Coordinated Entry Policies

Draft for Review v. 5

Lake County, CA Continuum of Care
1/31/2023

Version History		
Version	**Release Date**	**Updates**
LCCoC CES Policies and Operations - August 2021	July 2021	draft for HUD T/A, CES Subcommittee reviews
LCCoC CES Policies and Operations – Dec 2021	Dec 8, 2021	Incorporated Gillian Morshedi's comments/edits, flagged items for CES Subcommittee review and decision-making
LCCoC Edits Incorporated	Mar 29, 2022	tdp various
LCCoC Edits Incorporated	Aug 30, 2022	Tdp various and deleted some notes
LCCoC Edits per Melissa's email 10.18.22	Oct 25, 2022	Tdp various and verbiage cleanup

LCCoC Edits Incorporated	Jan 31, 2023	HMIS/CES committee addressed all comments, deleted notes, and cleaned up verbiage and grammar

OVERVIEW OF COORDINATED ENTRY IN LAKE COUNTY

The United States Department of Housing and Urban Development (HUD) requires homeless Continuums of Care (CoCs) to establish and operate a system of homeless response that is referred to as a Coordinated Entry System (CES) for recipients of Emergency Solutions and Continuum of Care Grants. More recently, awards coming through the State of California have included mandates to participate in a CoC's Coordinated Entry System with adherence to the principles of Housing First.

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

CES establishes a consistent process for the local crisis response system, created from the existing local network of homeless services, to improve fairness and ease of access to housing and service resources. The development of a comprehensive crisis response system in each community includes new and innovative types of system coordination, and remains central to the key objectives and strategies outlined in Home Together- The Federal Strategic Plan to Prevent and End Homelessness. The coordination approach was designed by HUD and its Federal partners to connect people with service interventions that will rapidly end their homelessness.

Coordinated Entry is a structured process to help communities prioritize their housing and related resources according to individuals' and families' relative needs and vulnerability. CES also provides information to CoCs and other stakeholders about gaps in the homeless response system, which can help communities strategically allocate their resources and identify the need for additional resources.

Coordinated Entry also offers practical and meaningful opportunities for cross-system coordination. Cross-system collaboration better serves people who are experiencing or at risk of homelessness and have needs served by other service systems. Cross-system coordination also makes things easier, less costly, and more efficient for the service systems themselves. For example, addressing the health-related needs of people experiencing homelessness is fundamental to ending homelessness. Similarly, stable housing is fundamental to maintaining good health and minimizing the costs of unnecessary emergency department (ED) use and hospital admissions. By plugging into a community's CE process, healthcare providers can: (1) ensure that patients with housing needs connect to the homeless assistance system in the way most likely to get them assessed, prioritized, and connected to available resources; and (2) contribute valuable expertise to improve the overall CE process over time, so housing resources get to those who need them most efficiently and equitably.

These Lake County, California Continuum of Care (LCCoC) CES Policies and Procedures shall be applied consistently throughout the CA-529 defined region, for all populations experiencing and at risk of homelessness. These policies and procedures shall govern all CoC- and ESG-funded projects within the LCCoC, as well as any housing and homeless service programs operating within the County (regardless of whether they receive CoC or ESG funding)

that have State contract requirements to participate in the Coordinated Entry System. Other funding sources may require participation with the CES as indicated by contractual agreements.

Additional policies, task lists, and other materials related to this policy document may be updated as the Lake County CES matures through new funding, operational improvements, or evaluations. Updates/changes to this document will be indicated by version control disclosures for each policy revision.

Additionally, the Lake County Continuum of Care will continue to update the Coordinated Entry System policies as needed, including in response to newly acquired funding streams or other resources or changes in community need. LCCoC will, at the least, review these policies and procedures on an annual basis to determine whether updates are needed.

Importance of Racial Equity

HUD's emphasis on centering racial equity in the homeless crisis response system has been a concentrated focus since 2019. Lake County was historically settled by Native American inhabitants of Pomo descent. The County continues to reflect a diverse population representation according to recent CoC Point in Time Counts, Homeless Management Information System (HMIS) data, and other available demographic data of people living in the county.

In every CoC across the country, people of certain historically and currently marginalized races are overrepresented in the population of people experiencing homelessness as compared to the general population. The following chart shows a comparison of Lake County demographics overall (from the DataUSA webpage for Lake County) and an unduplicated count of people served by the LCCoC (according to HMIS as of September 10, 2022, there is a total of 2,414 Client Records in the HMIS Database):

Race Category	DataUSA Demographics	HMIS Unduplicated Client Record Count (total 2,034)	HMIS Client Record Racial Percent (of 2,034 total)
White	89.39%	1,724	71.74%
American Indian/Alaska Native	3.26%	386	16.0%
Black. African American or African	2.22%	120	5.0%
Asian or Asian American	n/a	5	0.2%
Native Hawaiian	n/a	13	0.5%
Mixed Race	n/a	104	4.3%
Data Not Collected, Client Refused or Did Not Know	n/a	64	2.6%

Lake County is committed to pursuing racial equity in its response to homelessness, including in its CES operations. The CoC, including the Coordinated Entry Subcommittee and Performance Review Subcommittee, in

partnership with local stakeholders engaged in the work, will commit to identifying strategies to further racial equity and stakeholder diversity within the Lake County Continuum of Care.

