agency programs participating in this project.

Policies regarding client data will be founded on the premise that a client owns his/her own personal information and will provide the necessary safeguards to protect client, agency, and policy-level interests. Collection, access and disclosure of client data through HMIS will only be permitted by the procedures set forth in this document.

Data Integrity

Client data is the most valuable and sensitive asset of the CONTRA COSTA HMIS. These policies will ensure integrity and protect this asset from accidental or intentional unauthorized modification, destruction or disclosure.

System Availability

The availability of a centralized data repository is necessary to achieve countywide aggregation of unduplicated homeless statistics. The System Administrator is responsible for ensuring the broadest deployment and availability for homeless service agencies in Contra Costa County.

Compliance

Compliance with these Policies and Procedures is mandatory for participation in the CONTRA COSTA HMIS system. Violation of the policies and procedures set forth in this document will have serious consequences. Any deliberate or unintentional action resulting in a breach of confidentiality or loss of data integrity will result in the withdrawal of system access for the offending entity. Using the Clarity Human Services software, all changes to client data are recorded and will be periodically and randomly audited for compliance.

C.   Roles and Responsibilities

1.   Contra Costa CoC

H3 as the CoC Lead Agency for the Contra CoC is responsible for:

- **Designations:**
  - Designating the HMIS Lead Agency: The Research, Evaluation, and Data (RED) team at H3 has been designated as the HMIS Lead Agency
  - Designating a single information system as the official HMIS software for the geographic area: Clarity Human Services has been designated as the official HMIS software
- **Governance Charter:**
  - Executing an HMIS governance charter and regularly monitoring compliance with that charter
- **HMIS Policies and Plans:**
  - Reviewing, revising, and approving all HMIS policies, procedures, standards, and governance documents, HMIS privacy plan, security plan, data quality plan, as well as any updates to these policies or plans
  - Along with HMIS Lead Agency, developing and enforcing community level data quality plan and standards
- **HMIS Monitoring:**
  - Ensuring that HMIS is managed and administered in compliance with all applicable regulations, as well as CoC policies, protocols, and goals
  - Ensuring consistent participation in HMIS and promoting participation in non-participating agencies
  - Regularly monitoring agency and program participation and milestones and making reports available to CoC membership (along with HMIS Lead)
  - Authorizing release of aggregate system-wide data on homelessness within the CoC for required reporting or counts (along with the HMIS Lead)
  - Ensuring adherence by agency staff with HMIS data and system security protocols the CoC and HUD HMIS Data and Technical Standards (along with HMIS Lead and Partner Agencies)
- **HMIS Oversight:**
  - Overseeing guardianship of client data by ensuring appropriate policies, procedures, and standards are in place governing access, use and disclosure of records containing protected identifying information
  - Supporting the HMIS Lead in providing regular training to Partner Agencies and End Users. Trainings may include client confidentiality and privacy training, performance measurement training, business practices that support HMIS policies training, and program funding training
  - Supporting the HMIS Lead in ensuring that appropriate agreements are executed and enforced such as Agency Participation agreements, Data Sharing agreements, HMIS End-User agreements, and client consent agreements

2.   HMIS Lead Agency

H3's Research, Evaluation, and Data (RED) Team as the HMIS Lead Agency is responsible for:

- **HMIS Operation and Maintenance:**
  - Day-to-day operations and maintenance of HMIS

- o Ensuring all software and supporting services are updated, patched and otherwise maintained
- o Serving as liaison to Clarity Human Services on behalf of the CoC and Partner Agencies
- o Overseeing software license administration, including adding and removing Partner Agency HMIS Administrators or End Users

- **End User Training and Support**:
  - o Providing initial and on-going HMIS training, support and technical assistance to all Partner Agencies. The Agency shall work with participating agencies serving homeless clients and assist them with the process of entering information into HMIS, and shall strive for real-time, or close to real-time data entry
  - o Regularly reviewing HMIS service requests, activities, deliverables, and resolutions
  - o Managing and maintaining mechanisms for soliciting, and analyzing feedback from end users program managers, agency executive directors, and individuals experiencing homelessness

- **Monitoring and Reporting:**
  - o Regularly monitoring agency and program participation and milestones and making reports available to CoC membership (along with CoC Lead)
  - o With cooperation from the Partner Agencies, completing any required aggregate data reporting and extraction on behalf of the CoC, including Annual Performance Reports (APRs), Annual Homeless Assessment Report (AHAR), Longitudinal Systemwide Analysis Report (LSA), and Annual Point-in-Time Counts (PIT)

- **Compliance and Enforcement of HMIS Policies and Plans and MOU**:
  - o Ensuring that all Partner Agencies comply with standards provided in this Policies and Procedures document, including those specifically provided in the Privacy, Security & Data Quality Plans by working with Partner Agency HMIS Administrators to ensure adherence by agency staff
  - o Taking appropriate measures as a result of noncompliance by Partner Agency of these HMIS Policies and Procedures or the Memorandum of Understanding between H3 and Partner Agency, such as implementing a progressive corrective action plan or suspending Partner Agency's access to HMIS until issue has been resolved

- **Security**:
  - o In addition to any duties and responsibilities included in the HMIS Security Plan, the HMIS Lead Agency shall be responsible for making all reasonable efforts to maintain and secure client records, HMIS, and supporting services.
  - o **User Credentials**: The HMIS Lead Agency shall assign and maintain user identification and passwords for all HMIS users and monitor and log use of anyone accessing client data.
  - o **Network Security**: The HMIS Lead Agency shall take all reasonable efforts to ensure the security and integrity of the client database, including implementation and maintenance of appropriate firewalls, intrusion prevention systems (IPS), and other security measures as required in order to ensure the integrity of HMIS, including mobile security measures. The HMIS Lead Agency shall conduct regular audits of HMIS security and report any significant vulnerabilities to the CoC.

- **Data Quality**:
  - o In addition to any duties and responsibilities included in the HMIS Data Quality Plan, the HMIS Lead will be responsible for making all reasonable efforts to ensure the highest level of data quality possible, including developing and enforcing data quality plans and policies.
  - o **Universal Data Elements**: The HMIS Lead shall ensure the HMIS is capable of managing the collection of each data variable and corresponding response category for each of the Universal Data Elements outlined in the HUD HMIS data and Technical Standards.
  - o **Program-Specific Data Elements**: The HMIS Lead shall ensure the HMIS is capable of managing the collection of each data variable and corresponding response category for each of the Program-specific data elements as outlined in the HMIS Data and Technical Standards.

- o **Unduplicated Client Records**: The HMIS Lead shall ensure HMIS is capable of generating a summary of the number of unduplicated client records entered into HMIS.
- o **Program Entry and Exit Dates**: The HMIS Lead shall be responsible for ensuring the accurate entry of program entry and exit dates. Program entry and exit dates should be recorded upon any program entry or exit on all participants. Entry dates should reflect the first day of service in the program.Exit dates should recflect the last day of residence, or for non-residential programs, the last day a service was provided.
- o **Data Quality Reports**:
  - ▪ HMIS Lead Agency supports Partner Agency Administrators to regularly run data quality reports that indicate levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards.
  - ▪ The HMIS Lead Agency provides technical assistance and training in response to data quality reports.
  - ▪ The HMIS Lead Agency may disseminate these data quality reports to the Council on Homelessness or HMIS Policy Committee for community planning and improvements
- ● **HMIS Participation:**
  - o The HMIS Lead maintains documentation of the number of participating agencies using HMIS, regularly reviews and monitors HMIS coverage rates of the CoC, and engages with non-participating agencies to address barriers to participating
  - o The HMIS Lead Agency provides reports of participating agencies at least annually to the HMIS Policy Committee
  - o The HMIS Lead Agency ensures that appropriate agreements are executed and enforced such as Agency Participation agreements, Data Sharing agreements, HMIS End-User agreements, and client consent agreements

RED Team Roles and Responsibilities	
Role	**Responsibilities**
Research and Evaluation Manager	• Oversees HMIS development, processes, and deliverables • Conducts system level and program level data analysis and evaluation activities to determine impacts and inform effective practices • Develops plans for improvement related to data collection, data analysis, and system/program evaluations • Develops outcomes and indicators that will be used to monitor program performance. • Prepares analytic and statistical reports on operations and activities of the homeless continuum of care • Plans, prioritizes, assigns, supervises, and reviews the work of staff responsible for developing and implementing program applications, program deliverables and/or health assessments • Monitors performance and compliance with applicable specifications, rules, regulations and laws related to research projects; and ensures quality and timeliness of work performed • Oversees and supports data collection practices and privacy and confidentiality across the CoC program
Planner/Evaluator II	• Gathers, tabulates and analyzes HMIS data relative to client demographics, service provisions, and system effectiveness • Conducts complex research and evaluation program studies that may have department-wide/system-wide implications • Helps determine the type of evaluation needed or desired and employs the appropriate research design

	• Conducts outcome evaluations to measure client changes and process evaluations and/or management audits of issues involving policies, procedures, work-flow and regulatory compliance • Develops and revises forms and questionnaires for gathering data and chooses statistical method for displaying results • Reviews collected data, interprets findings and makes conclusions and recommendations based thereon • Assess resources available to address and identify problems and barriers to achieving objectives
HMIS System Administrator	• Facilitates strategic planning around the HMIS. Determine rollout strategy and prioritization among agencies within continuum • Establishes policy and procedures around data use and data dissemination and reviews these policies and procedures annually • Reviews and monitors adherence to established policies and ensure security, confidentiality and quality of information within or exported system • Manages the ongoing implementation and usage of the HMIS system on behalf of the Continuum of Care • Coordinates training and ongoing support with each agency, to ensure users are properly trained. Perform data analysis and reporting as required by each agency. • Resolves local technical issues within the continuum and facilitate problem resolution with any agency experiencing difficulties with software or system • Serves as single point of contact between the Continuum of Care and the HMIS vendor • Oversees submission of HMIS federal reports (PIT, HIC, SPM, LSA) • Create user manuals, technical documentation, and data collection and migration tools • Responsible for recordkeeping of Partner Agency HMIS MOUs and data sharing agreements
HMIS Data Analysts	• Generates and build reports and dashboards using HMIS reporting tools. Use statistical methods to analyze HMIS program-level and system wide data to track client and service outcomes • Identify and recommend new ways to streamline program operations and processes using data • Work with partner agencies to outline specific data needs and translate to useful reports • Provide administrative support to the Homeless Program office including drafting user manuals, creating forms, and generating reports as needed • Oversees HMIS user licenses
HMIS Quality Assurance (QA) and Training Coordinator	• Runs and reconciles reports to ensure system data quality and timeliness. Create quality assurance procedures and generate reports as needed • Provides and/or coordinate trainings to support the quality and accessibility of the HMIS system • Provides 1st tier HMIS troubleshooting and technical support to program staff. • Facilitates technical assistance forums with agency administrators on HMIS operations and policy development • Oversees program compliance to HMIS policies and procedures and HUD Data Standards
HMIS Data Clerk	• Enters and updates client data in the HMIS • Runs and reconciles reports to ensure system data quality and timeliness • Documentation in case records and files to ensure the written record of work performed, including completion of information entered into the database.

	• Collaborates with Program Evaluator to analyze data, write reports, and develop infographics

3.   *HMIS Policy Committee*

The HMIS Policy Committee is responsible for:

- **HMIS Policy Making**:
  - o Reviewing, and approving all policies and procedures related to the operation of the HMIS as required by federal regulation, including but not limited to the HMIS Policies and Procedures, the Partner Agency Memorandum of Understanding, the HMIS Client Data & Privacy Plan, the HMIS Data Security Plan, and the HMIS Data Quality Plan.
- **Annual Review of this Governance Charter, Policies and Procedures**:
  - o Reviewing HMIS Policies and Procedures and Governance Charter in consultation with the CoC Lead Agency and the HMIS Lead Agency, and updating these documents as necessary to comply with Section 578.7(b) of the McKinney-Vento Act.
- **HMIS Oversight:**
  - o Providing project direction and guidance, ensuring that HMIS is administered in compliance with HUD requirements. In addition, the HMIS Policy Committee is responsible for overseeing the following HMIS topic areas:
    - ▪ Technology Plan
    - ▪ Selection of system software
    - ▪ Approval of project forms and documentation
    - ▪ Project participation and feedback
    - ▪ Project Funding

4.   *Partner Agencies (PA)*

Partner Agencies are responsible for:

- **Adherence with all HMIS Policies and Procedure and Related Agreements**
  - o Adhering with all policies and procedures documented in the HMIS Policies and Procedures herein
  - o Enforcing HMIS Policies and Procedures through agency level policies and procedures.
  - o Signing and complying with all terms provided in the Partner Agency HMIS MOU, the Partner Agency User Agreement, Partner Agency HMIS Administrator Agreement, and any applicable HMIS forms and documents
- **Client Data and Confidentiality**
  - o Abiding by all federal and state laws and regulations and with all HMIS Policies and Procedures relating to the collection, storage, retrieval, and dissemination of client information
  - o Collecting and maintaining records of all required Standardized Client Informed Consent & Release of Information Authorization forms in accordance with the HMIS Policies and Procedures herein
- **Network Operations**
  - o Notifying the HMIS Lead Agency HMIS System Administrator promptly of any difficulty with system software, access to database, or related problems; at no time will the Partner Agency contact the software vendor directly
  - o Maintaining their agency internet connectivity and computer equipment in such a manner as not to disrupt continuity of project participation
- **Data Entry and Quality**
  - o Collecting all mandatory data elements and striving to collect maximum data elements for consenting clients

