CONTRA COSTA COORDINATED ENTRY SYSTEM POLICIES & PROCEDURES

Last Approved by Contra Costa Council on Homelessness: September 15, 2022

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1. PURPOSE AND BACKGROUND

In early 2017, the Contra Costa Continuum of Care (CoC) launched a Coordinated Entry System (CES) to centralize and coordinate the homeless services provided by the County and community-based organizations. 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 and 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. Fair and equal access also means working to address underlying causes of inequity including structural racism. The Coordinated Entry System 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 requirement for several funding streams, including federal programs under the Department of Housing and Urban Development (HUD). In Contra Costa, it has been an opportunity to initiate changes in the 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 a strategy 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 complements 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."

In addition, Contra Costa has identified the following key principles for its 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. See page 8 for elaboration upon monitoring bodies.
- **Access**: Clients should experience easy, fast, and immediate engagement (i.e., assessment and connection to needed services).
- **Interdependency**: The coordinated assessment system will promote interdependency
    - **between programs**, by promoting trust about assessments, referrals, and warm handoffs, and
    - **between programs and clients**, as clients are connected to the right intervention with consideration for their preferences.
- **Streamlined Process**: The process for both clients and frontline staff should be efficient and can be accomplished in part by reducing the number of times clients are asked redundant questions throughout the system of care.
- **Address Barriers**: The system should reflect a Housing First approach, ensuring that clients with the highest level of acuity are provided the most intensive housing and service interventions available.
- **Trauma-Informed:** The system must be designed in a way that acknowledges the complex physical and emotional needs, vulnerabilities, and strengths of clients, families, and staff with the goal of recognizing symptoms of trauma and taking active steps to avoiding further trauma.
- **Racially Equitable and Culturally Appropriate Services**: System processes must be regularly examined to identify and address racial disparities with the goal of achieving racial equity. The system must also be designed in a way that respects, affirms, and responds to the cultural beliefs, practices, and needs of diverse clients.

3. SYSTEM OVERVIEW AND WORKFLOW

The Contra Costa CES 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. Individuals and families experiencing homelessness or at imminent risk of homelessness are linked to supports related to obtaining and sustaining housing.

A. Eligibility

The 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

Individuals and families connect to services through one of three portals:

- **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 safe, accessible place for individuals and families to access housing focused case management and to connect to other homeless services. Housing focused case management helps participants develop and pursue a housing plan, apply for benefits and increase income, problem-solve housing, and obtain documents needed for Emergency Solutions Grant (ESG) or Continuum of Care (CoC) permanent housing enrollment. Other services offered include showers, laundry, mail, meals, hygiene kits, information, and resource referral.
- **CORE** Outreach: Coordinated Outreach Referral and Engagement (CORE) outreach teams are mobile and go to where people experiencing unsheltered homelessness are to connect them to the system of care, address their immediate health and safety needs, and assist them to move indoors. People with the most acute needs and longest time homeless are prioritized for emergency shelter and/or ongoing engagement from the team.

C. Assess

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

- **Prevention/Diversion:** These services identify 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). The prevention model will include the adoption of a standardized assessment tool, a change strongly supported by community input.

- **Homeless Management Information System (HMIS) Intake:** Basic information about a client is collected, including information to determine eligibility and prioritization for emergency shelter.
- **Triage Tool:** The Triage Tool is currently used to prioritize clients based on acuity for available emergency shelter beds accessed through the CORE teams. An Emergency Shelter Prioritization Tool will be identified or developed to replace the Triage Tool in this regard.
- **VI-SPDAT:** The Vulnerability Index – Service Prioritization Decision Assistance Tool, prioritizes individuals, transition-age youth, and families for available housing through CES based on acuity and chronicity.

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

These tools will be regularly evaluated for validity, reliability, and appropriateness. When necessary, a process that includes community input will be undertaken to research and replace tools. In particular, the VI-SPDAT has since been identified as a tool to be replaced for concerns around objectivity and racial bias. Determining a more equitable replacement tool or process to the VI-SPDAT is a community priority.

The tools should only gather enough client information to determine the severity of need and eligibility for housing and related services. The tools should 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. Finally, these tools will employ 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 and following public health recommendations, so that people will feel comfortable identifying sensitive information and/or safety issues.

No client will be screened out of the CES process due to perceived barriers to housing or services. Examples include, but are not limited to, too little or no income, active or past substance use, 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 CES process will be free to decide what information they provide during the assessment process and to opt out of answering assessment questions, emphasizing a

trauma informed approach. Although participants may become ineligible for some programs based on a lack of information, a participant's lack of response to 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 CES. 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 all necessary information to determine a household's prioritization, either because of the nature of self-reporting, incomplete 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.

D. <u>Assign</u>

Clients are matched with available resources based on need and vulnerability. The most vulnerable clients are prioritized for available housing services navigation and location services. The full continuum of homeless housing and services are available through CES including:

- **Prevention/Diversion**: Assists households who are not yet literally homeless but at imminent risk with Housing Problem Solving and financial assistance if needed.
- **Rapid Exit**: Immediate assistance to exit the homeless services system to temporary or permanent housing using housing problem solving and one-time financial assistance if needed
- **CORE**: Mobile outreach teams go to people experiencing unsheltered homelessness to connect them to the system of care, address their immediate health and safety needs, and assist them to move indoors
- **Emergency Shelter**: Trauma-informed, safe interim housing with support to access permanent housing opportunities
- **Permanent Supportive Housing**: Permanent subsidized housing and trauma-informed supportive services
- **Rapid Re-housing**: Time-limited housing assistance and trauma-informed supportive services
- **CARE Centers and CARE Center Case Management**: Safe, accessible place to access housing focused case management and connect to other homeless services such as showers, laundry, mail, meals, hygiene kits, information, and resource referral.