Values and Guiding Principles

In addition to its commitment to racial equity, the community has articulated the following values and guiding principles for its Coordinated Entry (CE) system and process:

Preservation of Human Dignity. Uphold the human values of dignity, equality, and justice in the provision of all homeless services.

Accountability. All aspects of the service spectrum are accountable through well-maintained management of core processes and flows, predictable evaluation, and problem identification/resolution when things become known. Success and challenges are acknowledged to further deep commitment and engagement to the system

Stewardship over Limited Resources. Represents the care, planning management, and upkeep of services and funding resources through recognition of process to reduce wasted time and funding, to be addressed through ongoing stakeholder planning and consultation.

Continual Improvement. Seeks to improve every process by focusing on the enhancement of activities that generate the highest possible human service outcomes to improve people's lives.

Service Excellence. Service excellence results in increased stakeholder support, the best utilization of available resources, and higher-level performance outcomes. The Lake County Continuum of Care, in its oversight of the local Coordinated Entry System supports the following practices in its goal to mitigate the negative impacts of homelessness throughout Lake County, CA.

Inclusionary. Stakeholders with different identities, perspectives, income levels, and racial/ethnic backgrounds are encouraged to participate and be included in the planning, operational design, and evaluation frameworks of the Coordinated Entry System. All stakeholders are communicated clearly and promptly to assure their understanding of issues so they may provide value to the design and problem-solving process.

Housing First. In accordance with the Housing First approach, individuals and families seeking assistance will be assessed based only on the CoC's priorities and eligibility criteria, using a standardized assessment process. No other screening factors will be used to prevent entry to housing opportunities. Housing First is an approach or system orientation that recognizes that people experiencing homelessness – like all people – need the safety and stability of a home to best address challenges and pursue opportunities. A Housing First approach prioritizes connecting people back to a home as quickly as possible, without unnecessary requirements, screening, or barriers, while making readily available the services that people may need to be stable and secure.

HOUSING FIRST IN LAKE COUNTY

In order to meet the goals of client wellness through stable housing, and to comply with the State of California's Housing First mandate declared in Lake County contracts, the Lake County CoC shall deem appropriate only eligibility criteria that meet the intent of the State's Housing First requirement as declared via the provisions of California's Welfare and Institutions Code Section 8255 that establishes the State of California's Housing First expectations.

Under a Housing First model, admission to homeless assistance projects (funded with any amount of direct or passthrough HUD funding or State homeless assistance funding) shall not be contingent on enrollment prerequisites that present barriers to a participant's safe and rapid access to housing or services. This means that programs may not require clients to participate in a specific service plan, achieve or maintain sobriety, or "comply" with any service expectations in order to receive or as a condition of receiving housing assistance.

Individual programs may maintain behavior-based rules to maintain safety for participants and staff, but engagement in services should be considered voluntary and programs should not screen out or disenroll households based on noncompliance with service plans, lack of participation in services, perceived lack of "housing readiness," or other challenges or barriers to housing (e.g., alcohol or substance use, criminal history, household size, history of victimization).

Housing First requirements currently apply to the following funding types:

- Continuum of Care Funding (CoC)
- Emergency Solutions Grants (ESG)
- Emergency Solutions Grants - COVID (ESG-CV)
- Homeless Housing, Assistance, and Prevention Program (HHAP)
- Housing and Homeless Incentive Program (HHIP)
- California Emergency Solutions and Housing (CESH)
- No Place Like Home (NPLH)
- Local contracts that have any inclusion of the funding dollars stated above and or contract mandates in the future

Housing First, in fidelity to the elements of client choice and harm-reduction philosophies, provides participants (including tenants in a lease) to be engaged in non-judgmental, non-coercive communications, including regarding drug and alcohol use or other perceived risky behavior. Participants may be offered education, services, or case management to help reduce or avoid risky behaviors, but a household's acceptance of services or participation in particular programs may not be a condition of housing tenancy, and providers may not prohibit or restrict a participant from pursuing immediate openings for permanent housing options through Coordinated Entry based on perceived lack of "housing readiness."

Client-centered. A service perspective where clients experiencing homelessness should be empowered to make choices that affect their own lives as autonomous decision-makers, supported by a service provider in a way that they may make the best decisions possible, not based on fear. Clients should be afforded courtesy, respect, dignity, and timely, responsive attention to their needs through the provision of accurate and accessible information about resources available, and the opportunity to discuss the benefits and risks of accepting or forgoing service alternatives.