- o Entering or transferring data into the system as provided in the HMIS Data Quality and Monitoring Plan
- o Assuring the accuracy of information entered into the system. Any information updates, errors, or inaccuracies that come to the attention of the Partner Agency will be corrected by the Partner Agency. If necessary, the HMIS Lead Agency must be notified of any corrections that cannot be made by the Partner Agency.
- o Monitoring data quality through regular data quality reports that indicate levels of data entry completion, consistency with program model, and timeliness as compared to the community data quality standards
- o Developing program specific interview guidelines that include the Standardized Intake Form, the Standardized Client Informed Consent & Release of Information Authorization form and Standardized HMIS Privacy Notice and any additional elements the agency wishes to collect
- o Partner Agency Executive Director accepts responsibility for all records entered by their agency
- o Ensuring that Partner Agency personnel do not knowingly enter erroneous information into the HMIS and conducting regular audits to ensure compliance with this requirement
- o Not altering or amending information in the database that is entered by another Partner Agency

- **Security**
  - o Limiting HMIS access to authorized users and following all protocols for monitoring those users and prohibiting shared passwords and accounts.
  - o Providing the HMIS Lead Agency with the names of all staff members who have access to the HMIS (End Users) and certifying that such End Users are trained to have access to this information according to the provisions of this HMIS Policies and Procedures and the Partner Agency HMIS MOU. The HMIS Lead Agency may deny access to the system for the purpose of investigation of any suspicion of breached confidentiality.
  - o Designating one person to act as the Partner Agency HMIS Agency Administrator (Agency Administrator) for the purpose of managing all communications with the HMIS Lead Agency. The Partner Agency will provide the HMIS Lead Agency with the name and title of the staff member designated.
  - o Agency Administrator will ensure that all staff issued a User ID and Password to enter the system sign and abide by Partner Agency User Agreement and complete required confidentiality training.
  - o Maintaining records of all Partner Agency User Agreements signed by staff, volunteers and other persons issued a User ID and Password.
  - o Not transmitting security information and network policies to non-members of the HMIS in any manner.
  - o Developing an internal process for the violation of any of the HMIS information security protocols.
  - o Maintaining up-to-date virus and firewall protection at each workstation operating HMIS.

- **Training**
  - o Ensuring all agency End Users are properly trained and authorized to use the system in accordance with the HMIS Policies and Procedures.
  - o Ensuring that Agency Administrator regularly attends the HMIS Lead Agency monthly HMIS Policy Committee meetings, along with periodic update trainings and stay current with the HMIS Policies and Procedures.
  - o Assigned Agency Administrator holds responsibility to communicate any updated HMIS information to all staff and volunteer HMIS End Users at his/her Partner Agency.

- **HMIS User License Fees and Module Costs**
  - o Covering all applicable fees associated with user licenses being utilized by Partner Agency. User license fees will be invoiced by HMIS Lead Agency based on the current pricing, as provided by Bitfocus. License fees are established by Bitfocus once annually.
  - o Covering the cost of additional HMIS modules requested by Partner Agency specific to Agency needs.

Partner Agency Organization Roles and Responsibilities	
Roles	**Responsibilities**

Partner Agency Executive Director	• Act as authorizing agent for the Partner Agency HMIS MOU • Designation of Agency Administrator • Agency compliance with HMIS Policies and Procedures • Agency level HUD reporting
Partner Agency HMIS Agency Administrator (Agency Administrator or AA)	• Authorizing agent for Partner Agency User Agreements • Keeper of Partner Agency User Agreements • Keeper of executed Client Informed Consent forms • End user licenses • Authorizing agent for user ID requests • Ensure staff workstations are compliant with HMIS Policies and Procedures and HUD requirements • End user adherence to workstation security policies • Ensure sufficient internet connectivity and security • Detecting and responding to violations of the HMIS Policies and Procedures • Provide first-level End User support • Maintain Agency/Program Data in HMIS Application • Data quality monitoring, including running regular data quality reports • Quality assurance • Provide ongoing training to End Users
Agency Staff (End User)	• Safeguard client privacy through compliance with confidentiality policies • Data collection, data entry, and development of dashboards and reports as specified by training and other documentation.

D. Use of HMIS Component Grant Funds

The HMIS Lead Agency is the only entity eligible to use grant funds for an HMIS component, and funded activities must comply with HUD HMIS requirements. The HMIS Lead Agency has the following specific reporting requirements:

- **Annual Performance Reports:** The Agency shall ensure the HMIS is capable of generating a consistently reliable Annual Performance Report (APR) for all relevant projects with sufficient data stored in HMIS in compliance with the latest HUD guidance.
- **Annual Longitudinal Systemwide Analysis Reports:** The Agency shall prepare and submit Annual Longitudinal Systemwide Analysis Reports (LSA) to HUD.
- **CoC Competition Community Application:** The Agency shall provide all necessary support required for the CoC to fully and accurately complete the community application portion of the HUD McKinney-Vento Continuum of Care competition.
- **High-Performing Communities Application:** The Agency shall at the CoC's request provide all necessary data and support required to support the collaborative applicant's application for designation as a High Performing Community under Section 424 of the McKinney-Vento Act.
- **System Performance Measures:** The Agency shall prepare and submit the annual System Performance Measures (SPM) to HUD.
- **Housing Inventory Count (HIC) and Point In Time (PIT):** The Agency shall prepare and submit the Housing Inventory Count (HIC) and the Point In Time (PIT) annually or as required by HUD.

E.   Operating Policies and Procedures

> ## 1.   HMIS Participation

Policies

- Agencies participating in the CONTRA COSTA HMIS must abide by the governing principles of the CONTRA COSTA HMIS, the HMIS Policies and Procedures herein, and adhere to the terms and conditions of the Partner Agency HMIS MOU.
- If applicable, Partner Agency shall pay a participation fee charged by the HMIS Lead Agency as specified in Partner Agency HMIS MOU.

Procedures

a) Confirm Participation
1. In order to become a Partner Agency, the agency shall complete the Contra Costa HMIS Application Form, which will be reviewed by the HMIS Lead and CoC Lead. If the application is accepted, Partner Agency will need to execute a Partner Agency HMIS MOU and an Agency Administrator Agreement.
2. The Partner Agency shall confirm their participation in the CONTRA COSTA HMIS by submitting a signed Partner Agency HMIS MOU to the HMIS System Administrator.
3. The HMIS System Administrator will obtain the co-signature of H3 Division Director.
4. The HMIS System Administrator will maintain a file of all signed MOUs.
5. The H3 System Administrator will update the list of all Partner Agencies and make it available to the project community The list of Partner Agencies that participate in HMIS is included in Attachment A of the Client Informed Consent & Release of Authorization, which can be found at https://cchealth.org/h3/coc/partners.php#HMIS.

b) Voluntary Termination
1. If a Partner Agency no longer wants to participate in HMIS, the Partner Agency shall inform the HMIS System Administrator in writing of its intention to terminate its agreement to participate in CONTRA COSTA HMIS.
2. The HMIS System Administrator will provide a 30-Day Notice and inform the CoC Lead Agency, the HMIS Policy Committee, and as necessary, Council on Homelessness.
3. The HMIS System Administrator will revoke access of the Partner Agency End Users to the CONTRA COSTA HMIS. Note: All Partner Agency-specific information contained in the HMIS system will remain in the HMIS system upon termination.
4. The HMIS System Administrator will keep all termination records on file with the associated Memorandums of Understanding.
5. Any fees paid for participation in the CONTRA COSTA HMIS will not be refunded.
6. The Partner Agency understands and accepts any ramifications of not participating in the CONTRA COSTA HMIS.

c) Lack of Compliance and Involuntary Termination
1. When the HMIS System Administrator determines that a Partner Agency has failed to comply with the HMIS Policies and Procedures herein or is otherwise in violation of the terms of the partnership as specified in the Partner Agency HMIS MOU, the HMIS Lead Agency will notify the Partner Agency Executive Director and the Agency Administrator to resolve the conflict(s).
2. The HMIS Lead Agency may implement a Corrective Action Plan with the Partner Agency which may include additional training, reporting, and ongoing monitoring requirements until

the issues have been resolved. However, if offense is severe enough, the HMIS Lead Agency may terminate the Partner Agency's access immediately.

3. If the Partner Agency does not follow the Corrective Action Plan, the HMIS Lead Agency may terminate Partner Agency's participation in HMIS.
   i. The Partner Agency will be notified in writing of the intention to terminate their participation in the CONTRA COSTA HMIS.
   ii. The HMIS System Administrator will revoke access of the Partner Agency staff to the CONTRA COSTA HMIS.
   iii. The HMIS System Administrator will keep all termination records on file with the associated Memorandums of Understanding.

d) List of Partner Agency Primary Contacts

1. The Partner Agency shall designate a primary contact for communications regarding the CONTRA COSTA HMIS by submitting a Partner Agency HMIS Administrator Agreement to the HMIS System Administrator.
2. The HMIS System Administrator will maintain a file of all signed Partner Agency HMIS Administrator Agreements and verify the designated Agency Administrator annually.
3. The HMIS System Administrator will maintain a list of all assigned Agency Administrators and make it available to the HMIS Lead project staff.
4. The Partner Agency may designate a new or replacement primary contact in the same manner as above.

e) Site Security Assessment

1. Prior to allowing access to the CONTRA COSTA HMIS, the Partner Agency Executive Director (or designee), Agency Administrator, and the HMIS System Administrator will review and assess the security measures and protocols in place to protect client data. This review shall in no way reduce the responsibility of Partner Agency's information security, which is the full and complete responsibility of the agency, its Executive Director, and Agency Administrator.
2. Partner Agencies shall have the latest version of virus protection software on all computers that access HMIS and comply with Section 9 Workstation Security below.

2.	**_End User Authorization & Passwords_**

Policies

- Agency Staff participating in the CONTRA COSTA HMIS shall abide by the governing principles of the CONTRA COSTA HMIS, the HMIS Policies and Procedures herein, and adhere to the terms and conditions of the Partner Agency User Agreement.
- End User Licenses
    o The Agency Administrator is the only Partner Agency staff member that is authorized to request licenses on behalf of End Users.
    o The Agency Administrator must only request user access to HMIS for those staff members that require access to perform their job duties (End Users).
    o All End Users must have their own unique user ID and must never use or allow use of a User ID that is not assigned to them (see Partner Agency User Agreement).
- Passwords
    o Temporary, first time only, passwords will be communicated via email to the owner of the User ID.
    o User specified passwords must never be shared and should never be communicated in any format.
    o Written information pertaining to user access (e.g., username and password) may not be stored or displayed in any publicly accessible location.

- o New User IDs must require password change on first use.
- o Passwords must consist of at least 8 characters and must contain a combination of lowercase letters, uppercase letters, numbers, and symbols [required by software].
  - ▪ According to the HUD Data and Technical Standards Final Notice (July 2004): "User authentication. Baseline Requirement. A CHO must secure HMIS systems with, at a minimum, a user authentication system consisting of a username and password. Passwords must be at least eight characters long and meet reasonable industry standard requirements."
  - ▪ Passwords must not use or include the username, the HMIS name, or the HMIS vendor's name.
  - ▪ Passwords must not consist entirely of any word found in the common dictionary or any of the above spelled backwards.
- o Passwords must be changed every 180 days. Once 180 days has passed, End Users will be prompted to change their passwords at their next log-in.
- o After four consecutive unsuccessful attempts to login, the account will be locked for three hours. If the End User cannot wait three hours, they may contact the HMIS Lead Agency to gain access sooner.

Procedures

a) Workstation Security Assessment
1. Prior to requesting user access for any staff member, the Agency Administrator will assess the operational security of the user's workspace to ensure compliance with Section 9 Workstation Security below.
2. The Agency Administrator will confirm that workstation has up to date virus and firewall protection properly installed and that a full-system scan has been performed within the last week.

b) Request New User ID
1. When the Agency Administrator identifies a staff member that requires access to CONTRA COSTA HMIS, the Agency Administrator must notify the RED Team by emailing H3REDteam@cchealth.org with the following information: name of staff person, position, start date, and email address. The RED Team will provide new user training to the prospective end user. Training and any associated coursework must be completed prior to receiving an end user license.
2. At the time of the training, the prospective end user must read and sign the Partner Agency User Agreement and return it to the Agency Administrator.
3. The HMIS System Administrator will create the new User ID as specified and notify the User ID owner of the temporary password via email.

c) Change User Access
1. When the HMIS System Administrator determines that it is necessary to change a user's access level, they will update the User ID as needed.

d) Reset Password
1. When a user forgets their password, they may use the "Forgot Password" link provided in the login screen. Instructions are then emailed to the email address on file. Users should ensure that their email address in Clarity is kept up to date.
2. After four consecutive unsuccessful attempts to login, the account will be locked for three hours. If the End User cannot wait three hours, they may contact the HMIS Lead Agency at H3redteam@cchealth.org to gain access sooner.
3. If a user has reason to believe that someone else has gained access to their password, they must immediately reset their password in Clarity or notify their Agency Administrator.

e) **Termination of User Access**
1. If an End User no longer requires access to HMIS, for example if the user leaves the agency or otherwise becomes inactive, their HMIS license must be de-activated.
2. The Partner Agency must notify the HMIS System Administrator within three (3) days after an End User is no longer employed at the agency or no longer needs access to HMIS. The Partner Agency shall provide the name of the staff member and the date of departure or date of deactivation of their HMIS license.
3. The HMIS System Administrator will revoke access of the specified End Users to the CONTRA COSTA HMIS.