All programs receiving referrals through CES, including CoC and Emergency Solutions Grants (ESG) funded programs, must use the Coordinated Entry system established by the CoC as the

only referral source to fill vacancies in housing and/or services in CoC/ESG funded units within the project. Projects receiving CoC or ESG funding and other sources of funding in one project may fill just the project's CoC-funded units through CES. Provider agencies not participating in the Coordinated Entry system will nonetheless be required to use the Coordinated Entry system as there is no other referral pathway to housing services programs that are participating in the Coordinated Entry system. The CoC plans to 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, such as credit or criminal background checks, 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.

Dynamic Prioritization: Contra Costa CES utilizes a dynamic prioritization approach where CES attempts to match households most in need to the resources that are available and can effectively meet their needs at that moment. Rather than taking a static approach where the highest scoring household and highest length of time gets referred, households are assessed and matched to the most appropriate available resource at that time.

4. ROLES & RESPONSIBILITIES

A. Contra Costa Council on Homelessness

The Contra Costa Council on Homelessness (CoH) is the governing body of the Contra Costa CoC, and members are appointed by the Contra Costa County Board of Supervisors. The Council on Homelessness provides advice and input on the operations of homeless services, program operations, and program development efforts in Contra Costa County, including the Contra Costa Coordinated Entry system.

B. Oversight Committee

The Oversight Committee is a subcommittee of the Council on Homelessness that, in part, serves as the connection between the various Coordinated Entry committees and workgroups, and provides recommendations to the CoH based on feedback from committees and workgroups. In addition, the Oversight Committee reviews grievances related to the Coordinated Entry system. The Oversight Committee includes participants representing a wide array of community stakeholders and interest areas. Meetings are open to the public. Please visit the CoH website for a schedule of committee meetings.

The Oversight Committee is responsible for providing oversight and making recommendations in the following areas:

1. **Coordinated Entry Committees & Workgroups:** The Oversight Committee serves as the liaison between the CoH and any committees and working groups that carry out planning, implementation, and evaluation efforts to support the Coordinated Entry system. Working groups may be formed on an as-needed basis. The Coordinated Entry System Manager works closely with the Oversight Committee to provide relevant reports and information related to CES and provides guidance on needed next steps.
2. **Housing First & Prioritization:** The Oversight Committee promotes the Housing First approach by reviewing ongoing efforts to reduce barriers to program entry.
3. **System Evaluation:** The Oversight Committee reviews and approves the Evaluation Plan to evaluate the intake, assessment, and referral processes associated with the Coordinated Entry system. This includes reviewing feedback that advances racial equity and addresses the quality and effectiveness of the entire Coordinated Entry experience for both participating projects and for households. The Coordinated Entry System Manager collects feedback and data into an Evaluation Report at least annually, which is first shared with the Oversight Committee for review and analysis. Once finalized, the Coordinated Entry System Manager presents the final evaluation with recommendations to the Oversight Committee, which then considers what changes are necessary to the Coordinated Entry System's processes, policies, and procedures in light of feedback received. The Oversight Committee may also coordinate with other committees and working groups as needed regarding system evaluation.
4. **Client Grievances:** At the CoC Administrator's direction, an ad hoc panel of non-conflicted Oversight Committee members may be formed to provide additional support in resolving a grievance. The CoC has a Complaint Process in place for complaints made by participants, participating provider agencies, or other parties expressing dissatisfaction with the CoC. Complaints may cover the Coordinated Entry System, HMIS, and all agencies and staff providing housing or services experiencing homelessness in Contra Costa County. After an investigation of complaints, the CoC Administrator or their designee will document the complaint and the recommendation

on the solution of the complaint and any actions recommended to participant satisfaction and prevent issues from occurring in the future. The Coordinated Entry System Manager reports the resolution of any grievances and discrimination investigation findings to the Oversight Committee as relevant to inform ongoing system design and quality improvement. See Section 12 or here for more information about the CoC Complaint Process.

Other areas of responsibility may be identified by the CoH, or recommended by the Oversight Committee or the Coordinated Entry System Manager.

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. H3 is responsible for the implementation and on-going administration, development, and continuous improvement of Contra Costa's Coordinated Entry system, and will:

- Provide staff support to the Oversight Committee.
- Conduct Coordinated Entry system analysis, evaluation, monitoring, and review.
- Maintain Coordinated Entry system documentation, tools and resources necessary to manage access points, ensure consistent assessment, prioritize most vulnerable persons and families for assistance, and ensure timely linkage of persons to available housing and services.
- Provide guidance, training, capacity building support, communication updates, and other project support as needed to ensure all participating provider agencies and referral sources have information and resources as necessary to operate and participate in the Coordinated Entry system successfully.
- Create and widely disseminate outreach materials to ensure that information about the services available through the Coordinated Entry system and how to conduct an assessment for those services is readily available and easily accessible to the public.
- Design and deliver training for access points and participating 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.
- Review and resolve complaints and grievances with the support of the Oversight Committee and Council on Homelessness when needed.