Connectedness and Collaboration. The culture of Lake County, CA is one of willingness to collaborate and see partners achieve success. Communication that supports this unique collaborative culture will be supported through the architecture of the CoC'S HMIS functionality, and commitments to provide professional development.

Data-informed. Reliance and confidence in real-time information, supported by homeless households and service provider input, to inform decision-making in the best interest of each client and the system overall. Data-driven efforts frame data as guidance to the decision-making process and data-informed actions support the collective intuition of the CoC to afford future programmatic improvements.

Service Area Connections. Clients experiencing a homeless crisis will be connected to available well-targeted services throughout Lake County to address their needs as quickly as possible.

Transparency. Relevant, reliable information about the performance of the Coordinated Entry System should be made readily available to the Continuum of Care and Community.

Technology Infrastructure. Supportive technology platforms are well maintained, professionally administered, and up to date so they may inform client outcomes and process flow improvements on demand.

System Response. The CES will aim to be responsive to the needs of people experiencing homelessness and the success of that responsiveness will be measured and improved at the system level via the CES Data Plan as well as benchmarks for timeliness and quality.

Strategic Communications. Strategic communication principles will ensure communication consistency across a wide variety of local stakeholder groups, organizations, and community members so everyone may understand the intent and progress of Coordinated Entry.

System Overview

The Lake County Coordinated Entry System includes a collaboration of multiple community, government, Tribal entities, and faith-based agencies that provide services and assistance to people experiencing or at risk of homelessness, ranging from prevention assistance to permanent housing.
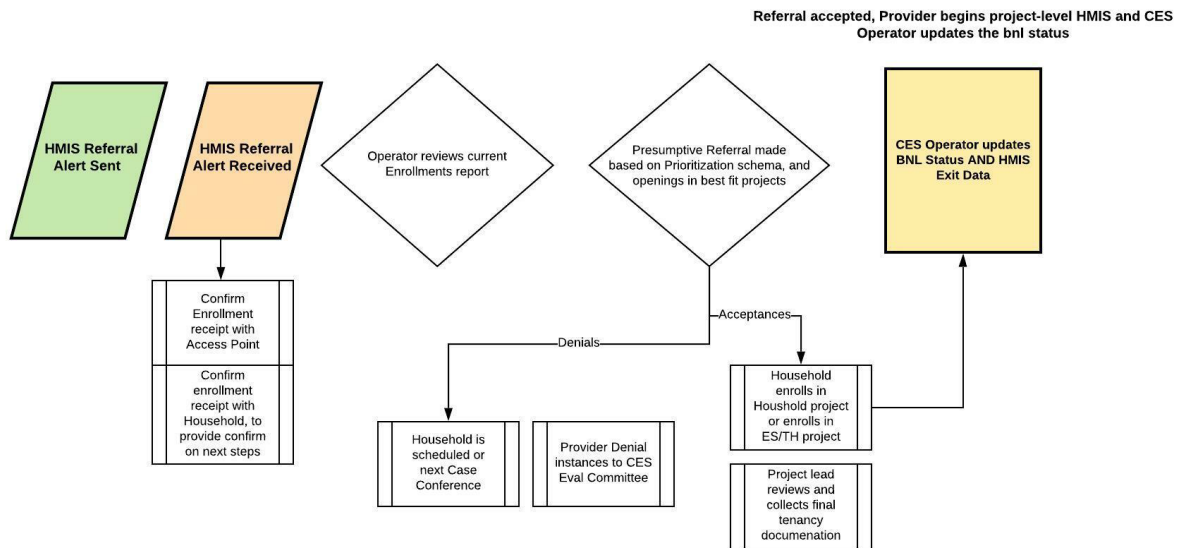
Individuals and families experiencing a housing crisis or otherwise in need of housing assistance present or are connected to a CES participating agency and are administered a Housing Problem Solving assessment. If the Housing Problem Solving session does not result in the household, working with the provider, and identifying a safe housing resolution, the household will be fully onboarded to Coordinated Entry and will receive a comprehensive CES enrollment and be entered into HMIS.

Once a household is enrolled in HMIS and prioritized on the By-Name (Prioritization) List, the process outlined in the graphic below occurs:

Lake County, CA Coordinated Entry

CES Operator - Managment Flow
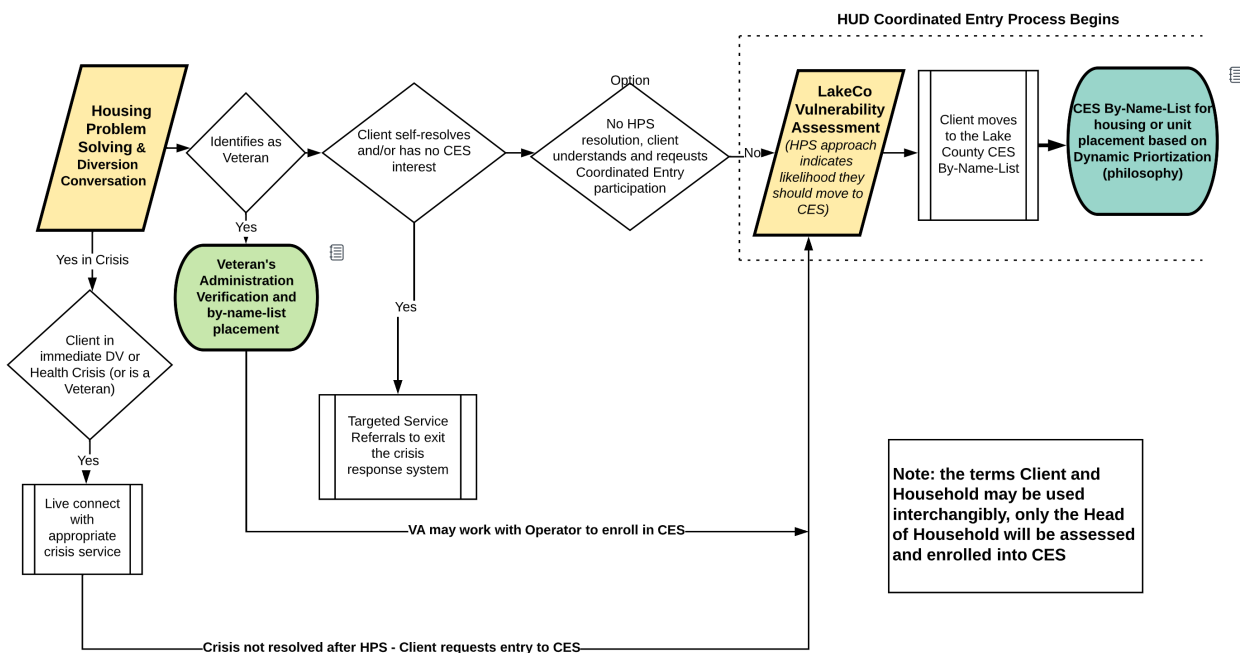
Upated: July 15, 2021

Referral accepted, Provider begins project-level HMIS and CES Operator updates the bnl status

HMIS Referral Alert Sent

HMIS Referral Alert Received

Operator reviews current Enrollments report

Presumptive Referral made based on Prioritization schema, and openings in best fit projects

CES Operator updates BNL Status AND HMIS Exit Data

Confirm Enrollment receipt with Access Point

Confirm enrollment receipt with Household, to provide confirm on next steps

—Denials—

—Acceptances—

Household is scheduled or next Case Conference

Provider Denial instances to CES Eval Committee

Household enrolls in Houshold project or enrolls in ES/TH project

Project lead reviews and collects final tenancy documenation

Lake County, CA Coordinated Entry

CLIENT- System Flow

Upated: August 2022

HUD Coordinated Entry Process Begins

Housing Problem Solving & Diversion Conversation

Identifies as Veteran

Client self-resolves and/or has no CES interest

Option

No HPS resolution, client understands and reqeusts Coordinated Entry participation

LakeCo Vulnerability Assessment *(HPS approach indicates likelihood they should move to CES)*

Client moves to the Lake County CES By-Name-List

CES By-Name-List for housing or unit placement based on Dynamic Priortization (philosophy)

Yes in Crisis

Yes

Veteran's Administration Verification and by-name-list placement

No

Client in immediate DV or Health Crisis (or is a Veteran)

Yes

Targeted Service Referrals to exit the crisis response system

Yes

Live connect with appropriate crisis service

—VA may work with Operator to enroll in CES—

Note: the terms Client and Household may be used interchangibly, only the Head of Household will be assessed and enrolled into CES

—Crisis not resolved after HPS - Client requests entry to CES—

ELIGIBILITY

The LCCoC CES is designed to serve anyone in Lake County who is experiencing homelessness or a housing crisis, including those who are in an emergency shelter or transitional housing, unsheltered (e.g., living on the streets, in an encampment, in a car, or another place not intended for human habitation), or at imminent risk of homelessness (e.g., being evicted, unable to pay rent, or in an unsafe living situation and lacking sufficient resources or options to access safe housing).

Eligibility for enrollment into the Lake County Coordinated Entry System shall be based on the following**:**

- Household has been provided a Housing Problem Solving service, is unable to self-resolve their homeless situation, and seeks enrollment into the Coordinated Entry System
- Household is eligible for homeless services based on meeting one of the following HUD definitions:
    - Household assesses per HUD's Homeless Definition
    - Household is currently fleeing a Domestic/Dating Violence situation
    - Household is at imminent risk of homelessness per HUD's At-Risk Definition

Households who are not experiencing or at risk of homelessness (per the HUD definitions) or who are not residents of Lake County, will be redirected to other local services where they live.