f) **Lack of Compliance and Involuntary Termination**
1. Partner Agencies must develop and implement internal policies and procedures to monitor its End User's compliance with the HMIS Policies and Procedures herein or the terms of the Partner Agency User Agreement. The Partner Agency's internal policies should include disciplinary actions for lack of compliance with these documents.
2. The actions of the End Users are ultimately the responsibility of the Partner Agency. If an End User has been found to be noncompliant with any of the policies and procedures, Agency Administrators shall take corrective action steps with the End User. The HMIS Lead Agency may be available for guidance and support as needed.
3. If the End User continues to be out of compliance, the HMIS System Administrator must deactivate the staff User IDs.
4. End Users will be immediately terminated if they have breached confidentiality of information in CONTRA COSTA HMIS.

| 3. | *Collection and Entry of Client Data* |

<u>Policies</u>

- Client Data must be gathered according to the policies, procedures and confidentiality rules meeting the minimum threshold of HUD data standards and the CoC's HMIS data standards.
- Client Data will only be shared with Partner Agencies if the Client provides verbal or written consent (see Procedures below).
- Client Data will be entered into the HMIS in a timely and accurate manner in compliance with the guidelines set in the HMIS Data Quality Plan.
- Hardcopy or electronic files will continue to be maintained according to individual program requirements.
- Data imports require authorization from both the CoC and HMIS Lead as they may impact data integrity and increase the likelihood of duplication of client files in the system.
- Any authorized data imports will be the responsibility of the Partner Agency.
- Partner Agencies are responsible for the accuracy, integrity, and security of all data input by said agency. The HMIS Lead Agency will periodically monitor for Partner Agencies data quality compliance.
- **Note that services may NOT be denied if Client refuses to sign the ROI or declines to state any information.** Partner Agencies shall not require or imply that services must be contingent upon a Client's participation in HMIS. Services should be provided to a Client regardless of HMIS participation, provided the Client would otherwise be eligible for services.
- **Domestic Violence Dedicated Programs**
  - Victim Service Providers (VSPs) whose primary purpose is to serve victims of domestic violence, are prohibited from participating in HMIS by the Violence Against Women Act (VAWA) and HUD. In addition, providers who receive funding (either through a direct grant or subgrant) from the Family Violence Prevention and Services Act, Office for Victims of Crime, Office on Violence Against Women, and Specialized Housing and Services for

Victims of Human Trafficking are prohibited from entering client PII into HMIS. These agencies are required to use a comparable database and are responsible for meeting the requirements of the comparable database.

- **Non-Homelessness Data**
  - o The data inputted and stored in HMIS shall align with the purpose of CONTRA COSTA HMIS, which is to serve as a central database to collect, track, analyze and report uniform client and activity data related to the provision of shelter, housing, and services to individuals and families experiencing homelessness and at risk of homelessness within the Contra Costa CoC region. Data that does not align with or serve this purpose shall not be inputted in HMIS.

Procedures

a) **Obtaining Informed Consent & Release of Information (ROI)**
1. Client consent to share their data within HMIS must constitute INFORMED consent. The burden rests with the intake counselor to inform the Client before asking for consent.
2. Partner Agencies must explain the contents of the Client Informed Consent & Release of Information Authorization (ROI) and the Contra Costa County's Continuum of Care HMIS Privacy Notice (HMIS Privacy Notice) to the Client prior to entering client information into HMIS. During this explanation, Partner Agencies should summarize the following information:
    a. *What HMIS is* - an internet-based database that is used by homeless service organizations across the Contra Costa CoC to record and store client-level information
    b. *Why the Partner Agency Uses it*
        i. Efficiently coordinate the most effective services and resources for Clients
        ii. Better understanding homelessness in the community
        iii. Assess the types of resources needed in the local area
        iv. Track whether needs are being met in the community
    c. *Security*
        i. Only specific staff who have signed an agreement to maintain the security and privacy of your information and participate in training courses can access HMIS.
        ii. HMIS is protected by passwords and encryption technology.
        iii. HMIS must adhere to HUD Technical and Data Standards and other local, state and federal privacy laws
    d. *How their PPI may be shared and disclosed*
        i. Coordinate services with other providers in the CoC
        ii. Creating aggregated de-identified data to a third party like HUD
        iii. Cooperate with law enforcement for a legitimate law enforcement purpose based on valid warrant or subpoena
        iv. Full list of permissible disclosures is available in the HMIS Privacy Notice
    e. *Clients Rights*
        i. No client information will be released to another agency without written or verbal consent from the Client. However, aggregate system wide data that does not contain any client specific identifying data may be shared with internal and external agents without specific permission.
        ii. Client has the right to not answer questions, unless admission to the program requires it.
        iii. Client has right to access their record.
        iv. Clients can't be refused services if consent is not provided.
        v. Clients can revoke consent at a later date.
    f. *Benefits for Clients*
        i. Clients will not have to repeat their story to multiple agencies

      ii.   Case managers can use information in HMIS to link Client to appropriate resources in the community

3. The Client may sign a hard copy or electronic copy (on-screen signature) of the ROI. Once the client signs the ROI, the Partner Agency must document the ROI in the client's HMIS record.

    a. All written consent forms must be stored in a client's case management file for record-keeping and auditing purposes. The Partner Agency may store the hard copy in their internal files, but must provide the address of the hard copy file in the client's HMIS record; or

    b. The Partner Agency may scan and upload the hard copy or upload the electronic signed copy to the client's HMIS record.

4. Partner Agencies must ensure that hard copy ROIs are stored in a location that is locked and not accessible to the general public.

5. The ROI is valid for ten (10) years. When the ROI expires after 10 years and the client's data is still active in HMIS, then Partner Agencies must obtain a new signed ROI from the client.

b) Obtaining Verbal Consent

1. A signed written ROI is the preferred method of obtaining client informed consent; however, verbal consent is permitted under the following circumstances:

    a. Client's verbal consent is obtained through one-door registration, 211, or another hotline or dispatch call-center.

    b. If verbal consent is obtained, Partner Agencies must make reasonable attempts to collect written consent upon Client's arrival into the program or through subsequent meetings with the client.

2. **Exception:** Phone registration and dispatch programs may enter client information without consent but must lock the record in HMIS. Upon client's arrival into the program, written consent must be obtained in order to unlock their record.

c) Consent for Minor Children

1. Partner Agencies must obtain consent to input a minor's data into HMIS from the minor's parent or legal guardian.

2. The minor's consent must be documented on the head of household's ROI.

d) Client Refuses to Consent

1. Clients cannot be refused services solely based on their refusal to participate in HMIS.

2. If the Client refuses to provide verbal or written consent, the Partner Agency must not share the Client's PII with any other partner agencies. Partner Agencies must lock the Client's HMIS record. The steps on how to lock a Client's record is provided during End User Training. Within 6 months of the Client's initial refusal, Partner Agencies should make one additional attempt to confirm whether the Client wishes to sign an ROI.

> ### *4.   Release and Disclosure of Client Data*

Policies

- The HMIS Lead Agency shall ensure compliance with relevant federal and state confidentiality regulations and laws that protect client records. The Agency shall only release client records with the consent of the client, unless otherwise provided for by law.
- Substance Abuse Records: The HMIS Lead Agency shall abide specially by federal confidentiality regulations as contained in the Code of Federal Regulations, 42 CFR Part 2 regarding disclosure of alcohol and/or drug abuse records unless disclosure is expressly permitted by informed written consent of the person whom it pertains to or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The HMIS Lead Agency understands that federal rules restrict use of the information to criminally investigate any alcohol or drug abuse patients.

- Sharing of client data may be limited by program specific confidentiality rules.
- No client-specific data will be released or shared outside of the partner agencies unless the client gives specific written permission or unless withholding that information would be illegal or otherwise permitted under the Privacy Notice.
- Client shall be given a printout of all data relating to them upon written request and five (5) working days.
- A report of data sharing events, including dates, agencies, persons, and other details, must be made available to the client upon written request and within five (5) days or according to agency policy.
- A log of all external releases or disclosures must be maintained for seven (7) years and made available to the client upon written request and within five (5) days or according to agency policy.
- Aggregate system wide data that does not contain any client specific identifying data may be shared with internal and external agents without specific permission. This policy should be made clear to clients as part of the Informed Consent procedure (see Section 3).
- Each Partner Agency Executive Director is responsible for their agency's internal compliance with the 2004 HUD Data and Technical Standards. Agency Administrators and End Users must safeguard and maintain strict confidence over information in CONTRA COSTA HMIS.

Procedures

a) HMIS Privacy Notice

1. Partner Agencies must post the HMIS Privacy Notice (available in both English and Spanish) at their facility in a place conspicuous and accessible to clients.
2. Prior to asking the Client to review and sign the ROI, Partner Agency staff must review the HMIS Privacy Notice with the Client (see Section 3).
3. Partner Agencies must provide a copy of the HMIS Privacy Notice to the Client upon request.

b) Client Revocation of Consent

1. A Client may revoke consent for data sharing at any time. When Client makes such request, the Partner Agency staff should provide the HMIS Client Revocation Form to the Client. The Partner Agency staff shall complete the bottom of the HMIS Client Revocation Form with the HMIS Client Unique ID and forward the form securely to the RED Team.
2. Partner Agency staff shall inform the Client that only information going forward will not be shared. PII that the Client previously authorized to be shared cannot entirely be removed from the HMIS database and will remain accessible to the limited number of organizations that provided the Client with direct services.

5.	*Client Complaint*

Policies

- Clients will file complaints with Partner Agencies. Partner Agencies must have written complaint procedures that can be provided to client upon request. Any unresolved complaints may be escalated to the CoC Lead Agency according to the CoC Complaint Process. For HMIS matters, the CoC Lead Agency may work with the HMIS Lead Agency to resolve the complaint.
- Partner Agencies complaint procedures must follow the guidelines and requirements under the CoC Complaint Process.

Procedures

a) Partner Agency Complaint Process

1. Clients will submit a complaint directly to Partner Agencies with which they have a complaint in accordance with the Partner Agency's internal complaint policies and procedures.

2. Upon client request, Partner Agencies must provide a copy of their complaint procedure and the HMIS Policies and Procedures along with the Contra Costa Continuum of Care Complaint Form (CoC Complaint Form). Partner Agencies shall explain that the CoC Complaint Form should be used only if the matter cannot be resolved by the Partner Agency's internal complaint procedure or if the Client believes that filing a complaint through the Partner Agency is inappropriate.

3. The Partner Agency will be responsible to answer any questions and complaints regarding the HMIS. A record of all complaints and any attempts made to resolve the issue must be kept in file for two (2) years. If the complaint is resolved, Partner Agencies will include the date and a brief description of the resolution.

b) **CoC Complaint Process**

1. If the Partner Agency is unable to resolve the problem or if the client believes that filing a complaint directly with the Partner Agency is not appropriate based on the circumstances, the client must complete the CoC Complaint Form outlining the date of incident, name of parties involved, description of the incident, and their contact information for follow-up. If the client needs assistance, Partner Agencies must forward a copy of the completed CoC Complaint Form to the CoC Manager.

2. The CoC Lead Agency will review and determine the need for further action based on the procedures outlined in the CoC Complaint Process.

6.	*Data Quality*

Policies

- Data quality refers to the timeliness, completeness, and accuracy of information collected and reported in CONTRA COSTA HMIS. All data entered into the HMIS database must meet minimum data quality standards. End Users will be responsible for the quality of their data entry and must adhere to the specific requirements in the Contra Costa CoC Data Quality and Monitoring Plan (DQMP).
- **Data Timeliness:** End Users must enter all universal data elements and program-specific data elements within the specified time provided in the DQMP.
- **Data Completeness:** All data entered into the system must be complete, unless otherwise authorized by the HMIS Lead, following data collection standards set by the 2020 HUD HMIS Data Standards.
- **Data Accuracy:** All data entered shall be collected and entered in a common and consistent manner across all programs to ensure that all data entered into HMIS is an accurate a reflection of information provided by the client, as documented by the intake worker or otherwise updated by the client and documented for reference. Recording inaccurate information is strictly prohibited.

Procedures

1. Partner Agencies must collect and enter as much relevant client data as possible for the purposes of providing services to that client.

2. All End Users should strive to minimize the gap between when information is collected and when it is entered into HMIS, with the goal of real-time data entry whenever feasible. All data must be input into HMIS within the specific number of days based on program type as provided in the DQMP.

3. The HMIS System Administrator will conduct quarterly checks for data quality.

4. Any patterns of error or missing data will be reported to the Agency Administrator. Agency Administrators must adhere to the data quality monitoring and reporting requirements laid out in the DQMP.

5. End Users will be required to correct the identified data error and will be monitored for compliance by the Agency Administrator and the HMIS Administrator.

6. End Users may be required to attend additional training on data quality as needed.

7.   *Aggregate Data Access*

Policies
- The Partner Agency shall provide reports using aggregate data to the CoC upon request, or to other entities for funding or planning purposes pertaining to providing services to homeless persons, for homeless policy and planning decisions, in preparing federal, state or local applications for funding, to demonstrate the need for and effectiveness of programs, and to obtain a system-wide view of program utilization in the state.
- The Partner Agency shall use only unidentified, aggregate data.
- The HMIS Lead Agency may also provide anonymous aggregate data for reporting purposes, research purposes, and to policy makers, service providers, advocates, and consumer representatives. The underlying goal of sharing aggregate data is to address and end homelessness.

Procedures
- The Partner Agency is responsible for ensuring that reporting access is maintained at the proscribed levels for agency clients, non-agency clients, and aggregate information reporting.
- Any requests for aggregate data must be directed to the HMIS Lead Agency using the following form on the H3 website: https://cchealth.org/h3/coc/reports.php#Requests.