The Contra Costa Homeless Management Information System (HMIS) is administered by H3's Research, Evaluation, and Data (RED) team. The RED team provides database management, system level data analysis, and quality control and 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. Participating Provider Agencies

The Department of Housing and Urban Development (HUD) requires provider agencies (both community-based organizations and government entities) receiving CoC or ESG funding to participate in their jurisdiction's Coordinated Entry system. In addition, many more social service provider agencies are participating in the 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.
- **Align with Program Model Descriptions.** Participating providers must align with at least one of the seven adopted Program Model Descriptions. These descriptions will also be incorporated into provider contracts as appropriate.
- **Maintain low barrier enrollment for 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. While such barriers are allowable in specific circumstances, they are generally in conflict with Housing First principles and the federal Fair Housing Act, and providers are encouraged to make every effort to maintain low barriers to enrollment. 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.

    - If a 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. Any group of people that present together for assistance and identify themselves as a family, regardless of age or relationship or other factors, are considered to be a family and must be served as such (see HUD's Equal Access Rule).
    - Participating provider agencies will offer universal program access to all subpopulations as appropriate, including chronically homeless individuals and families, veterans, youth, persons and households fleeing domestic violence, and LGBTQIA+ persons.
    - Population-specific projects and those projects maintaining affinity focus (e.g. women only, tribal nation members only, individuals who use substances, etc.) are permitted to maintain eligibility restrictions as currently defined and will continue to operate and receive prioritized referrals.
- **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 best practice threshold assessment tool 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 and/or H3. 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.
- **Communicate vacancies**. Participating provider agencies will communicate project vacancies, either bed, unit, or voucher, to the Coordinated Entry System Manager as outlined in this document.
- **Limit enrollment to participants referred through the defined access point(s)**. All projects with HUD CoC-funded beds, units, or vouchers required to serve an individual or family experiencing homelessness are required to receive referrals through Coordinated Entry. The Coordinated Entry System Manager will identify exceptions to the rule to fill units that are required to serve people experiencing homelessness through alternative referral sources of funding, such as Mental Health Services Act funding in collaboration with Contra Costa Behavioral Health Services. The Oversight Committee will review these exceptions.
- **Participate in planning**. CoC/ESG funded provider agencies, and others mandated by funding streams, shall participate in Contra Costa CoC's planning and management activities, including participation in committees and workgroups.

- **Contribute data to HMIS if mandated per federal, state, county, or other funder requirements.** Each participating provider with homeless dedicated units will be required to participate in HMIS to some extent. H3 will work with these providers to determine what forms they will need to complete in HMIS. All providers, regardless of mandate, are encouraged to participate in HMIS.
- **Ensure staff who interact with the Coordinated Entry system receive regular training and supervision.** Each participating provider must have work plans detailing staffing and training in order to ensure employees have access to the required introductory and ongoing training and information related to CES. Please visit the CoC website for a list of CoC trainings as well as Program Models and Performance Standards.
- **Ensure client rights are protected and clients are informed of their Coordinated Entry rights and responsibilities.** Clients will have their Coordinated Entry rights and responsibilities explained to them verbally and in writing when completing an initial intake and at 10-year intervals for long term projects like permanent supportive housing. Posters listing these rights will be posted in areas visible to clients at CARE Centers, CARE Capable Centers, and Evening CARE 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 responsiveness;
    - The right to an appeals process if denied services;
    - 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 choose among available housing/services; and
    - 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 to be connected to the available services that best meet their needs.

While clients have the right to decline participation in HMIS, participation will assist providers in coordinating referrals. Clients are asked to partner 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 decline 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 H3 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 CES is to ensure that client access be easy, prompt, and offers immediate engagement. Therefore, CES 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 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, as the phone-based access point to the 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 information on 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 by providing information to appropriate resources, which may include counseling and limited financial supports.

Emergency Shelter Placement: When a caller is seeking access to an emergency shelter, the call specialist will refer to the CORE homeless outreach dispatch line for shelters taking referrals through CES. If outside of CES, the call specialist will provide information and resources for shelters in our community.

Information About Services: Based on the needs of the caller, or person on whose behalf the call is made, the call specialist may provide information for 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

1. CARE Centers

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. Maintaining and

expanding geographic accessibility is a priority and Contra Costa County is a partner in All Home's Regional Plan to End Homelessness, a coordinated effort for a regional response to homelessness among the nine Bay Area counties.

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:

- An emphasis on housing focused case management, including developing and pursuing a housing plan, housing problem solving, benefits enrollment, and housing search assistance
- Basic needs: shower facilities, food, laundry
- Health Care, Mental Health, and Substance Use services

HMIS Intake: The initial face-to-face assessment 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 the 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 6 months, whichever comes first.

C. CORE Teams

CORE teams serve as an access point to connect people experiencing unsheltered homelessness to the system of care, address their immediate health and safety needs, and assist them to move indoors. CORE teams are mobile and go where clients are, providing food, hygiene kits, blankets, rain gear and information and referral. As a CE access point, CORE outreach also conducts intakes and enrollments into the CES program, Triage Tools, and the Housing Needs Assessment (VISPDAT) and refers to the Community Queue in the field.

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 to assess the client's needs and make 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 CES 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;
- 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 6 months, whichever comes first.

Referrals: CORE Teams make referrals to CARE Centers and Emergency Shelters after enrolling them in CES program in HMIS. CORE can make referrals to Rapid Exit if access to temporary or permanent housing outside the CoC has been identified and can be implemented with one-time assistance. Referral to the Community Queue occurs after completing the Housing Assessment/VI-SPDAT.