Individual programs may have additional eligibility criteria, including specific funder requirements. No provider will be required as part of CE participation to accept referrals of clients or households who do not meet their eligibility criteria, so long as that criteria are not unlawful or in violation of the CoC or ESG Program interim rules. Eligibility criteria garnered from all participating and/or external Coordinated Entry System providers shall be made publicly available as a requirement of the Affirmative Marketing Plan. Moreover, participating providers should incorporate the principles of Housing First (as required by HUD and State of California funding) and refrain from excluding households based on "housing readiness"-type criteria or factors such as mental and/or substance use disorders, histories of victimization, or being a survivor of sexual assault.

PROCESS OVERVIEW

The LCCoC CES process will have five key steps: household access to the system; household assessment; household prioritization; household and resource matching and referral; and program placement.

ACCESS

The LCCoC maintains physical access sites where people experiencing a housing crisis may go to receive assistance, which includes problem-solving assistance (diversion), assessment, and referrals for housing and services offered through CES.

ASSESSMENT

LCCoC determines the severity and type of needs for each household seeking assistance using a community-developed Vulnerability Assessment Tool. The tool was designed to reduce the need for duplicative assessments and gathers only enough client information to determine the severity of need and eligibility for housing and related services. All areas where in-person assessments are conducted will be safe, confidential, culturally

appropriate, and, sensitive as possible so that people feel comfortable sharing sensitive information or safety issues.

No person is screened out of the CES process or other homeless services due to perceived barriers to housing or services, including, but not limited to:

- too little or no income
- active or past substance abuse
- domestic violence, dating violence, stalking, or human trafficking history
- resistance to receiving services,
- the type or extent of a disability or the services or supports that are needed because of a disability,
- a history of evictions or poor credit,
- a history of lease violations,
- a history of not being a leaseholder, or
- a criminal record.

Nor are persons screened out of the CES process due to sexual orientation, gender identity or expression, race or ethnicity, health or mental health history, or medication adherence or treatment completion.

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

The assessment process will not require disclosure of any specific disabilities or diagnoses. The assessment process may attempt to collect specific information about a person's diagnoses or disabilities, in so far as is necessary:

- To determine program eligibility;
- To make appropriate referrals;
- To determine client vulnerability or severity of need; and/or;
- To provide reasonable accommodation for the person being served.

PRIORITIZATION

A central CES Operator prioritizes households based on need and vulnerability using the scores and the prioritization scheme defined by the CoC (outlined in more detail below) and maintains a Priority List (aka By Name List). The households identified as being the most vulnerable are prioritized for available housing and services. All programs and provider agencies are required to use the CE system to link households to housing and services.

MATCHING AND REFERRALS

The CES Operator matches prioritized households to available housing and resources for which the households are eligible. Households are matched and referred to available housing and related resources based on need and vulnerability, as well as program eligibility and client choice. The CES Operator monitors Priority List as well as housing vacancies and other available resources and identifies households on the Priority List that match the housing resources available and makes referrals to the programs that have the available resources.

All programs receiving CoC and ESG funded programs, as well as those receiving California state funding that requires participation in Coordinated Entry, must accept referrals through CE to fill all housing vacancies and available housing resources and related services that are funded via those sources. Provider agencies not receiving referrals through CES will nonetheless be required to use the CE system to link their clients to the housing and services programs. The Coordinated Entry Subcommittee will maintain and annually update a list of all resources that may be accessed through referrals from the CE system.

PLACEMENT

Programs with available housing resources connect with households referred to their programs after being matched with those resources by the CES Operator and engage with the households to confirm program eligibility and to enroll the household in the program if they are eligible and accept the referral. Programs then work with the household to ensure successful placement in housing using the resource available.

CASE CONFERENCING

For persons experiencing homelessness, referral to housing resources will be intentionally made in a centralized manner, following the prioritization categories outlined in these policies and procedures. To ensure that all individuals are matched to appropriate resources based on objective determinations of vulnerability and need, the role of case conferencing will be limited to the following activities:

- Ensuring Successful Placement: Address the needs of households with the highest barriers to housing to ensure they are able to access the resources for which they have been or are likely to be referred, including clients who have refused multiple referrals or been refused by programs on multiple occasions.
- Ensuring Document Readiness: Ensure the document readiness of all clients is being addressed, beginning with those most highly prioritized and therefore most likely to be matched to resources sooner than others; and
- Ensuring Effective Client Navigation of the Coordinated Entry System: Ensure that clients are not excluded from accessing resources for which they are eligible and are appropriate to their needs if they would otherwise remain on the housing queue for an extended period of time (e.g., assisting clients with documentation from an appropriate medical professional regarding a terminal illness or imminent serious health danger due to homelessness, or identifying and assisting clients to connect to mainstream and community resources that may support them in overcoming barriers to housing and other positive outcomes).