8.   *Proprietary Rights & Abuse*

Policies
- **Copyright**: The Contra Costa HMIS, underlying software, and services are protected by copyright and cannot be copied, except as permitted by law or written agreement with the copyright holder.
- **Unauthorized Access and Abuse**: The HMIS Lead Agency shall take reasonable efforts to prevent the unauthorized access, use or modification of HMIS, or interference with normal system operation. This shall include both corruption of the HMIS database in any manner, as well as unauthorized disclosure or sharing of user identification and/or passwords. The Agency shall not use HMIS with intent to defraud federal, state or local governments, individuals or entities, or to conduct any illegal activity.
- **Research and Electronic Data Exchange:** Agencies exporting data from HMIS must certify that the same privacy and security rights promised to their clients are met on the destination system. If the destination system operates under less restrictive rules, the client must be fully informed and approve this transfer. The Partner Agency must have the ability to restrict transfers to only those clients that approve the exchange.

Procedures
- The HMIS Lead Agency shall be responsible for monitoring and preventing unauthorized access, use, or modification of HMIS, or interference with normal system operation.
- Partner Agencies shall have internal policies prohibiting transmission of material in violation of any federal or state regulations, this includes but is not limited to: copyrighted material, material legally judged to be threatening or obscene, and material considered protected by trade secret.
- Partner Agencies shall have internal policies that prohibit profanity, offensive language, malicious information or discriminatory comments based on race, ethnicity, religion, national origin, disability, age, gender, or sexual orientation into the database.

9.   *Workstation Security*

Policies
- The Agency Administrator is responsible for preventing degradation of the whole system resulting from viruses, intrusion, or other factors under the agency's control.

- The Agency Administrator or their delegate is responsible for preventing inadvertent release of confidential client-specific information. Such release may come from physical or electronic or even visual access to the workstation, thus steps should be taken to prevent these modes of inappropriate access (i.e. don't let someone read over your shoulder; lock your screen).
- The Agency Administrator is responsible for communicating all procedures to End Users regarding proper workstation configuration and protection against unauthorized access to HMIS by others.
- Additional security policies are included in the HMIS Data Security Plan.

Procedures
a) Computer Security
1. At a minimum, any workstation accessing the HMIS System shall have anti-virus software with current virus definitions (24 hours) and frequent full-system automated scans (weekly).
2. Partner Agency shall ensure that its computers and networks are equipped with secure firewalls, which are updated regularly automatically. Firewalls must be placed between any computer and internet connection for the entire network.
3. All workstations and computer hardware along with agency network equipment must be stored in a secure location, such as a locked office where only authorized users have access. If computers are in a public area, they must be staffed at all times. When not in use, computers must be secure and not usable by unauthorized users. Computers should automatically turn on a password protected screen saver when the workstation is temporarily not being used.

b) Hard Copy Security
1. Partner Agency staff must supervise at all times any paper or other hard copy generated by or for the HMIS that contains PPI when the hard copy is in a public area.
2. When Partner Agency staff is not present, the paper files must be secured and locked in areas that are not publicly accessible.
3. Written information specifically pertaining to user access (e.g., User ID and password) must not be stored or displayed in any publicly accessible location.
4. Documents printed from HMIS must be sent to a printer in a secure location where only authorized users have access.

10.	**Training**

Policies
- Partner Agencies must ensure its End Users are properly trained and authorized to use the system in accordance with the HMIS Policies and Procedures herein.
- The Agency Administrators must regularly attend the HMIS Lead Agency monthly HMIS Policy Committee meetings, along with periodic update trainings and stay current with the HMIS Policies and Procedures.
- The Agency Administrator holds responsibility to communicate any updated HMIS information to all staff and volunteer HMIS End Users at his/her Partner Agency.
- End Users may also be required to participate in periodic trainings to maintain their end user license.

Procedures
a) Training
The HMIS Lead Agency will provide training in the following areas prior to Partner Agency using CONTRA COSTA HMIS:
- o Data Privacy, Security, & Confidentiality
- o HUD HMIS Data Standards
- o End User Training
- o Specific Modules
b) Agency Administrator Training

The HMIS Lead Agency will provide training to Agency Administrators who are then responsible for relaying that training to End Users within his or her agency. Training will be done virtually or in a group setting, where possible to achieve the most efficient use of time and sharing of information between agencies. Training will include:
- o End User training
- o Running package reports
- o Creating customized reports

c) Ongoing Training

The HMIS Lead Agency will provide regular training for the Continuum of Care, as needed. The areas covered will be:
- o Agency Administrator Training
- o End User Training
- o Data Privacy, Security, & Confidentiality
- o Data Quality Monitoring and Reporting
- o HUD HMIS Data Standards
- o Specific Modules

11. Technical Support

Policies

- Support requests include problem reporting, requests for enhancements (features), or other general technical support.
- End Users shall submit support requests to their Agency Administrator (email is suggested).
- End Users shall not submit requests to software vendor.
- End Users shall not submit requests directly to the HMIS Lead Agency without specific invitation. All requests to H3 shall be submitted to the Agency Administrator, who may then escalate to the HMIS Lead Agency, who may then escalate to vendors as appropriate.
- The HMIS Lead will only provide support for issues specific to the CONTRA COSTA HMIS software and systems.

Procedures

a) Submission of Support Request
1. End User encounters a problem or originates idea for improvement to system or software.
2. End User creates a support request to Agency Administrator.
3. The Agency Administrator, upon receipt of a support request, shall make reasonable attempts to resolve the issue directly with End User.
4. If the Agency Administrator is unable to resolve the issue and determines that the problem is specific to CONTRA COSTA HMIS software and systems, the Agency Administrator may contact the HMIS Systems Administrator or the AA may submit a technical support request, including program set up or program modification using the following link: https://airtable.com/shr07VkUci0rE8Rqt.
5. The HMIS System Administrator will consolidate such requests from multiple Partner Agencies, if appropriate, and strive to resolve issues in priority order according to their severity and impact.
6. If the HMIS System Administrator is unable to resolve the issue, other software or system vendor(s) may be included in order to resolve the issue(s).
7. In cases where issue resolution may be achieved by the End User or other Partner Agency personnel, the HMIS System Administrator will provide instructions via email to Agency Administrator.

12. Changes to this and other Documents

Policies

- The CoC and HMIS Lead along with the HMIS Policy Committee of the Continuum will guide the

compilation and amendment of these Policies and Procedures. The HMIS Policy Committee will review this document on an annual basis.

Procedures

1. Proposed changes may originate from any participant in the CONTRA COSTA HMIS.
2. When proposed changes originate within a Partner Agency, they must be reviewed by the HMIS Policy Committee.
3. The HMIS System Administrator will maintain a list of proposed changes.
4. The list of proposed changes will be discussed by the HMIS Policy Committee, subject to line item excision and modification. This discussion may occur at an in-person or virtual meeting.
5. The HMIS Policy Committee will recommend annual proposed changes to the CoC's governing body, Council on Homelessness, for approval prior to implementation.
6. Partner Agencies Executive Directors shall acknowledge receipt and acceptance of the revised Policies and Procedures within 10 working days of delivery of the amended Policies and Procedures by notification in writing or email to the HMIS System Administrator. The Agency Administrator (cc to E.D.) shall also ensure circulation of the revised document within their agency and compliance with the revised Policies and Procedures by all End Users.

HMIS DATA SECURITY PLAN

Overview

HUD regulations require that Continuums of Care establish HMIS Data Security Plans. This Data Security Plan is based upon the HMIS Requirements Proposed Rule released in December 2011, and may be edited upon the release of further guidance by HUD.

Applicability

CONTRA COSTA HMIS participating agencies must apply system security provisions to all the systems where personal protected information (PPI) is stored, including, but not limited to, its networks, desktops, laptops, tablets, phones, mainframes and servers.

User Authentication

Upon successful completion of training and submission of signed User Agreement to the HMIS Lead, each HMIS user will be provided with a unique personal User Identification Code (User ID) and initial password to access the HMIS. While the User ID provided will not change, HUD standards require that the initial password only be valid for the user's first access to the HMIS. Upon access with the initial password, the user will see a screen that will prompt the user to change the initial password to a personal password created by the user. The Partner Agency Agency Administrator must only request user access to HMIS for those staff members that require access to perform their job duties.

The password created by the user must meet the following Federal and application-enforced guidelines from the HMIS Governance Charter and HMIS Policies and Procedures:

   a. All users must have their own unique user ID and must never use or allow use of a user ID that is not assigned to them. (See Partner Agency User Agreement.)
   b. Temporary, first time only, passwords will be communicated via email to the owner of the User ID.
   c. User specified passwords must never be shared and should never be communicated in any format.
   d. Written information pertaining to user access (e.g., username and password) may not be stored or displayed in any publicly accessible location.
   e. New User IDs must require password change on first use.
   f. Passwords must consist of at least 8 characters and must contain a combination of letters and numbers(required by software). (Refer to the HUD Data and Technical Standards Final Notice (July 2004) for additional guidance.)
   g. Passwords must not use or include the username, the HMIS name, or the HMIS vendor's name.
   h. Passwords must not consist entirely of any word found in the common dictionary or any of the above spelled backwards.

      i.   Passwords must be changed every 180 days. Once 180 days has passed, End Users will be prompted to change their passwords at their next log-in.

      j.   After four consecutive unsuccessful attempts to login, the account will be locked for three hours. If the End User cannot wait three hours, they may contact the HMIS Lead Agency to gain access sooner.

Agencies participating in the CONTRA COSTA HMIS shall commit to abide by the governing principles of the CONTRA COSTA HMIS and shall adhere to the terms and conditions of this partnership as detailed in the Partner Agency Memorandum of Understanding and the HMIS Governance Charter and HMIS Policies and Procedures.

Prior to allowing access to the HMIS, the Agency Administrator will agree to review and assess the security measures in place to protect client data. The HMIS System Administrator will meet Partner Agency Executive Director (or designee), Program Manager/Administrator and Agency Administrator to access agency information security protocols. This review shall in no way reduce the responsibility for agency information security, which is the full and complete responsibility of the agency, its Executive Director, and Agency Administrator.

Termination of User Access

If an End User no longer requires access to HMIS, for example if the user leaves the agency or otherwise becomes inactive, their HMIS license must be de-activated. The Partner Agency must notify the HMIS System Administrator within three (3) days after an End User is no longer employed at the agency or no longer needs access to HMIS. The Partner Agency shall provide the name of the staff member and the date of departure or date of deactivation of their HMIS license. The HMIS System Administrator will revoke access of the specified End Users to the CONTRA COSTA HMIS.

Lack of Compliance and Involuntary Termination

Partner Agencies must develop and implement internal policies and procedures to monitor its End User's compliance with the HMIS Policies and Procedures herein or the terms of the Partner Agency User Agreement. The Partner Agency's internal policies should include disciplinary actions for lack of compliance with these documents.

The actions of the End Users are ultimately the responsibility of the Partner Agency. If an End User has been found to be noncompliant with any of the policies and procedures, Agency Administrators shall take corrective action steps with the End User. The HMIS Lead Agency may be available for guidance and support as needed. If the End User continues to be out of compliance, the HMIS System Administrator must deactivate the staff User IDs. End Users will be immediately terminated if they have breached confidentiality of information in CONTRA COSTA HMIS.

Security Training

The HMIS Lead will ensure that all users receive security training prior to being given access to the HMIS, and that the training curriculum reflects the HMIS Governance Charter and HMIS

Policies and Procedures and HUD requirements. HMIS security training will be offered at least annually.

Application Security

Agencies must ensure that all computers connecting to HMIS run a current version of anti-virus software with current virus definitions (24 hours) and frequent full-system automated scans (weekly). This is enforced through an Active Directory network policy, and applies to both devices directly attached to an area-wide network as well as those at service provider locations that connect through the public Internet via a Secure Socket Layer (SSL) Virtual Private Network (VPN) tunnel connection. Individual computers are scanned and only allowed to connect to the network when the presence of updated anti/virus software and secure firewall from an approved list has been verified. This appliance also provides protection against phishing, malware; bot attacks and provides access control to limit users to appropriate resources.

HMIS Partner Agencies must maintain anti-virus software on all devices on their network. Devices that access the Internet must be configured to automatically download updated virus definitions. Steps should also be taken to prevent the intrusion of "adware" and "spyware" programs.

The Partner Agency Administrator maintains hardware, software and PPI in a secure environment, protected by a Firewall. Firewalls must be updated regularly automatically and must be placed between any computer and internet connection for the entire network. Users must take appropriate steps to ensure that networks used outside of the agency are secured in compliance with this section.

Physical Control over Devices with Access to HMIS Data

 All workstations and computer hardware along with agency network equipment must be stored in a secure location, such as a locked office where only authorized users have access. If computers are in a public area, they must be staffed at all times. When not in use, computers must be secure and not usable by unauthorized users. Computers should automatically turn on a password protected screen saver when the workstation is temporarily not being used.

Disaster Protection and Recovery

HMIS is contained on mariaDB databases which are run on a clustered environment so that there will be failover protection if the primary server becomes unavailable. The physical data storage is on multiple disc drives in a RAID array for redundancy so that no data will be lost or downtime incurred if a physical disk drive becomes inoperable. Additional hardware redundancy exists in the form of dual power supplies, disc controllers and network interface cards. The databases are automatically backed up nightly and stored on another secure server.

Bitfocus, the vendor of Clarity Human Systems, is responsible for the disaster protection and recovery of the central server, as well as data disposal.

System Monitoring

HMIS produces reports based on log files that are reviewed and inactive user accounts are consequently disabled (e.g., in the event of a user leaving an agency, a job position change, etc.). In addition to the HMIS database itself, access to HMIS is also controlled, monitored and logged by the Agency Administrator.