6. PRIORITIZATION AND MATCHING

A. Prevention/Diversion

Prevention and diversion services are intended to keep people from experiencing literal homelessness for the first time or returning to it after being permanently housed. Those that meet the criteria for the most at risk are supported with Housing Problem Solving and, if needed, financial assistance to avoid time in Emergency Shelter of unsheltered homelessness.

Pre-Screen Tool (will replace the Triage Tool): Currently, all clients calling 2-1-1 receive referrals to prevention and diversion services if they are determined to be eligible during the initial intake and assessment process using the Triage Tool. Eligible households must meet HUD's definition of "at-risk of homelessness" in 24 CFR 576.2.

B. Emergency Shelter

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

Prioritization (Pending): Currently, using the Triage Tool, 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 will replace the Triage Tool.

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-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. Clients who are document ready in the Community Queue will be flagged so that they can be matched to a housing referral as openings occur. CES staff will review the community queue regularly to ensure that the 50 highest priority households are connected to a CORE team, CARE Center, or Shelter staff that will work with them to get document ready.

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 is handled through HMIS.

Referrals: Rapid Rehousing providers participating in Coordinated Entry will inform the CE Manager when they have openings in their programs via HMIS and email as needed. If 5 or more units are available at any given time, the CE manager will call a Housing Placement Meeting.

If less than 5 referrals are available, the CE Manager or CE Specialist will run the Housing Placement List from HMIS. From there, the CE Manager/Specialist will prioritize referrals based on PSH prioritization (VI-SPDAT score and length of time homeless). Households on the queue will be flagged for document readiness and referred if deemed an appropriate fit by current provider and CE team.

Transfers to Permanent Supportive Housing: Clients may transfer from rapid re-housing to permanent supportive housing, as long as the client meets the eligibility requirements for the permanent supportive housing program. If rapid re-housing providers anticipate that a

client will transfer from rapid re-housing to permanent supportive housing, they should work with clients to ensure they are document ready for the permanent supportive housing program at the time of transfer.

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 with the highest VI-SPDAT score and length of time homeless 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, with the goal of maximizing utilization of services. Tracking of vacancies will be handled through HMIS.

Housing Placement Committees: When five or more units are available at any given time through Coordinated Entry (CE), the Coordinated Entry Systems Manager will call a Housing Placement Committee Meeting. Simultaneously, the Coordinated Entry Manager or Coordinated Entry Specialist will run the Housing Placement List report from the Homeless Management and Information System (HMIS), filtering by VI-SPDAT score and length of time homeless (current prioritization process) and select the top 10 households that appear to meet basic eligibility (i.e., household size, composition, etc.) The Coordinated Entry Manager or Specialist will invite all relevant providers working with those identified households along with the housing provider with the vacant unit to a Housing Placement Committee Meeting.

The Housing Placement Committee will review a standardized screening tool for each household to screen for eligibility and fit for the open unit. If deemed eligible and a good fit, the Housing Placement Committee will approve as a group to move forward. If household is not selected, the committee will document the reason for the decision on the screening tool and identify potential other housing options for the household (such as a unit in a different geographic location, etc.).

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 to recommend housing placements to the vacant units that have been reported to the Coordinated Entry System Manager that month. HMIS may assist in determining program eligibility, but the Housing Placement Committee will vet all housing placement decisions. 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.

Interim Housing: Interim housing helps clients to move immediately out of homelessness and into a temporary setting until permanent housing is available. Interim 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 "Interim 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 Interim 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.

E. Other Permanent Affordable Housing

Moving On Strategy (Emergency Housing Vouchers): The Moving On Strategy is a time-limited partnership between the Continuum of Care, Housing Authority of Contra Costa County (HACCC), the Department of Health, Housing, and Homeless Services (H3) and provider agencies whereby formerly homeless individuals and families could move from permanent supportive housing or a long term stay in interim housing to an Emergency Housing Voucher (EHV). In 2021, the Housing Authority of the County of Contra Costa and H3 (acting on behalf of the Continuum of Care) entered into an agreement to administer 201 EHVs as part of a strategy to end homelessness. Current residents of permanent supportive housing and interim housing that met the eligibility requirements for this program were invited to apply. The CES then convened the Housing Placement Committee to consider and prioritize participants based on their ability to maintain housing without long-term supportive services.

F. Considerations for Survivors of Domestic Violence

Per HUD and Violence Against Women Act (VAWA) guidelines, policies around the specific needs of those fleeing or attempting to flee domestic violence, dating violence, sexual assault,

or stalking are maintained. In addition to access to services, including shelter and hotline support, designed specifically for survivors of domestic violence and trafficking, the CoC maintains an emergency transfer policy as outlined in the Written Standards.

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).

Emergency Transfer Plan: A participant qualifies for an emergency transfer if:

1. The participant is a survivor of domestic violence, dating violence, sexual assault or stalking;
2. The participant expressly requests the transfer; *and*
3. Either:
    a. The participant reasonably believes there is a threat of imminent harm from further violence if the participant remains in the same dwelling unit; or
    b. If the participant 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.

Emergency Transfer Process: A participant 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 participant would not be categorized as a new applicant), external transfer, or both. A participant 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 participant'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 participant.

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.

Internal Transfer: Where the participant requests an internal emergency transfer, the program should take steps to immediately transfer the participant 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 participant 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.

External Transfer: If a participant requests an external emergency transfer, the participant 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 participant'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.