Case Conferencing is a routine meeting process amongst partnering multi-disciplinary providers to discuss high-needs client cases in order to resolve barriers and review prioritization decisions, enrollments, terminations, and eligibility appeals. The goal of case conferencing is to monitor and advance the progress of getting the most vulnerable homeless clients into housing. Case Conferencing shall occur at least a minimum of every two weeks or more often as needed when a crisis arises even if there are no permanent housing resources available.

Receiving programs may request case conference support when households insufficiently engage in the necessary actions to secure a permanent housing placement (e.g., not showing up for preparatory meetings, not working to obtain housing documentation) or the programs or clients need support addressing challenges or eliminating barriers to housing placement or sustainability.

Provider and homeless advocate roles that may participate in Case Conferencing include:

- Lake County Continuum of Care Executive Committee Members
- Lake County Coordinated Entry Operator
- Lake County Agency Housing Navigators (possible report/inclusions via a representative)
- Lake County Housing Providers and other providers operating within the homeless crisis response system
- Veterans Service providers
- Healthcare systems including hospitals and behavioral health providers
- Client Advocates

Participation in case conferences may be done in person, over the phone, on a virtual platform, or any combination thereof.

Participatory Agency staff will be identified in the Continuum of Care Client Release of Information. Participating agencies will be required to sign a CoC Confidentiality Agreement, along with signing into each case conference meeting. A record of attending agencies will be maintained by the CES Operator.

Review points covered in each case conference will include:

- Prioritization (By-Name List) reviews
  - o new additions of high-vulnerability households
  - o score distributions based on prioritization list record numbers
  - o housing placements since the last case conference meeting
  - o clients requesting an updated status to the by-name-list presenting new information
- Referrals
  - o number of newly generated referrals and to which projects
  - o acceptance/rejections (status of each) including unit-matching decisions
  - o follow-up on last report referrals including resolutions to rejections including a household's last known location of habitation (including if there is evidence Household may have left the area and CES has no effective means of contacting the client)
  - o discussion of households who have declined two or more consecutive unit referrals
- Other high-needs client referrals
  - o disclosures concerning high barrier 'active' list clients to match providers and/or the current case conferencing group
  - o high-needs clients identified whose priority list score appears inconsistent with observed vulnerability
  - o referrals with complete housing documents, ready for move-in, or clients who need additional documentation
  - o clients who were unable to be located previously who have re-presented and seek re-activation on the prioritization list
  - o other referral linkages that may benefit households who have not received a housing placement referral

CES OPERATION

Access

Lake County's CE system offers multiple points of access for people experiencing or at imminent risk of homelessness. The intake and problem solving processes that occur at access points will be consistent across all access points, to ensure that participants receive the same care regardless of where or how they enter the system.

Fair and equal access to the CoC's Coordinated Entry System occurs through a broad distribution of geographic points of service entry when a household experiencing homelessness, reaches out to a local service provider for assistance in solving their homeless crisis.

INTAKE/ACCESS POINTS

The Lake County Coordinated Entry System establishes Intake or Access Points where individuals and families may present to receive homeless housing and support services. The LCCoC provides geographic coverage points around the vast regions of the Lake County Continuum of Care region that are open to all Lake County residents.

All initial points of contact will attempt to help the client self-resolve their housing crisis by conducting a Housing Problem Solving service. At all Intake/Access points, clients seeking a resolution to their housing crisis will receive or have updated (or confirmed they have received) the initial Housing Problem Solving service delivered by trained and certified case management staff, including staff of the contracted Coordinated Entry Operator.

If the Housing Problem Solving approach results in no immediately foreseeable resolutions to a safe housing situation, the client will be provided an understandable, non-program focused explanation of the Coordinated Entry process, including their chances for permanent housing options in Lake County.

PHYSICAL ACCESS SITES

The Coordinated Entry System covers a large geographic region that encompasses Lake County, CA. Central to the county's geography is Clear Lake, the State's largest natural lake. Historically, rural communities can be difficult to reach due to a lack of service provision in large rural county areas.

Specialized caseworkers at each Access Point conduct the following services:

- Inform Clients of their rights, the CES Grievance Policy and execute a client Release of Information form
- Administer or update a Housing Problem Solving service
- Describe Coordinated Entry for Lake County
- Administer the Lake County Coordinated Entry vulnerability/prioritization assessment
- Gather, enter to the HMIS, and update Client Housing Documentation
- Collect, and enter the HMIS Client Contacts information
- Enter all data into the HMIS per the timeliness standards

A detailed Access Point roster is updated at the Lake County Continuum of Care (LCCoC) website and broad-scale eligible Household access to Coordinated Entry will be supported by the development and dissemination of an Affirmative Marketing plan that may include technology tools use to narrow the geographic gaps of the largely rural county.