Hard Copy Security

The guidelines regarding the security of paper or other hard copy containing PPI that is either generated by or for the HMIS, including, but not limited to reports, data entry forms, and signed consent forms are:

1. Partner Agency staff must supervise at all times any paper or other hard copy generated by or for the HMIS that contains PPI when the hard copy is in a public area.
2. When Partner Agency staff is not present, the paper files must be secured in areas that are not publicly accessible.
3. Written information specifically pertaining to user access (e.g., User ID and password) must not be stored or displayed in any publicly accessible location.
4. Documents printed from HMIS must be sent to a printer in a secure location where only authorized users have access.

HMIS DATA QUALITY & MONITORING PLAN

Overview

HUD regulations require Continuums of Care to establish HMIS Data Quality Plans. This Data Quality Plan is based upon the HMIS Requirements Proposed Rule released in December 2011, and may be edited upon the release of further guidance by HUD.

Timeliness

An HMIS should have the most current client information available for every person being actively served by service providers. All HMIS participants should strive to minimize the gap between when information is collected and when it is entered into HMIS, with the goal of real-time data entry whenever feasible. To that end, relevant client information should always be entered into HMIS within the following initial guidelines, based on project type:

- Emergency Shelter, Transitional Housing, Permanent Housing, Rapid Rehousing, and Prevention projects: All Universal and Program-Specific Data Elements entered within two (2) business days of intake.
- Outreach projects and Non-residential Support Service Only projects (SSO): Limited data elements entered within five (5) business days of the first outreach encounter. Upon engagement for services, all remaining Universal and Program-Specific Data Elements entered within two (2) business days.

Agencies with projects providing services should strive to meet these timeliness goals:
- All users must have their own unique user ID and must never use or allow use of a user ID that is not assigned to them. [See Partner Agency User Agreement.] User specified passwords must never be shared and should never be communicated in any format. Client identification and supplemental assessments should be entered within two (2) business days.
- Updates and interim reviews should be entered within two (2) business days of discovery of the event change.
- All service data should be entered within five (5) business days of service provision.

As data entry policies and procedures are developed and refined within each participating agency, the CoC shall review these timeliness guidelines and modify them accordingly. It is the goal of Contra Costa Continuum of Care to enter data into HMIS in the most timely manner feasible.

Completeness

Complete HMIS data is necessary to fully understand the demographic characteristics and

service use of persons in the system. Complete data facilitates confident reporting and analysis on the nature and extent of homelessness, such as:

- Unduplicated counts of clients served at the local level;
- Patterns of use of people entering and exiting the homeless assistance system; and
- Evaluation of the effectiveness of homeless systems.

In effect, complete data tells the full "story" of homelessness to the agencies, the Continuum, and the general public. To that end, all data entered into the HMIS shall be complete.

In addition, at the client level, more complete HMIS data improves quality of services and ability of provider staff to meet client needs, efficiently and effectively.

Partner Agencies are responsible for making all reasonable efforts to ensure the highest level of data quality possible for the following categories:

- **Universal Data Elements**: The Partner Agency shall ensure the HMIS is capable of managing the collection of each data variable and corresponding response category for each of the Universal Data Elements outlined in the HUD HMIS data and Technical Standards.
- **Program-Specific Data Elements**: The Partner Agency shall ensure the HMIS is capable of managing the collection of each data variable and corresponding response category for each of the Program-specific data elements as outlined in the HMIS Data and Technical Standards.
- **Unduplicated Client Records**: The Partner Agency shall ensure HMIS is capable of generating a summary of the number of unduplicated client records entered into HMIS.
- **Program Entry and Exit Dates**: The Partner Agency shall be responsible for ensuring the accurate entry of program entry and exit dates. Program entry and exit dates should be recorded upon any program entry or exit on all participants. Entry dates should reflect the first day of service in the program. Exit dates should reflect the last day of residence, or for non-residential programs, the last day a service was provided.

The Continuum's goal is to collect 100% of all data elements. However, the Continuum recognizes that this may not be possible in all cases. Therefore, the Continuum has established <u>a data quality benchmark upper limit of 5% as an acceptable percent of null/missing and unknown/don't know/refused responses for all UDEs and program specific data elements</u> excluding Domestic Violence and Social Security Number.

For exit dates, SSOs will close out these if no contact has been made within 6 months.

Accuracy & Consistency

Accuracy of data in an HMIS can be difficult to assess because it depends on both the client's ability to provide the correct data and the intake worker's ability to document and enter the data accurately. Consistency directly affects the accuracy of data; if an end user collects all of the data, but they do not collect it in a consistent manner, then the data may not be accurate.

The purpose of accuracy is to ensure that the data in the CoC's HMIS is the best possible representation of reality as it relates to homeless people and the programs that serve them. To that end, all data entered into the CoC's HMIS shall be a reflection of information provided by the client, as documented by the intake worker or otherwise updated by the client and documented for reference. Recording inaccurate information is strictly prohibited.

All data in HMIS shall be collected and entered in a common and consistent manner across all programs. To that end, the CoC will undertake system-wide accuracy checks, require end user training, and maintain a consistent intake form.

- **Systemwide Checks**: HMIS Lead Agency staff will conduct periodic accuracy and consistency checks, including de-duplication efforts every 6 months, and will run automated searches for information that is likely inconsistent. Any data inconsistency issues identified by agency-level staff will be reported to the HMIS Administrator.

- **Data Accuracy Report**: Like the Data Completeness report, this report will be filed monthly. This report measures specific incongruency errors, including but not limited to:
  - Client age/date of birth errors, multiple active incomes, and incongruences between housing status and living situation, chronic homelessness status and disability status, and income and employment status.

- **Client Enrollment Reports:** Like the Data Completeness and Data Accuracy reports, this report will be filed monthly. This report displays a list of new client intakes, exits, and active clients during the month. This report should be verified for accuracy prior to submission.

- **Training:** All intake and data entry workers will complete an initial training before accessing the live HMIS system, using the established train the trainer structure. Optional trainings will be offered annually to HMIS users wishing to recertify their knowledge of consistency practices.

- **Intake Form:** A basic intake form that collects data in a consistent manner will be available to all programs, which they can alter to meet their additional needs, provided the base document does not change. The HMIS Data Collection Guide outlines the basic data elements collected on the intake form, their response categories, rationale, and definitions will be made available in paper and via the HMIS website as a quick reference to ensure consistent data collection. New agencies that join the CoC are required to review this document as part of the HMIS Agency Agreement execution process.

Monitoring & Enforcement

The CoC recognizes that the data produced from the HMIS is critical to meet the reporting and compliance requirements of individual agencies and the CoC as a whole. As such, all HMIS agencies are expected to meet the data quality benchmarks described in this document. To achieve this, the HMIS data will be monitored periodically to quickly identify and resolve issues that affect the timeliness, completeness, and accuracy of the data. All monitoring will be done in accordance with the Data Quality Plan, with full support of the CoC membership. The timeframe to correct errors will be within 10 days following the end of the month unless the 10th of the month falls on a weekend, then which it will be the following Monday.

- Data Completeness and Data Accuracy Reports must be run on a monthly basis and submitted to the HMIS Lead Agency by the 10th of the following month. Once submitted, the HMIS System Administrator will evaluate and ensure that these reports meet the minimum-level required for compliance. All agencies are required to take the steps necessary to mitigate any errors and performance gaps prior to submission

The purpose of monitoring is to ensure that the agreed-upon data quality benchmarks are met to the greatest possible extent and that data quality issues are quickly identified and resolved. Monitoring will be considered in the annual CoC Program review & rank process. Participating agencies that are identified as needing assistance in addressing performance gaps will be offered refresher HMIS training courses and corrective plan technical assistance as needed.

HMIS CLIENT DATA & PRIVACY PLAN

Overview

HUD regulations require that Continuums of Care establish HMIS Data Privacy Plans after the HMIS Privacy and Security Notice is released. This Client Data & Privacy Plan is based upon the HMIS Requirements Proposed Rule released in December 2011, and may be edited upon the release of further guidance by HUD.

HMIS Data Sharing

Client-specific data from CONTRA COSTA HMIS may be shared with partner agencies only when the sharing agency has secured a valid Release of Information from that client authorizing such sharing, and only during such time that Release of Information is valid (before its expiration). Other non-HMIS inter-agency agreements do not cover the sharing of HMIS data.

Obtaining Informed Consent & Release of Information (ROI)

Client consent to share their data within HMIS must constitute INFORMED consent. The burden rests with the intake counselor to inform the Client before asking for consent. Partner Agencies must post the HMIS Privacy Notice (available in both English and Spanish) at their facility in a place conspicuous and accessible to clients and must provide a copy of the HMIS Privacy Notice to clients upon request.

Partner Agencies must explain the contents of the Client Informed Consent & Release of Information Authorization (ROI) and the Contra Costa County's Continuum of Care HMIS Privacy Notice (HMIS Privacy Notice) to the Client prior to entering client information into HMIS. During this explanation, Partner Agencies should summarize the following information:
1. *What HMIS is* - an internet-based database that is used by homeless service organizations across the Contra Costa CoC to record and store client-level information
2. *Why the Partner Agency Uses it*
    a. Efficiently coordinate the most effective services and resources for Clients
    b. Better understanding homelessness in the community
    c. Assess the types of resources needed in the local area
    d. Track whether needs are being met in the community
3. *Security*
    a. Only specific staff who have signed an agreement to maintain the security and privacy of your information and participate in training courses can access HMIS.
    b. HMIS is protected by passwords and encryption technology.

c. HMIS must adhere to HUD Technical and Data Standards and other local, state and federal privacy laws

4. ***How their PPI may be shared and disclosed***
    a. Coordinate services with other providers in the CoC
    b. Creating aggregated de-identified data to a third party like HUD
    c. Cooperate with law enforcement for a legitimate law enforcement purpose based on valid warrant or subpoena
    d. Full list of permissible disclosures is available in the HMIS Privacy Notice

5. ***Clients Rights***
    a. No client information will be released to another agency without written or verbal consent from the Client. However, aggregate system wide data that does not contain any client specific identifying data may be shared with internal and external agents without specific permission.
    b. Client has the right to not answer questions, unless admission to the program requires it.
    c. Client has right to access their record.
    d. Clients can't be refused services if consent is not provided.
    e. Clients can revoke consent at a later date.

6. ***Benefits for Clients***
    a. Clients will not have to repeat their story to multiple agencies
    b. Case managers can use information in HMIS to link Client to appropriate resources in the community

The Client may sign a hard copy or electronic copy (on-screen signature) of the ROI. Once the client signs the ROI, the Partner Agency must document the ROI in the client's HMIS record. All written consent forms must be stored in a client's case management file for record-keeping and auditing purposes. The Partner Agency may store the hard copy in their internal files, but must provide the address of the hard copy file in the client's HMIS record; or the Partner Agency may scan and upload the hard copy or upload the electronic signed copy to the client's HMIS record. Partner Agencies must ensure that hard copy ROIs are stored in a location that is locked and not accessible to the general public.

The ROI is valid for ten (10) years. When the ROI expires after 10 years and the client's data is still active in HMIS, then Partner Agencies must obtain a new signed ROI from the client.

Obtaining Verbal Consent

A signed written ROI is the preferred method of obtaining client informed consent; however, verbal consent is permitted under the following circumstances:
    1. Client's verbal consent is obtained through one-door registration, 211, or another hotline or dispatch call-center.

2. If verbal consent is obtained, Partner Agencies must make reasonable attempts to collect written consent upon Client's arrival into the program or through subsequent meetings with the client.

Exception: Phone registration and dispatch programs may enter client information without consent but must lock the record in HMIS. Upon client's arrival into the program, written consent must be obtained in order to unlock their record.

Consent for Minor Children

Partner Agencies must obtain consent to input a minor's data into HMIS from the minor's parent or legal guardian. The minor's consent must be documented on the head of household's ROI.

Client Refuses to Consent

Clients cannot be refused services solely based on their refusal to participate in HMIS. If the Client refuses to provide verbal or written consent, the Partner Agency must not share the Client's PII with any other partner agencies. Partner Agencies must lock the Client's HMIS record. Within 6 months of the Client's initial refusal, Partner Agencies should make one additional attempt to confirm whether the Client wishes to sign an ROI.

Adherence to Other Privacy Laws

The Participating Agency shall uphold Federal and State Confidentiality regulations to protect client records and privacy. If an agency is covered by the Health Insurance Portability and Accountability Act (HIPAA), the HIPAA regulations prevail. The Agency shall not require or imply that services must be contingent upon a Client's participation in HMIS. Services should be provided to a client regardless of HMIS participation, provided the client would otherwise be eligible for services.

Data Purpose & Use Limitations

Each Partner Agency will use or disclose personal information for activities described in this part of the notice. The Partner Agency assumes that clients consent to the use or disclosure of personal information for the purposes described here and for other uses and disclosures that are determined to be compatible with these uses or disclosures:
   a. To provide or coordinate services to a client.
   b. For payment or reimbursement of services for the participating organization.
   c. For administrative purposes, including but not limited to HMIS system administrator(s) and developer(s), and for legal, audit, personnel, and oversight and management functions.
   d. For creating de-identified PPI to disclose to a third party.
   e. To cooperate with a law enforcement official for a legitimate law enforcement purpose, consistent with applicable law and standards of ethical conduct, provided that such disclosure should be only the minimum amount of information necessary for the law enforcement official's immediate purpose, and the law enforcement official provides a

lawful justification for the request (such as a warrant).
f. As authorized by law, for victims of abuse, neglect, or domestic violence.
g. To prevent a serious threat to health or safety.
h. For academic research purposes but never published in an identifiable form.
i. Other uses and disclosures of your PPI can be made with your written consent.
j. A coroner, medical examiner or funeral director for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.
k. Where disclosure is required by law.
l. To cooperate with legitimate requests for data from California State agencies that will be used for research, policy development, and/or creation of state-wide data warehouses.
m. For other purposes consistent with the ultimate goal of improving housing and homeless services that do not unduly burden the privacy rights of clients.