7. PERMANENT HOUSING MATCH AND REFERRAL

A. Client Location and Choice

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 an available housing opportunity. However, some homeless households may require significant engagement and contacts prior to entering housing due to a variety of circumstances. 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 is notified 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 decline a particular housing placement, case managers will attempt to determine the reason for the clients' decision and communicate this reason to the Coordinated Entry System Manager. The client will then be placed back into the

community queue. However, three client rejections of housing will lead to a standardized evaluation by H3 to reassess their participation. Grievances and complaints will be handled according to the policy outlined in Section 12.

B. Reasons for Denial by Programs

It is expected that participating provider agencies will decline less than 5% of eligible referrals from CES. 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, such as credit or criminal background checks. A participating 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 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 because it was rejected by a participating provider agency.

C. 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 became operational in 2019 and is currently used by Rapid Exit and Prevention/Diversion program models for a range of costs that can be reasonably tied to ensure the participant obtains temporary or permanent housing, including, but not limited to, payments to utility companies and formal landlords, relocation, travel vouchers, food vouchers, and repairs to residences.

8. DATA QUALITY AND PRIVACY

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) and the HUD FY 2022 Interactive HMIS Data Standards Tool. Please see the CoC HMIS Governance Charter and Policies and Procedures (available online) which outlines how HMIS is managed, the responsible parties, and specific policies and steps to ensure data quality, privacy, and HUD compliance.

Safeguards for Survivors of Domestic Violence: Safeguards must be taken with any data associated with anyone who is known to be fleeing from or experiencing 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 population must not be entered into HMIS. Instead, the data can be entered into a comparable 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. Any data collected from this population that was entered into HMIS prior to this requirement being in place has since been moved to a comparable database and removed from HMIS.

If necessary to ensure the safety of potential survivors 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. FEEDBACK AND MONITORING

At least annually, H3 will solicit feedback from participating projects and those who have participated in Coordinated Entry during that time period, with a focus on overall CES quality and effectiveness. Feedback will be solicited in the form of focus groups, surveys, and/or one on one meetings. H3 will strive to ensure that feedback captured from CES participants is demographically representative of those who accessed services during that time period. As part of this process, the CoC will examine how the Coordinated Entry system is affecting the CoC's HUD System Performance Measures, and vice versa.

The Coordinated Entry System Manager will collect feedback and data comprising the evaluation to present to the Oversight Committee for review, analysis, and consideration of any necessary changes to the system.

10. FAIR HOUSING AND MARKETING/ADVERTISING

A. Non-Discrimination Policy

The Contra Costa CoC does not tolerate discrimination on the basis of any protected class (including actual or perceived race, color, religion, ancestry, national origin, sex, age, familial status, disability (mental or physical), sexual orientation, gender identity or gender expression, marital status, genetic information, or source of income) during any phase of the Coordinated Entry process.

Some programs may need 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 further limiting enrollment to the maximum extent allowed by their funding sources and their authorizing legislation.

All aspects of the Contra Costa CES 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. For example, if there is a PSH program that operates by communicating in American Sign Language (ASL), clients who communicate using ASL should be informed of all housing program options including, but not limited, to the ASL program.

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.

Discrimination complaints will be addressed as outlined in the grievance policy in Section 12.

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 individuals with Limited English Proficiency. CES materials will be 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 provided to victims of domestic violence to reduce the chance of re-traumatization.

C. Marketing and Advertising

The CoC will affirmatively market CES 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 or Meetings
- 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 identity, 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 chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the Coordinated Entry system. The CoC regularly engages members with lived experience of homelessness to create assessment tools, processes, and strategies that are more trauma-informed.

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 monthly training opportunities that are required for relevant CoC programs and staff. Some topics include Housing First, Tenant's Rights and Fair Housing, Trauma-Informed Care, Equity, Mandated Reporting, and Violence Against Women Act (VAWA) Compliance.

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 if 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, including specific training for staff who serve individuals experiencing domestic violence, dating violence, sexual assault, or stalking.

12. COC COMPLAINT PROCESS

The Contra Costa Coordinated Entry system has in place a process for handling both complaints made by clients, participating provider agencies, or other parties expressing dissatisfaction with the Coordinated Entry system. A complaint is defined as a formally expressed dissatisfaction, legal violation, or instance of gross misconduct or negligence within the CoC including all agencies providing housing or services to individuals experiencing homelessness, CES, or HMIS.

A. Filing Complaints:

To file a complaint, a complainant, or their designee, will need to complete the Contra Costa Continuum of Care Complaint Form that will be submitted to the CoC Administrator and their designee by email, online form, or phone (510-296-8194).

B. Investigating Complaints

The investigation of complaints will be led by the CoC Administrator or their designee and involve a series of meetings and interviews. The CoC Administrator or their designee will acknowledge and start an investigation of the complaint within five (5) business days of receiving the complaint.

If the complaint is a health or safety issue that has not been resolved by the agency (e.g., pest infestation, violence against a client), the CoC Administrator of their designees will acknowledge and start an investigation with two (2) business days of receiving the complaint and will be prioritized throughout the process.

The CoC Administrator or their designee will contact the individual or agency filing the complaint to determine if the dispute can be resolved without a formal investigation. If a formal investigation is necessary, the CoC Administrator or their designees will attempt to contact and interview the parties with knowledge of the circumstances of the complaint, including the agency or program, the CES Manager, or RED Team.