OUTREACH

Any homeless outreach programs operating within the LCCoC's geography should act as access points to the CES. Outreach programs that do not operate as Intake/Access points themselves should offer to and help households connect to Intake/Access Points.

Access to emergency shelters and services is not limited by CES intake and access point hours of operation. Residents seeking to obtain emergency shelter or services in Lake County may access those resources by contacting those shelters or services directly or going to those locations.

The CE System will maintain connections with the emergency care system (including first responders) using the following processes:

- Encouraging emergency service providers to promptly forward information about homeless residents who have been served outside the operating hours of CE access points, so that those residents can be integrated into the CE system at the earliest opportunity.
- Ensuring that all emergency services connected with the Continuum of Care, are able to receive and care for residents even during hours when CE access points are not available.
- Ongoing engagement between homeless services providers and emergency medical or behavioral health care providers to discuss strategies for reducing barriers to communication between the health care system and the homeless system of care.
- The Continuum of Care is committed to ensuring that the local CES process affords persons experiencing homelessness immediate, unqualified access within a 24/7 basis, or as rapidly as possible assistance connections dependent on levels of risk. Emergency services can include domestic violence, mental health, physical health, or self-neglect, and households assessed to be at risk of losing their housing per the HUD ESG Program Interim Rule Section 576.2.

Safety Screenings

Safety screening shall occur at the point of Housing Problem Solving OR as circumstances arise during service enrollment in any of the Continuum's participating projects. If any member of a presenting Household indicates they are experiencing an emergency, Access Point staff will (with client consent) assist in immediate connections to Lake County's network of crisis services which may or may not be within the CoC participating provider network.

The following table indicates (by type of emergency) what actions shall be taken when any household presents for service at an Access Point, Participating Provider Agency, or the Lake County Community HUB.

| Unit transfer requested for a Domestic Violence Situation

Scenario:

Household currently has tenancy under a rental assistance or subsidy program and requests transfer to a different unit on an emergency basis

Eligibility:

Tenant being subsidized believes there is a threat or imminent threat of further violence if the household remains in the same unit | **Who Initiates:**
Covered Housing program provider

Method:
dependent on current circumstances may necessitate actions to confirm the level of safety concern and whether it is safe to offer the tenant household a more permanent occupancy; the provider shall assist the tenant to complete the Emergency Transfer Documentation App x | **Where:**
Once a need for an emergency transfer is confirmed, the CES Operator will work with the Covered Housing program to identify a different Unit |

If the tenant is a victim of sexual assault, may also be eligible to transfer if the sexual assault occurred on the premise within a 90-day calendar period preceding the request for emergency transfer		
Flight from a current Domestic Violence situation **Scenario:** Household presents at Access Point, other participating service provider, or the Lake County Community HUB seeking immediate assistance from x	**Who Initiates:** Access Point or Referral Provider **Method:** immediate connection via telephone	**Where:** Lake County Community HUB Lake Family Resource Center Scott's Valley
Demonstrated or self-disclosed severe mental health condition requiring immediate attention **Scenario:** Client or household demonstrating immediate x upon presentation to an Access Point, and evidence may include suicidal ideation or disclosed attempts at suicide May be determined by self-disclosure OR observation on the part of Street Outreach, Emergency Shelter, or other homeless service programs	**Who Initiates:** Access Point or Referral Provider **Method:** immediate connection via telephone	**Where:** Lake County Behavioral Health Services
Evidence of Self-Neglect **Scenario:** Client or household demonstrating x of self-neglect including poor physical condition, personal hygiene, pressure sores, ulcers, malnutrition, untreated injuries, and inconsistent or reluctant contact with medical or social care providers May be determined by self-disclosure OR observation on the part of Street Outreach, Emergency Shelter, or other homeless service program	**Who Initiates:** Access Point or Referral Provider **Method:** immediate connection via telephone	**Where:** Lake County Community HUB
Request for Landlord Eviction **Scenario:**	**Who Initiates:** Access Point or Healthcare HUB **Method:**	**Where:** Lake County Community HUB

Household presents at Access Point or HUB model indicating they will be losing their current housing situation, have received an eviction notice or at-risk circumstance	connection via telephone	

PREVENTION ACCESS

LCCoC access points provide Housing Problem Solving interviews but currently do not have any formal prevention services.

DOMESTIC VIOLENCE ACCESS

The LCCoC CES ensures that survivors of domestic violence are able to access any homeless program that is able to ensure participant safety and is appropriate to their needs; no individual or family is denied access to any homeless program due to experiences as a survivor of domestic violence.

Clients presenting for service, currently fleeing a domestic or dating violence situation, shall not be mandated to enroll in the CoC's Coordinated Entry process, however, they may at their request. We highly recommend that we refer immediately to LFRC or Scott's Valley. Safety protocols and protections to those fleeing a domestic or dating violence situation will be afforded the ability to enroll and be further prioritized within the Coordinated Entry System after being safely accommodated.