Each agency shall only solicit or input into HMIS client information that is essential to providing services to the client. Each agency shall not knowingly enter false or misleading data under any circumstance, nor use HMIS with intent to defraud federal, state or local governments, individuals or entities, or to conduct any illegal activity.

Access and Correction

Each Partner Agency must allow individuals to inspect and have a copy of their personal information that is maintained in HMIS in accordance with the HMIS Privacy Notice. Each agency must offer to explain any information that is not understood. Clients can exercise this right by making a written request to their social worker/case manager. Social workers/case managers can obtain assistance from their Agency Administrator, who can connect with the RED Team for additional support.

Within five (5) business days of the written request, the Partner Agency must provide the individual with:
• A correction of inaccurate or incomplete PPI;
• A copy of the consent form;
• A copy of the full HMIS Privacy Notice;
• A copy of the individual's HMIS records; and,
• A current list of participating organizations that have access to your HMIS data.

Partner Agencies must consider a written request for correction of inaccurate or incomplete, personal information. If the agency agrees that the information is inaccurate or incomplete, the agency may delete it, may choose to mark it as inaccurate or incomplete, and to supplement it with additional information.

Each Partner Agency may deny the individual's request for inspection or copying of personal information if:
a. Information was compiled in reasonable anticipation of litigation or comparable proceedings
b. Information is about another client/consumer
c. Information was obtained under a promise of confidentiality and the disclosure would reveal the source of the information, or

d. Disclosure of information would be reasonably likely to endanger the life or physical safety of any individual.

If the agency denies a request for access or correction, it must explain the reason for the denial and include documentation of the request and the reason for the denial. Each agency may reject repeated or harassing requests for access or correction.

Confidentiality

Each Partner Agency must maintain any/all personal information as required by federal, state, or local laws. Each Partner Agency shall ensure that all staff, volunteers and other persons who use HMIS are issued an individual User ID and password. Each Partner Agency shall ensure that all staff, volunteers and other persons issued a User ID and password for HMIS receive confidentiality training, HMIS training, and comply with CONTRA COSTA HMIS Policies and Procedures.

Revocation

Clients may revoke their consent for sharing information in HMIS at anytime. Agencies shall facilitate this revocation by providing the client with the Client Revocation of Consent form if requested. Agencies should assist clients with completing the form if needed. Once the client has completed the form, Agencies should email the form securely to H3REDteam@cchealth.org.

Upon receipt of the revocation request, the Partner Agency shall remove the Client's PPI from the shared HMIS database and prevent further PPI from being added. Partner Agency staff shall inform the Client that only information going forward will not be shared. PPI that the client previously authorized to be shared cannot entirely be removed from the HMIS database and will remain accessible to the limited number of organizations that provided the Client with direct services.

Protections for Victims of Violence, Dating Violence, Sexual Assault, and Stalking

Victim Service Providers are prohibited from entering data into HMIS. Other agencies must take extra precautions when handling data from victims of domestic violence, dating violence, sexual assault, and stalking. A Partner Agency may disclose PPI about an individual whom it reasonably believes to be a victim of violence, dating violence, sexual assault, or stalking only to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence where:
- Disclosure is required by law, and the disclosure complies with and is limited to the requirements of the law
- The individual agrees to the disclosure, or
- To the extent that the disclosure is expressly authorized by statute or regulation; and the Agency believes the disclosure is necessary to prevent serious harm to the individual or other potential victims; or if the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the PPI for which disclosure is sought is not intended to be used against the individual and that an immediate enforcement

activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.

A Partner Agency that makes a permitted disclosure about a domestic violence incident must promptly inform the individual that a disclosure has been or will be made, except if 1) the Partner Agency, in the exercise of professional judgment, believes informing the individual would place the individual at risk of serious harm; or 2) the Partner Agency would be informing a personal representative (such as a family member or friend), and the Partner Agency reasonably believes the personal representative is responsible for the abuse, neglect or other injury, and that informing the personal representative would not be in the best interests of the individual as determined by the Partner Agency in the exercise of professional judgment.

VII.   Appendix D: HMIS Privacy Notice

Contra Costa County's Continuum of Care:
Homeless Management Information System (HMIS) PRIVACY NOTICE

> THIS PRIVACY NOTICE EXPLAINS UNDER WHAT CIRCUMSTANCES WE MAY SHARE AND DISCLOSE YOUR INFORMATION FROM CONTRA COSTA COUNTY'S
> HMIS. THIS NOTICE ALSO EXPLAINS YOUR RIGHTS REGARDING YOUR CONFIDENTIAL INFORMATION.

Brief Summary

[Effective 8/18/2020]

[Version 2]

This notice describes the privacy policy of the [Name of Homeless Agency]. We may amend this policy at any time and amendments may affect information obtained by the covered homeless organization before the date of change. We collect personal information only when appropriate. We may use or disclose your information to provide you with services. We may also use or disclose it to comply with legal and other obligations. We assume that you agree to allow us to collect information and to use or disclose it as described in this notice, based on your consent provided in the CLIENT INFORMED CONSENT & RELEASE OF INFORMATION AUTHORIZATION. You can inspect personal information about you that we maintain. You can also ask us to correct inaccurate or incomplete information. You can ask us about our privacy policy or practices. We respond to questions and complaints. Read the full notice for more details. Anyone can have a copy of the full notice upon request.

Contra Costa County's Continuum of Care:
Homeless Management Information System PRIVACY NOTICE

Full Notice

[Effective 8/18/2020]

[Version 2]

Please review this notice carefully. If you have difficulty reading this notice, please ask for assistance.

A. What This Notice Covers

1. This notice describes the policy and practices of [Name of Homeless Agency]. Our main office is at [address, email/web address, telephone].
2. The policy and practices in this notice cover the process of protected personal information for clients of [Name of Homeless Agency].

Our organization collects and shares information about individuals who access our services. The information is confidentially stored in a local electronic database called the Contra Costa County Homeless Management Information System (CCC HMIS). The CCC HMIS securely records information (data) about persons accessing housing and homeless services in Contra Costa County. This Privacy Notice explains how we process confidential personal information that we collect about you and your family. This confidential information is referred to as Protected Personal Information (PPI). We are required to protect the privacy of your PPI by complying with the privacy practices described in this Privacy Notice.

B. Why We Collect and Share Information

When you request or receive services from this program, we ask for information about you.
This information helps us continuously improve services to people experiencing homelessness by:

1. Efficiently coordinating the most effective services for you and your family;
2. Better understanding homelessness in your community;
3. Assessing the types of resources needed in your local area; and
4. Tracking whether needs are being met in your community.

By collecting your information for HMIS, we are able to generate aggregate statistical reports requested by the Department of Housing and Urban Development (HUD).

C. The Type of Information We Collect and Share in the HMIS

We collect and share PPI and general information obtained during your intake assessment, contact assessments while engaged with services, and exit assessments, including but not limited to:

1. Name and contact information
2. Social security number
3. Birthdate
4. Demographic information such as gender and race/ethnicity
5. History of homelessness and housing (including current housing status and where and when services have been accessed for both you and your family members)
6. Self-reported medical history including any mental health and substance use issues
7. Case notes and services
8. Case manager's contact information
9. Income sources and amounts; healthcare benefits; and non-cash benefits
10. Veteran status
11. Disability status
12. Household composition
13. Emergency contact information
14. Domestic violence history
15. Criminal history

D. How Your PPI Is Secured in the HMIS

The information you provide is entered into a computer program called the Homeless Management Information System (HMIS). This computer program operates over the Internet and is managed by the HMIS lead agency in Contra Costa County: the Health, Housing and Homeless Services Division of Contra Costa Health Services (H3). This agency is required by law to maintain the privacy of protected personal information and to provide you with notice of their legal duties and privacy practices with respect to protected personal information. The HMIS uses many security protections to ensure the safety and confidentiality of your information.

Your information is protected by passwords and encryption technology. Each HMIS user and participating organization must sign an agreement to maintain the security and privacy of your information and participate in training courses to ensure protection and security of your information. If an HMIS user or participating organization violates the agreement, their access rights may be terminated and may be subject to further penalties pursuant to applicable state and federal privacy laws.

E. How PPI May Be Shared and Disclosed

Unless restricted by other laws, the information we collect can be shared and disclosed under the following circumstances:
1. To provide or coordinate services to a client.
2. For payment or reimbursement of services for the participating organization.
3. For administrative purposes, including but not limited to HMIS system administrator(s) and developer(s), and for legal, audit, personnel, and oversight and management functions.
4. For creating de-identified PPI to disclose to a third party.
5. To cooperate with a law enforcement official for a legitimate law enforcement purpose, consistent with applicable law and standards of ethical conduct, provided that such disclosure should be only the minimum amount of information necessary for the law enforcement official's immediate purpose, and the law enforcement official provides a lawful justification for the request (such as a warrant).
6. As authorized by law, for victims of abuse, neglect, or domestic violence.
7. To prevent a serious threat to health or safety.
8. For academic research purposes but never published in an identifiable form.
9. Other uses and disclosures of your PPI can be made with your written consent.
10. A coroner, medical examiner or funeral director for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.
11. Where disclosure is required by law.
12. To cooperate with legitimate requests for data from California State agencies that will be used for research, policy development, and/or creation of state-wide data warehouses.
13. For other purposes consistent with the ultimate goal of improving housing and homeless services that do not unduly burden the privacy rights of clients.

F. Providing Your Consent for Sharing PPI in the HMIS

In addition to providing you this Privacy Notice, we will also obtain your written consent through a Release of Information unless an exception applies. *Exception*: In a situation where we are gathering PPI from you during a phone screening, street outreach, or community access center sign-in, your verbal consent can be used to share your information in HMIS. If we obtain your verbal consent, you will be requested to provide written consent during your initial assessment. If you do not appear for your initial assessment, your information will remain in HMIS until you revoke your consent in writing.

You have the right ***not*** to provide protected personal information to an agency. You may exercise your right of privacy by not answering any or all of the personal questions asked by the agency. You will not be denied services for not answering questions regarding your protected personal information, unless federal statute requires that your data must be shared as a condition of program participation.

G. How to Revoke Your Consent for Sharing Information in the HMIS

You may revoke your consent at any time. Your revocation must be provided either in writing or by completing the *Client Revocation of Consent form*. You may receive help to complete this form. Upon receipt of your revocation, we will remove your PPI from the shared HMIS database and prevent further PPI from being added. The PPI that you previously authorized to be shared cannot be entirely removed from the HMIS database and will remain accessible to the limited number of organization(s) that provided you with direct services.

Your Rights to Your Information in the HMIS

You have the right to receive the following, no later than five (5) business days of your written request:
1. A correction of inaccurate or incomplete PPI;
2. A copy of your consent form;
3. A copy of the full CCC HMIS Privacy Notice;
4. A copy of your HMIS records; and
5. A current list of participating organizations that have access to your HMIS data.

We are required to explain any information that you may not understand (HMIS Privacy and Security Standards §4.2.5). You can exercise these rights by making a written request, either written by yourself or by someone designated on your behalf. You can either email or mail your written request:

☐ Email written request to: H3REDteam@cchealth.org;

or

☐ Mail the request to: H3 Research, Evaluation, and Data Team
2400 Bisso Lane, Suite D, 2nd Floor
Concord, CA 94520

Your Privacy Rights Regarding Your Information in the HMIS

If you believe your privacy rights have been violated, you may send a written grievance, either written by yourself or someone you designated on your behalf, to [Enter agency name, email address, and/or mailing address]. This agency has the responsibility to notify the HMIS lead agency (H3) of the grievance within 3 business days of receipt. You will not be retaliated against for filing a grievance. If your grievance is not resolved to your satisfaction, you may send a written grievance appeal to the Research, Evaluation, and Data team at H3REDteam@cchealth.org. If there is a need to escalate the complaint/grievance, it will be taken to the Contra Costa Oversight Committee for further investigation. The Oversight Committee will review the complaint/grievance and provide recommendations on the solution. If a solution can be reached, the grievance is closed.

Amendments to this Privacy Notice

The policies in this notice may be amended by the HMIS lead agency at any time. These amendments may affect information obtained by this organization before the date of the change. Amendments regarding use or disclosure of PPI will apply to information (data) previously entered in HMIS, unless otherwise stated. All amendments to this privacy notice must be consistent with the requirements of the federal HMIS privacy standards. This organization must keep permanent documentation of all privacy notice amendments.

VIII. Appendix E: Supporting Forms and Documents

Supporting Forms and Documents

The following forms and documents related to HMIS operations can be found at:
https://cchealth.org/h3/coc/partners.php.

- Contra Costa HMIS Access Application Form
- Client Informed Consent and Release of Information Authorization
- Release of Information Client Benefits
- Standardized Intake Form
- Contra Costa County's Continuum of Care HMIS Privacy Notice
- HMIS Client Revocation of Consent
- Contra Costa HMIS Data Collection Guide
- Clarity HMIS Workflow End User Training (Clarity's User's Manual)

Additional Information and Materials

CONTRA COSTA CONTINUUM OF CARE 2021 CALENDAR OF EVENTS

List of Standing Meetings

COH meetings- These meetings are open to the public. They occur on the first Thursday of every month unless otherwise noted.