C. Resolving Complaints

Within thirty (30) days of completing the investigation, the CoC Administrator or their designee will complete part three of the Complaint Form to document the complaint, and the recommendation on the solution of the complaint and any actions recommended to participant satisfaction and prevent legal violation or instance of gross misconduct or negligence from occurring in the future.

If the complainant is unsatisfied with the resolution presented by the CoC Administrator or the complaint regards H3 staff or processes, the complainant may request that the complaint be escalated and the CoC Administrator or their designee will convene an ad hoc Complaint Panel of non-conflicted Oversight Committee members.

The CoC Administrator or their designee will follow up with the complainant when possible to determine complainant satisfaction with the process.

D. Clients Filing Grievances Against Agency or Organization:

If the complainant is an individual with a complaint against an agency or organization, the complainant must first file a complaint directly with the agency with which they are aggrieved. All agencies providing housing or services to individuals experiencing homelessness in the CoC should have an internal written policy and procedure to address complaints that follow minimum requirements as further elaborated upon in the CoC Complaint Process policies.

Upon investigation, the CoC Administrator or their designee will confirm that the provider attempted to resolve the complaint through its internal complaint process and will seek documentation from that process. If the complainant did not attempt to resolve the complaint with the provider first, the CoC Administrator or their designee will ask the complainant to go through the provider's internal agency complaint process before it is addressed by the CoC.

If accommodations are needed throughout this process, complainants may email or call 925-608-6700.

APPENDICES

A. Glossary of Terms

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

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

CARE Centers: Coordinated Assessment and Resource (CARE) Centers provide a safe, accessible place for individuals and families to access housing focused case management and to connect to other homeless services. Housing focused case management helps participants develop and pursue a housing plan, apply for benefits and increase income, problem-solve housing, and obtain documents needed for Emergency Solutions Grant (ESG) or Continuum of Care (CoC) permanent housing enrollment. Other services offered include showers, laundry, mail, meals, hygiene kits, information, and resource referral.

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.

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: CORE teams serve as an access point to connect people experiencing unsheltered homelessness to the system of care, address their immediate health and safety needs, and assist them to move indoors. CORE teams are mobile and go where clients are, providing food, hygiene kits, blankets, rain gear and information and referral.

Prevention/Diversion: Housing problem solving and/or one time financial assistance for individuals and families at imminent risk of homelessness to divert them from entering the homeless system of care.

Rapid Exit: Housing problem solving and/or one-time financial assistance for individuals and families experiencing literal homelessness to exit them from the homeless system of care as quickly as possible.

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;
    ii. Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;

iii. Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and
iv. Can be expected to continue in such status for an extended period of time due to special needs or barriers

4. Category 4: Fleeing/Attempting to Flee Domestic Violence: Any individual or family who:
   i. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, or stalking;
   ii. Has no other residence; and
   iii. Lacks the resources or support networks to obtain other permanent housing

Housing First: An approach where homeless persons are provided immediate access to housing and then offered the supportive services that may be needed to foster long-term stability and prevent a return to homelessness. This approach removes unnecessarily barriers and assumes that supportive services are more effective in addressing needs when the individual or family is housed.

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

Participating Providers: Provider agencies who are participating in Contra Costa's Coordinated Entry system.

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 help someone who is at risk of homelessness due to housing instability remain housed.

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.

VI-SPDAT: This is Contra Costa's housing needs assessment tool. 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. The VI-SPDAT has since been identified as a tool to be replaced for concerns around objectivity and racial bias. Determining a more equitable replacement tool or process to the VI-SPDAT is a community priority.

Triage Tool: This is Contra Costa's crisis needs assessment tool. In alignment with HUD's 2020 Data Standards, Contra Costa developed a triage tool to assess and refer households accessing the Coordinated Entry System. The triage tool identifies potential referrals for prevention/diversion, rapid exit, some shelters and warming centers.

Written Standards: The Contra Costa CoC/ESG Written Standards are the main guiding document for the CoC, with a focus on programmatic guidance. The Written Standards are to be used with other CoC Policies and Procedures including but not limited to the HMIS Policies and Procedures, Coordinated Entry Policies and Procedures, Coordinated Entry Operations Manual and the Housing Security Fund Policies and Procedures. All of these documents can be used as a reference to understand requirements, best practices, values and expectations of the Contra Costa CoC. The Written Standards are available online: https://cchealth.org/h3/coc/pdf/COC-and-ESG-Assistance-Written-Standards.pdf

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:

(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. Records required to be retained under this section include:

(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

(2) Documentation of 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.

C. List of CoC Partners and Stakeholders

For a list of CoC partners and stakeholders: https://cchealth.org/h3/coc/funders.php#Partners

For an interactive Homeless Partner Map that displays homeless services and connections to other partnering services in Contra Costa County: https://cchealth.org/h3/coc/#Map

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

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

PSH DEDICATED OR PRIORITIZED FOR PERSONS EXPERIENCING CHRONIC HOMELESSNESS

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

- The Notice calls for "an order of priority, determined by the CoC, …that is based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual's or family's service needs." (Section III.A.1.; emphasis in original)

- Persons "having the most severe service needs" are defined as experiencing at least one of the following:

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

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

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

    - CoCs and recipients may use alternate criteria used by Medicaid departments to identify high-need, high-cost beneficiaries, when applicable. (Section I.D.3.a)

- Severe service needs should be verified through data-driven methods such as administrative data match or standardized assessment tool and documented in the participant's program case file. (Section I.D.3.b.)

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

- 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.

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

SINGLE PRIORITIZED WAITLIST THROUGH COORDINATED ENTRY

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

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

RECORDKEEPING AND DOCUMENTATION

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

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

E. COVID-19 Interim Housing Prioritization Process for Hotel Program Placements into Permanent Housing (in place from August 2020 to July 2021)

1. Introduction:

The purpose of this appendix is to outline an emergency interim housing prioritization process for hotel program referrals into permanent housing. This process is specifically for how the community will prioritize referral ***out of*** the Hotel programs.

Nature of the Emergency

On March 4, 2020, Governor Newsom declared a state of emergency due to the COVID-19 pandemic. Coronavirus (COVID-19) is an illness caused by a virus that can be spread from one individual to another. Individuals can become infected by coming into close contact with another individual who has COVID-19. Some individuals are more vulnerable to contracting COVID-19 because of their age or an underlying medical condition. Social distancing requirements were put in place to reduce the spread of COVID-19.

Social distancing requirements and the threat of COVID-19 posed serious risks for individuals residing in a congregate shelter. Living near one another increased the chances of contracting COVID-19 and congregate settings did not allow for social distancing or isolation for those who have been exposed or are awaiting test results. To meet social distancing requirements and protect the health and safety of those residing in congregate settings, individuals were moved out of congregate shelters.

Recognizing a need for noncongregate emergency shelter, the state created Project Roomkey, a special time limited program funded through state and federal funds, that helped communities acquire hotels to create a low capacity hotel program in order to continue to house individuals in a setting that would keep high risk individuals safe and reduce the risk of COVID-19.
Contra Costa County also recognized a need for dynamic prioritization and a coordinated exit strategy to move individuals out of the hotel programs and into permanent housing to ensure individuals don't fall back into homelessness when the hotel program ends. The prioritization described below was piloted during the first four months of emergency and interim housing availability.

Necessity and Goals of Prioritization Framework

Implementing this prioritization is necessary to ensure vulnerable individuals experiencing a housing crisis and who are at high risk of contracting COVID-19 are housed in a way that protects their health and safety and reduces the spread of COVID-19. These individuals are among those also placed at the top of the community queue, making them the most vulnerable of those

experiencing homelessness in Contra Costa County. The closure of Emergency Shelters due to the COVID-19 pandemic has reduced the number of available beds for those experiencing homelessness. The hotel program is time limited; therefore, this prioritization is important to find housing for those residing in the hotels, so they do not fall back into homelessness when the hotel program is no longer available. Federal and state guidance requires rapid exits from hotel programs to qualify for new funding and remain eligible for continued funding.

All principles, practices, and requirements outlined in the CES Ps&Ps continue to apply, except as amended here in response to the emergency and for purposes of ensuring effective and compliant operations of the Hotel Program.

This coordinated entry permanent housing prioritization process will include the following community approved and funder required principles and best practices, in line with the CE Policies and Procedures.

- **Housing First-** The Housing First approach aims to reduce barriers to program entry by assessing potential tenants only on the housing program's eligibility criteria. Clients will not be screened out based on real or perceived barriers.
- **Trauma Informed Care-** A trauma informed care approach will ensure clients are treated in a way that is sensitive to known or unknown traumas.
- **Equity-** Contra Costa County recognizes individuals of color are particularly vulnerable to COVID-19 and is committed to making equity a priority.

This prioritization will have the following goals.

- **Reduce barriers to Permanent Housing** by removing chronic status and other barriers that may make it more difficult to place the individuals in the hotel program into permanent housing.
- **Reduce exits to homelessness** by prioritizing individuals in the hotel program to match those individuals to permanent housing before the hotel program is no longer available.
- **Promote a Housing First strategy** that supports inflow and outflow by reducing additional barriers to housing.
- **Ensure system flow** by increasing exits from emergency and interim housing in the hotel program, which allows for increased emergency and interim housing opportunities for individuals and families more vulnerable to contracting COVID-19 because of their age or an underlying medical condition

2. Applicability: Hoteling Program

Through California's Project Roomkey initiative, Contra Costa County acquired more than 300 hotel rooms for individuals experiencing homelessness who are diagnosed as COVID positive,

persons under investigation for COVID test results, and considered high risk for contracting COVID-19. In addition, California's Project Homekey provides funding to acquire hotels to use as interim and permanent housing.

Project Type: Contra Costa County's hotel program is utilized for both noncongregate emergency shelter and interim housing.

- **Noncongregate Emergency Shelter**- Provides temporary shelter for individuals experiencing homelessness in a non-congregate setting, meaning individuals will reside in smaller or unshared spaces that promote social distancing.
- **Interim Housing** – Interim housing helps clients to move immediately out of homelessness and into a temporary setting until permanent housing is available. Interim housing may be appropriate to address barriers such as limited finances, unavailability of appropriate housing programs, and lack of vacant housing stock. Interim housing is also known as bridge housing.

Target Population (Eligibility): Hotel rooms are available to

1) people (including families) experiencing homelessness that are COVID-19 positive or symptomatic, and need a safe place to isolate, and/or

2) people experiencing homelessness that are not COVID-19 positive or symptomatic but are vulnerable to complications should they to become infected.

3) Unsheltered individuals may be eligible to move into a hotel if they are over 65 years of age, and/or have certain underlying medical or mental health conditions that put them at high risk of complications from COVID-19.

Patients will be screened carefully to ensure they are able to live safely in a hotel and will comply with the hotel program agreements.