ED meetings- These meetings are by invite only and are for CoC providers operating in Contra Costa County. They occur on the second Tuesday of the first month in the Quarter, unless otherwise noted.

Oversight Meetings- These meetings are by invite only and are for CoC providers operating in Contra Costa County. They occur quarterly falling on the third Thursday of the fourth month in the quarter. These meetings may be scheduled more frequently as needed.

HMIS Policy Committee Meetings- These meetings occur monthly and are for HMIS Policy Committee members.

Provider Meetings- These meetings are by invite only and are for CoC providers operating in Contra Costa County. They occur on the second Thursday of each month. Provider office hours have been cancelled.

CoC Trainings- These trainings are for CoC providers operating in Contra Costa County and occur on the 4th Monday of each month. CoC trainings are required not optional trainings, and the topics for each will be announced early in the year, unless otherwise specified, and any other trainings offered during the year will be scheduled once confirmed. Occasionally there will be CES trainings, which will be scheduled with advanced notice as needed once topics are identified.

HMIS New User Trainings- These trainings are for CoC providers who need a new user training on HMIS. Additional HMIS trainings will be scheduled as needed.

Stakeholder Meetings- These meetings are open to the public. They occur on the second Monday of the second month in the 1st and 3rd Quarter of the year.

CoC Learning Hubs- These meetings are open to the public. They occur on the second Monday of the second month in the 2nd and 4th Quarter of the year.

List of Standing Processes

NOFA- 2nd and 3rd Quarters of the year.

Annual Policies & Procedures Review- 3rd Quarter of the year.

Annual COH By-laws review- 3rd Quarter of the year

Nominating COH members- 3rd Quarter of the year

Monitoring- 3rd Quarter of the year.

PIT- Planning in 4th Quarter of the year. Observational and Survey counts in 1st Quarter of the year.

Color Key (colors coordinate with the calendar months below)

COH Meetings

Committee Meetings

CoC Meetings

Trainings

Acronyms

CoC- Continuum of Care

COH- Council on Homelessness

ED- Executive Director

HMIS- Homeless Management Information System

Please note: This calendar is on the Contra Costa County website found at this link: https://cchealth.org/h3/coc/council.php#Meetings and will be updated as there are changes.
*indicates the Meeting or Event has been rescheduled because the regularly scheduled time falls on a holiday or because of scheduling conflicts.

CONTRA COSTA CONTINUUM OF CARE 2021 CALENDAR OF EVENTS

January 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 New Year's Day	2
3	4	5	6	7 COH Orientation	8	9
10	11	12 ED Meeting (1 pm – 3 pm)	13 HMIS New User Training (9 am- 11:30 am)	14 Provider Meeting (8:30 am – 9:30 am)	15	16
17	18 *Martin Luther King Jr. Day (Holiday)*	19 HMIS Policy Committee Meeting (3 pm -4 pm)	20 Provider Office Hours*	21 COH Meeting *	22	23
24	25 CoC Training (1 pm – 3 pm)	26	27 HMIS New User Training (1 pm – 3:30 pm)	28	29	30
31	See https://cchealth.org/h3/coc/council.php#Meetings *for meeting links.*					

CONTRA COSTA CONTINUUM OF CARE 2021 CALENDAR OF EVENTS

February 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4 COH Meeting (1 pm -3 pm)	5	6
7	8 Stakeholder Meeting (1 pm – 3 pm)	9	10 HMIS New User Training (9 am- 11:30 am)	11 Provider Meeting (8:30 am – 9:30 am)	12	13
14	15 Provider Office Hours (3 pm – 4 pm)	16 HMIS Policy Committee Meeting (3 pm -4 pm)	17	18	19	20
21	22 CoC Training (1 pm – 3 pm)	23	24 HMIS New User Training (1 pm – 3:30 pm)	25	26	27
28						

See https://cchealth.org/h3/coc/council.php#Meetings for meeting links.

CONTRA COSTA CONTINUUM OF CARE

CONTRA COSTA HEALTH HOUSING & HOMELESS SERVICES
A Division of Contra Costa Health Services

CONTRA COSTA CONTINUUM OF CARE 2021 CALENDAR OF EVENTS

March   2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4 COH Meeting (1 pm -3 pm)	5	6
7	8	9	10 HMIS New User Training (9 am- 11:30 am)	11 Provider Meeting (8:30 am – 9:30 am)	12	13
14	15 Provider Office Hours (3 pm – 4 pm)	16 HMIS Policy Committee Meeting (3 pm -4 pm)	17	18 Oversight Committee Meeting (1 pm -3 pm)	19	20
21	22 CoC Training (1 pm – 3 pm)	23	24 HMIS New User Training (1 pm – 3:30 pm)	25	26	27
28	29	30	31			

See https://cchealth.org/h3/coc/council.php#Meetings for meeting links.

CONTRA COSTA HEALTH HOUSING & HOMELESS SERVICES
A Division of Contra Costa Health Services

Contra Costa Continuum of Care

CONTRA COSTA CONTINUUM OF CARE 2021 CALENDAR OF EVENTS

April 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 COH Meeting (1 pm -3 pm)	2	3
4	5	6	7	8 Provider Meeting (8:30 am – 9:30 am) NOFA Scoring Tool Meeting (3:00-5:00pm)	9	10
11	12 Provider Office Hours (3 pm – 4 pm)	13 ED Meeting (*rescheduled*)	14 HMIS New User Training (9 am- 11:30 am)	15 COH Policy Committee Meeting (2:00-3:00pm)	16	17
18	19	20 HMIS Policy Committee Meeting (3 pm -4 pm)	21 NOFA Scoring Tool Meeting (3:00-5:00pm)	22	23 COH Policy Committee Meeting (1:00-2:00pm)	24
25	26	27 CoC Training (1 pm – 3 pm)*	28 HMIS New User Training (1 pm – 3:30 pm)	29	30	

See https://cchealth.org/h3/coc/council.php#Meetings for meeting links.

CONTRA COSTA CONTINUUM OF CARE 2021 CALENDAR OF EVENTS

May 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6 COH Meeting (1 pm -3 pm)	7	8
9	10 CoC Learning Hub (1 pm – 3 pm)	11	12 HMIS New User Training (9 am- 11:30 am)	13 Provider Meeting (8:30 am – 9:30 am)	14	15
16	17 Provider Office Hours (cancelled)	18 HMIS Policy Committee Meeting (3 pm -4 pm)	19	20	21	22
23	24 CoC Training (1 pm – 3 pm)	25 ED Meeting (9:00-11:00am)	26 HMIS New User Training (1 pm – 3:30 pm) NOFA Scoring Tool Meeting (9:00-11:00am)	27 COH Policy Committee Meeting (2:00-4:00pm)	28	29
30	31 *Memorial Day (Holiday)*					

See https://cchealth.org/h3/coc/council.php#Meetings for meeting links.

CONTRA COSTA CONTINUUM OF CARE 2021 CALENDAR OF EVENTS

June 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3 COH Meeting (1 pm -3 pm)	4	5
6	7	8	9 HMIS New User Training (9 am- 11:30 am)	10 Provider Meeting (8:30 am – 9:30 am)	11	12
13	14 Provider Office Hours (cancelled)	15 HMIS Policy Committee Meeting (3 pm -4 pm)	16	17 Oversight Committee Meeting (1 pm -3 pm)	18	19
20	21	22	23 HMIS New User Training (1 pm – 3:30 pm)	24	25	26
27	28 CoC Training (1 pm – 3 pm)	29	30			

Contra Costa Continuum of Care

CONTRA COSTA
HEALTH HOUSING
& HOMELESS SERVICES
A Division of Contra Costa Health Services

CONTRA COSTA CONTINUUM OF CARE 2021 CALENDAR OF EVENTS

July 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 COH Meeting (1 pm -3 pm)	2	3
4 *Independence Day (Holiday)*	5 *Independence Day Observed (Holiday)*	6	7	8 Provider Meeting (8:30 am – 9:30 am)	9	10
11	12 Provider Office Hours (cancelled)	13 ED Meeting (1 pm – 3 pm)	14 HMIS New User Training (9 am- 11:30 am)	15	16	17
18	19	20 HMIS Policy Committee Meeting (3 pm -4 pm)	21	22	23	24
25	26 CoC Training (1 pm – 3 pm)	27	28 HMIS New User Training (1 pm – 3:30 pm)	29	30	31

See https://cchealth.org/h3/coc/council.php#Meetings for meeting links.

CONTRA COSTA CONTINUUM OF CARE 2021 CALENDAR OF EVENTS

August
2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5 COH Meeting (1 pm -3 pm)	6	7
8	9 Stakeholder Meeting (1 pm – 3 pm)	10	11 HMIS New User Training (9 am- 11:30 am)	12 Provider Meeting (8:30 am – 9:30 am)	13	14
15	16 Provider Office Hours (cancelled)	17 HMIS Policy Committee Meeting (3 pm -4 pm)	18	19	20	21
22	23 CoC Training (1 pm – 3 pm)	24	25 HMIS New User Training (1 pm – 3:30 pm)	26	27	28
29	30	31				

See https://cchealth.org/h3/coc/council.php#Meetings for meeting links.

CONTRA COSTA CONTINUUM OF CARE

CONTRA COSTA
HEALTH HOUSING
& HOMELESS SERVICES
A Division of Contra Costa Health Services

CONTRA COSTA CONTINUUM OF CARE 2021 CALENDAR OF EVENTS

September 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2 COH Meeting (1 pm -3 pm)	3	4
5	6 *Labor Day (Holiday)*	7	8 HMIS New User Training (9 am- 11:30 am)	9 Provider Meeting (8:30 am – 9:30 am)	10	11
12	13 Provider Office Hours (cancelled)	14	15	16 Oversight Committee Meeting (1 pm -3 pm)	17	18
19	20	21 HMIS Policy Committee Meeting (3 pm -4 pm)	22 HMIS New User Training (1 pm – 3:30 pm)	23	24	25
26	27 CoC Training (1 pm – 3 pm)	28	29	30		

See https://cchealth.org/h3/coc/council.php#Meetings for meeting links.

CONTRA COSTA CONTINUUM OF CARE

CONTRA COSTA HEALTH HOUSING & HOMELESS SERVICES
A Division of Contra Costa Health Services

CONTRA COSTA CONTINUUM OF CARE 2021 CALENDAR OF EVENTS

October 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7 COH Meeting (1 pm -3 pm)	8	9
10	11 *Columbus Day (Holiday)*	12 ED Meeting (1 pm – 3 pm)	13 HMIS New User Training (9 am- 11:30 am)	14 Provider Meeting (8:30 am – 9:30 am)	15	16
17	18 Provider Office Hours (cancelled)	19 HMIS Policy Committee Meeting (3 pm -4 pm)	20	21 PIT Committee Meeting	22	23
24	25 CoC Training (1 pm – 3 pm)	26	27 HMIS New User Training (1 pm – 3:30 pm)	28	29	30
31	See https://cchealth.org/h3/coc/council.php#Meetings for meeting links.					

CONTRA COSTA CONTINUUM OF CARE 2021 CALENDAR OF EVENTS

November 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4 COH Meeting (1 pm -3 pm)	5	6
7	8 CoC Learning Hub (1 pm – 3 pm)	9	10 HMIS New User Training (9 am- 11:30 am)	11 *Veterans Day (Holiday)*	12 Provider Meeting (8:30 am – 9:30 am)*	13
14	15 Provider Office Hours (cancelled)	16 HMIS Policy Committee Meeting (3 pm -4 pm)	17 *HMIS New User Training (1 pm – 3:30 pm)	18	19	20
21	22	23	24	25 *Thanksgiving (Holiday)*	26 *Day after Thanksgiving (Holiday)*	27
28	29 CoC Training (1 pm – 3 pm)	30				

See https://cchealth.org/h3/coc/council.php#Meetings for meeting links.

CONTRA COSTA CONTINUUM OF CARE 2021 CALENDAR OF EVENTS

December 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2 COH Meeting (1 pm -3 pm)	3	4
5	6	7	8 HMIS New User Training (9 am- 11:30 am)	9 Provider Meeting (8:30 am – 9:30 am)	10	11
12	13 Provider Office Hours (cancelled) *CoC Training (1 pm – 3 pm)	14 HMIS Policy Committee Meeting (3 pm -4 pm)	15 *HMIS New User Training (1 pm – 3:30 pm)	16 Oversight Committee Meeting (1 pm -3 pm)	17	18
19	20	21	22	23	24	25 *Christmas Day (Holiday)*
26	27	28	29	30	31 *New Year's Day (Holiday)*	

See https://cchealth.org/h3/coc/council.php#Meetings for meeting links.