Any additional state and/or federal guidance for eligibility also apply including the requirements from FEMA.

Access: Individuals and households who are residing in congregate setting shelters are relocated to the hotels to meet social distancing requirements and protect their health and safety. Individuals and households can also access the hotel programs by being referred by an Emergency Department, psychiatric emergency department, hospital, or CORE. Referrals can be made by calling the Public Health Clinical Services On-Call Team to conduct a basic eligibility pre-screening.

Screening: Individuals who are referred to the hotel program are pre-screened by the Public Health Clinical Services On-Call team using a Contra Costa Health Services approved COVID screening tool. Individuals must meet the homeless criteria as defined by the Department of Housing & Urban Development; must be over the age of 65; and/or have underlying medical

conditions that meet the FEMA guidelines. Individuals must also be able to perform activities of daily living. Screening and testing are done in compliance with CCHS, federal and state regulations.

Assessment: Individuals and households in the hotel program will be assessed using the Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT). This is an evidence-based tool that prioritizes individuals, transition-age youth, and families for available permanent housing based on acuity and chronicity.

HMIS Community Queue: Clients who are assessed will be placed in the Community Queue in HMIS. The list dynamically changes as new client scores are added to the HMIS.

Reporting Vacancies, Availability, Turnover: Tracking available resources and vacancies will be handled through HMIS. Permanent 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.

Referrals into Hotel Program: Referrals to the hotel program are provided by emergency departments, psychiatric emergency departments, hospitals, or CORE. Referrals can be made by calling the Public Health Clinical Services On-Call Team to conduct a basic eligibility pre-screening.

Referrals from Hotel Program into Permanent Housing Placements: Referrals will be made by the CES Manager or by the Housing Placement Committee. The Housing Placement Committee is typically engaged when there are more than 5 housing options available for persons in the Community Queue. In referring households to bridge housing, the CES Manager and 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.

3. Interim Housing Prioritization Process for Permanent Housing

The coordinated entry prioritization process for placements from the Hotel program into permanent housing will utilize dynamic prioritization.

- When a permanent housing unit becomes available individuals and households in the hotel program with a VI-SPDAT will be prioritized first for those units.
- Prioritization for those available permanent housing units will be based on the hotel program participant's VI-SPDAT score and eligibility for the available unit (e.g., a family will be prioritized for a family unit in the event that a single individual in the

hotel program has a higher VI-SPDAT score at the time of a family unit becoming available).

- The requirement to prioritize housing chronically homeless first is waived for purposes of prioritizing individuals and families in this program, except when it is possible to do so (e.g., such as when someone in the program is already identified as chronically homeless).
- In the event that a unit becomes available for which there is no individual or family in the hotel program eligible, the CES Manager will use the approved CES prioritization process to identify the next individual or family in the queue for that placement.
- The CES Manager may open the Hotel program AND prioritization process for permanent housing to individuals and families in other emergency shelters and on the community queue to the extent that
    a. The Contra Costa County Health Officers (and state and federal guidance) AND
    b. The hotel program participants have secured permanent housing, or
    c. The hotel program participants are no longer at significant risk of returning to homelessness (e.g., are in stable interim housing placements with connections to permanent housing), or
    d. The hotel program is no longer in operation.

    This *may* become possible if and when it becomes safe again to move individuals and families into approved emergency shelter or additional interim housing facilities.

4. **Effective Date and Timing:**

The pilot for this process began in April 2020.

This process is intended to be immediately implemented upon approval by the Contra Costa CoC Board.

5. Evaluation and Review:

The interim housing coordinated entry prioritization process for permanent housing shall be evaluated at least once during its operation, or at least annually in connection with the CoC's Hotel program.

The process shall continue for at least 6 months while the Hotel program is operating.

The process is subject to CoC Board review and oversight.

The process is intended to be dynamic, allowing for the necessary flexibility to ensure a rapid and coordinated exit strategy for clients in the Hotel program.

The Contra Costa Coordinated Entry Policies & Procedures, ESG/CoC Written Standards, HMIS Policies & Procedures, and all other relevant guiding documents approved by the Contra Costa CoC Board, will apply to the tasks, activities, and process outlined in this Appendix, and are hereby incorporated into this Appendix by reference.

F. CoC Tools and Resources

You can access the following tools here: https://cchealth.org/h3/coc/partners.php#Training

- VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool)
- F-VI-SPDAT (Family Vulnerability Index – Service Prioritization Decision Assistance Tool)
- Youth VI-SPDAT (Youth – Service Prioritization Decision Assistance Tool)

The follow tools are available via request to ContraCostaCoC@cchealth.org:

- Prevention/Diversion Pre-Screen
- Emergency Shelter Prioritization 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)

System Policies, Procedures and Standards can be found here:
https://cchealth.org/h3/coc/partners.php#Tools

- Coordinated Entry Policies and Procedures
- Coordinated Entry Housing Security Fund Policies and Procedures
- Program Models and Performance Standards
- CoC/ESG Written Standards
- CoC 101 Video
- CoC Orientation Packet
- CoC Complaint Form and Process

HMIS forms and tools can be found here: https://cchealth.org/h3/coc/partners.php#HMIS

- Homeless Management Information System (HMIS) Intake
- Client Release of Information (ROI) Authorization and List of Partner Agencies
- Various Intake, Exit, and Update Forms
- HMIS Governance Charter and HMIS Policies and Procedures
- Data Collection Guide
- HMIS Database Video Tutorials