Links to Resources

Federal and County Resources

- **Forging Ahead Towards Preventing and Ending Homelessness: 2014 Update to 2004 Strategic Plan:** https://cchealth.org/h3/coc/pdf/strategic-plan-update-2014.pdf
- **Contra Costa No Place Like Home Plan to Address Homelessness (2019):** https://cchealth.org/h3/pdf/NPLH-Plan.pdf
- **National Alliance to End Homelessness Article: What is Housing First?:** https://endhomelessness.org/resource/housing-first/
- **Federal Strategic Plan to Prevent and End Homelessness:** https://www.usich.gov/home-together/
- **Contra Costa Board of Supervisors Meeting Schedule and Information:** http://64.166.146.245/agenda_publish.cfm?id=&mt=ALL
- **Contra Costa County District Maps:** https://www.cocovote.us/maps/

Policy Resources

California Specific
- Housing California: https://www.housingca.org/
- Nonprofit Housing Association of Northern California: https://nonprofithousing.org/

Education and Training
- Corporation for Supportive Housing: http://www.csh.org/
- National Alliance to End Homelessness: https://endhomelessness.org/

Financial Landscape (Federal and State Budget Information)
- California Budget and Policy Center: http://calbudgetcenter.org/
- Center on Budget Priorities: https://www.cbpp.org/

Advocacy and Organizing
- East Bay Housing Organizations: http://ebho.org/
- Ensuring Opportunity Campaign: https://endpovertycc.org/
- National Low Income Housing Coalition: http://nlihc.org/
- Policy Link: http://www.policylink.org/
- Western Center on Law & Poverty: https://wclp.org/

HUD materials

- **HUD Coordinated Entry Policy Brief:** https://www.hudexchange.info/resource/4427/coordinated-entry-policy-brief/
- **CoC 2.0 Training Materials:** Webpage provides self-paced video, broadcasts, podcasts and other resources that assist with the establishment, governance and operation of a CoC, and that explain the implementation and operation of projects and the

administration of grant funds. https://www.hudexchange.info/programs/coc/coc-2-0-training-materials/

- **SNAPS In Focus**: Webpage provides a series of messages and related materials about SNAPS policy priorities and key information relating to the implementation of CoC and ESG programs. https://www.hudexchange.info/homelessness-assistance/snaps-in-focus/

- Join the HUD Mailing Lists: Link to receive email updates on HUD policy guidance, training opportunities, resources, critical deadlines, program support, and more through the HUD Exchange. https://www.hudexchange.info/mailinglist/

Important Links

- **Presentation/Materials Request Form.** Use this link to request a speaker for a presentation or CoC materials. https://forms.office.com/Pages/ResponsePage.aspx?id=3tkgKC3cY0OGJvKwA0OMRSgzli9AMJhJgQWzXC4zsstURUFIWTg2MzFTNTkyQzBBVU1ORVg1SUQySC4u
- **Data Request Form:** Use this form to request data from the H3 RED Team. https://cchealth.org/h3/coc/reports.php#Requests
- **Data:** Use this link to find current and past data reports for the CoC. https://cchealth.org/h3/coc/reports.php
- **Training Information:** Use this link to find information on CoC and CES trainings. (https://cchealth.org/h3/coc/partners.php#Training)
- **H3 Website:** Use this link to find information about the CoC and COH on the H3 website. (https://cchealth.org/h3/)
- **COH Meeting, agendas, and materials:** Use this link to find COH meeting agendas and materials.
  https://www.contracosta.ca.gov/agendacenter#cat62 • Flyers with information about how to access homeless services can be found here: https://cchealth.org/h3/coc/pdf/CES-flyer.pdf
- To sign up for information about CoC events and meetings or to update your mailing list preferences click here.

Important Contacts

Name	Title	Contact Information
TBD	**CoC Manager** (Contact for information related to training requests, Technical assistance, and questions about the CoC.	contracostacoc@cchealth.org
Jaime Jenett	**Communication Engagement Specialist**	Jaime.jenett@cchealth.org
Shelby Ferguson	**CES Manager**	Shelby.ferguson@cchealth.org
RED Team	**HMIS Lead**	H3redteam@cchealth.org
Continuum of Care (CoC)	Look for emails from	ContraCostaCoC@cchealth.org
Council on Homelessness (CoH)	Look for emails from	CChomelesscouncil@cchealth.org

For all other inquiries please call the H3 Office at

925-608-6700.

To sign up for information about CoC events and meetings or to update your mailing list preferences **click here.**

Health, Housing, and Homeless Services
H3 Staff Directory

CONTRA COSTA HEALTH SERVICES

cchealth.org/h3

Administrative Office
925-608-6700 Main
925-608-6741 Fax

Lavonna Martin, Director
Lavonna.Martin@cchealth.org

Georgia Lucey, Secretary
925-608-6709
Georgia.Lucey@cchealth.org

Government & Community Relations, Policy Formulation, Inter-Departmental Systems Integration, Fund Development Strategy, Regional Coordination and Strategies, Advancing Cross-Sector Partnerships

---

Financial & Administrative Operations

Personnel, Facilities, Fleet Management, Budget Development/Monitoring, Contracts & Grants, Contracts Compliance, Reports to Funders, Emergency Planning & Safety Management

Eric Whitney, Chief of Operations
Eric.Whitney@cchealth.org
925-608-6719

Jill Cutts, Experience Level Clerk
Jill.Cutts@cchealth.org

Cindy Choi, Administrative Analyst
Cynthia.Choi@cchealth.org

Juliana Mondragon, Administrative Services Analyst
Juliana.Mondragon@cchealth.org

Service Delivery System Development/Implementation

Coordinated Entry Systems Development & Integration and Compliance, H3 Program Operations, Program Monitoring, Internship/Training, Clinical Services, Ombudsman Services

Jenny Robbins, Chief of Programs
Jenny.Robbins@cchealth.org
925-608-6703

Michael Fischer, Project Manager
Michael.V.Fischer@cchealth.org

Laura Sharples, Programs Director
Laura.Sharples@cchealth.org

Steve Blum, Mental Health Program Supervisor
Steve.Blum@cchealth.org

Shelby Ferguson, Coordinated Entry Manager
Shelby.Ferguson@cchealth.org

Research, Evaluation & Data (RED)

Data Collection, Program Evaluation, Statistical Analysis & Reporting, Systems Performance Measures, HMIS Management & Training, Data Quality, Continuous Improvement

Jamie Klinger, Research & Evaluation Manager
Jamie.Klinger@cchealth.org
925-608-6722

HMIS Lead Staff

Dana Ewing, Planner/Evaluator

Kimberly Thai, HMIS Administrator

The RED team may be reached
H3REDteam@cchealth.org

For data requests, please visit our website:
https://cchealth.org/h3/coc/reports.php

Organizational Strategy, Processes, & Community Engagement

CoC Systems Development, Grants Coordination, Communications, Community Engagement, Policy Analysis, Advisory Board Support, System Initiatives & Opportunity Development,

Erica McWhorter, Strategy & Planning Administrator
Erica.McWhorter@cchealth.org
925-608-6723

CoC Lead & Collaborative Applicant Staff

TBD, CoC Manager
contracostacoc@cchealth.org

Jaime Jenett, Community Engagement Specialist
Jaime.Jenett@cchealth.org

258

ANNA ROTH, RN, MS, MPH
HEALTH SERVICES DIRECTOR
LAVONNA MARTIN, MPH, MPA
HEALTH, HOUSING AND HOMELESS SERVICES
DIRECTOR

CONTRA COSTA
HEALTH, HOUSING AND
HOMELESS SERVICES
ADMINISTRATION
2400 Bisso Lane, D2
Concord, California
94520
PH (925) 608-6700
FAX (925) 608-6741

	Seat Name	Appointee	Pronouns	Affiliation
1.	Affordable Housing Developer Representative	Iman Novin		Novin Development Consulting
2.	Behavioral Health Representative	Margaret Schlitz		Portia Bell HumeCenter's West County FSP program
3.	City Government Representative	Teri House		CDBG Consultant, City of Antioch
4.	CoC/ESG Program Grantee Representative	Leslie Gleason		Executive Director, Trinity Center
5.	Community Member Representative	Lindy Lavender		Policy Director, East Bay Leadership Council
6.	Consumer/Consumer Advocate Representative	Jo Bruno		Consumer
7.	Education and Vocational Services Representative	Alejandra Chamberlain		Homeless Education Liaison, Contra Costa Office of Education
8.	Emergency Solutions Grants Representative	Gabriel Lemus		Contra Costa Department of Conservation and Development
9.	Employment and Human Services (EHSD) Representative	Sherry Lynn Peralta		Program Director, Employment and Human Services Department
10.	Faith Community Representative	Doug Leich		Multi-Faith ACTION Coalition
11.	Health Care Representative	Linae Altman		Healthcare for the Homeless
12.	Homeless Service Provider Representative	Deanne Pearn		Executive Director, Hope Solutions
13.	Public Housing Authority Representative	Tony Ucciferri		Special Assistant to the Executive Director, Housing Authority of County of Contra Costa
14.	Public Safety Representative #2	Shawn Ray		Lieutenant, San Pablo Police Department
15.	Public Safety Representative #1	Manjit Sappal		Chief, Martinez Police Department
16.	Reentry Services Representative	TBD		TBD
17.	Veterans Administration Representative	Masaki Hiriyama		Northern California VA Healthcare System
18.	Workforce Development Representative	Maureen Nelson		One Stop Consortium
19.	Youth Representative	Juno Hedrick		YAC Member

5.20.21

Contra Costa Behavioral Health • Contra Costa Emergency Medical Services • Contra Costa Environmental Health • Contra Costa Health Plan • Contra Costa Hazardous Materials •

Contra Costa Public Health • Contra Costa Regional Medical Center • Contra Costa Health Centers • Health, Housing and Homeless Services

CONTRA COSTA COUNCIL ON HOMELESSNESS CONFLICT OF INTEREST POLICY

Each Council on Homelessness ("COH") member, chairperson, employee, agent, and consultant is expected to uphold certain standards of performance and good conduct and to avoid real or apparent conflicts of interest.

In order to prevent a conflict of interest, a COH member, chairperson, employee, agent, or consultant may not:

- Participate in or influence discussions or decisions concerning the selection or award of a grant or other financial benefit to an organization that the COH member, employee, officer, or agent has a financial or other interest in or represents, including immediate family ties, except for the COH itself

- Solicit and/or accept gifts or gratuities on behalf of the COH by anyone for personal benefit in excess of minimal value

- Engage in any behavior demonstrating an actual conflict of interest or giving the appearance of any such conflict

- Engage in violations of the law or unethical business practices

Individuals with a conflict of interest will inform the COH of the conflict and excuse themselves from the meeting or deliberations during such discussions. The COH Chair or its administrative designee shall track which COH members have conflicts of interest and help to ensure such members do not participate in discussions or decisions in which the members have a conflict.

Each COH member, chairperson, employee, agent, or consultant must sign a *Code of Conduct and Conflict of Interest Policy Agreement* to demonstrate that the individual is aware of and agrees to abide by this policy. Any failure to adhere to the policy may result in disciplinary action. Disciplinary action may include, but is not limited to:

- Oral warning

- Written warning

- Suspension

- Termination

In addition to disciplinary action, civil and/or criminal penalties may be sought.

The COH must keep records showing compliance with code of conduct and conflict of interest requirements, including documentation of a signed policy acknowledgment by all COH members. The COH will maintain any records supporting exceptions to the conflicts of interest policy as required by 24 CFR part 578.95.

Code of Conduct and Conflict of Interest Policy Agreement

I, _____, am a *member/ chairperson/ employee/ agent/ consultant* (*circle one*) of the COH and in that position, I have read and understand the Code of Conduct and Conflict of Interest Policy of the COH and I agree to uphold these standards of performance and good conduct and to avoid real or apparent conflicts of interest.

I will not participate in or influence discussions or decisions concerning the selection or award of a grant or other financial benefit to an organization that I have a financial or other interest in or represent, except for the COH itself.

Organizations that I or a close relative or family member have a financial or other interest in are:

_____

_____

If and when such discussions or decisions occur and a conflict arises, I will inform the COH board of my conflict and excuse myself from the meeting or deliberations during those discussions.

I will not solicit and/or accept gifts or gratuities on behalf of the COH by anyone for my personal benefit in excess of minimal value.

I will not engage in any behavior demonstrating an actual conflict of interest or giving the appearance of any such conflict.

I will not engage in unethical business practices or conduct that violates the law, including any payments for illegal acts, indirect contributions, rebates, and bribery.

I understand that any failure by me to comply with this code of conduct or conflict of interest policy could result in disciplinary action, which may include termination of my position from the COH and civil and/or criminal penalties.

_____

Name [printed]

_____

Signature

_____

Date

Parliamentary Procedure Cheat Sheet

Type	Purpose	Phraseology	Need a second?	Can it be amended?	Debatable?	What vote is needed?
Main Motion	Propose an action	"I move that…"	Yes	Yes	Yes	Maj.
Amendment	Change something in the motion	"I move to amend this motion by…"	Yes	Yes	Yes	Maj.
Previous Question	End debate	"I move the previous question."	Yes	No	No	2/3
Unanimous Consent	Unanimously accept a motion	"I move to accept by this motion by unanimous consent."	No	No	No	A single objection kills this motion
Point of Information	Get clarification on something	"Point of information!"	No	No	No	None
Point of Order	Something needs to be corrected	"Point of order"	No	No	No	No vote, only ruling by chair
Suspend the Rules	Lay aside a standing rule	"I move to suspend the rule that states…"	Yes	No	No	2/3
Table	Put a motion aside temporarily	"I move to table this motion."	Yes	No	No	Maj.
Remove from the Table	Bring a motion back "from the table"	"I move to take from the table the motion that…"	Yes	No	No	Maj.
Recess	Take a short break	"I move that we enter a recess for *amount of time*."	Yes	Yes	Yes	Maj.
Limit or Extend Limits of Debate	Debate for more or less time	"I move to limit / extend the limits of debate for…"	Yes	Yes	No	2/3
Postpone Definitely	Put something aside for more than a week	"I move to postpone this motion until…"	Yes	Yes	Yes	Maj.

Training Links

County Advisory Body Training Hub:
https://www.contracosta.ca.gov/7632/Training-Resources

1. **Brown Act Training Video:**
   https://www.youtube.com/watch?v=Lna7ch-
   TylA&feature=youtu.be
2. **Ethics Training**: http://www.fppc.ca.gov/learn/public-
   officials-and-employees-rules-/ethics-training.html

Training Certification Form:
https://www.contracosta.ca.gov/DocumentCenter/View/5516
9/Training-Certification-for-Advisory-Body-Commissioners