If the household rejects referrals to the victim service provider (VSP) but elects to be enrolled in the CES, they must either:

- Complete the Coordinated Entry System full assessment process at that Access Point, ensuring confidentiality and de-identification standards are followed' or,
- Arrange with another point of certified entry to complete the assessment within 48 hours of contact with the initial Access Point

Households presenting to an Access Point and who elect to enroll in the Coordinated Entry System will have the option to have their personally protected identifiers withheld from the Lake County HMIS as follows:

- First, Middle, Last Name entered as Unknown First 1, Unknown Last 1 (middle name null)
- Date of Birth, Race, Ethnicity, Veteran Status – Client Refused
- Lake County City or other local questions may be null
- Client Contacts – no completion
- Client Housing Documentation – no completion within the HMIS, but must be collected by the housing project provider if the client becomes enrolled in a CoC project

A client's full name along with other PPI from the Assessment may be transmitted for use by the CES Operator for prioritization by uploading the hard copy assessment to a secure Lake County Behavioral Health ShareFile folder.

Emergency Transfer Requests coming from Permanent Housing Projects

Specific emergency assistance/transfer protocols for clients served within the CoC are also identified in each Program Standards document for Street Outreach, Emergency Shelter, Transitional Housing, Rapid Re-Housing, and Other Permanent Housing that adhere to the overall CoC Emergency and Safety policies.

The role of the Coordinated Entry Operator regarding emergency service protocols will be to assist in the rapid identification of suitable safe housing options or, if available, emergency transfer to suitable permanent housing projects. The CES Operator will remain aware of clients on the Inactive category of the By-Name List who may need to change their list status due to an emergency event. The Operator shall also ensure they are able to identify Households on the By-Name List who request their personally protected information be anonymized but will be the first level prioritized suitable housing matches dependent on availability.

The CoC CES will work closely with the network of participating and non-participating victim services providers (VSPs) to act as quickly as possible to move a household with tenancy and who is a DV survivor to another confidential unit, however, the CoC cannot guarantee either that a transfer request will be approved or how long it might take to process a transfer request.

Information regarding emergency service connections and/or non-unit transfers will not be recorded in the HMIS and the Lake CoC will hold confidential information regarding either tenants or Access Point clients requesting emergency services or transfers. Tenants may give their program provider written permission to release transfer information on a time-limited basis, or as disclosure of the information may be required by law for use in an eviction proceeding or hearing regarding termination from the Covered Program.

Confidentiality regarding emergency situations (on behalf of the CES, housing providers, and the Household being transferred), should include disclosures of any new location of the tenant's unit or details about moving dates, associated household members, or other highly sensitive information that might impact the Household's overall safety.

Transferred tenants, regardless of the presenting safety conditions, must agree to abide by the terms and conditions that govern occupancy in a new unit to which the tenant may be transferred

Emergency Transfer contact information for various emergency service providers is contained within the HMIS on the program attributes form and all external records of emergency transfers must be retained by the provider who made the request or five years from the date of the transfer request.

Assessment

Households who are eligible for homeless services through Lake County's CES are all assessed through a standardized assessment process. The process, including the criteria used for uniform decision-making across access points and staff, is described in this section.

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

The assessment process will not require disclosure of any specific disabilities or diagnoses. The assessment process may attempt to collect specific information about a person's diagnoses or disabilities, in so far as is necessary:

- to determine program eligibility to make appropriate referrals;
- to determine client vulnerability or severity of need; and/or;
- to provide reasonable accommodation for the person being served.[1]

VULNERABILITY ASSESSMENT

Once the Housing Problem Solving service has been conducted by trained Access Point staff, and if a near-term housing solution is not able to be identified, the household will (after being made clear about the limited resources) be connected to an Assessment Point (if the Access Point at which they presented is not also an Assessment Point) to be enrolled into the Coordinated Entry project in HMIS, discuss and consent to storing and sharing information for purposes of CES operations and resource matching, and administered a full CES Assessment.

HMIS workflows trigger a series of steps to assure each Household is properly enrolled with all the required assessments completed so that immediate work may begin to identify a housing solution as such.

All households enrolled in the Coordinated Entry project in HMIS are assessed using Lake County CoC's primary Vulnerability Assessment Tool (attached as Appendix __). To limit duplication of assessments being administered, this tool was designed by the Lake County CoC to be taken one time unless additional circumstances are presented by the household or their assigned support staff serving the client.

Client Autonomy: individuals being asked to complete assessment questions will be allowed to refuse to answer questions without suffering retribution or limiting their access to assistance. They can be encouraged to complete responses by explaining that a lack of responsiveness may impact presumptive resource-matching actions.

RE-ASSESSMENT

LCCoC has determined that participants who are placed on the Priority List and remain on the list without placement in permanent housing should be reassessed at least annually. Annual reassessment will ensure that priority placement on the By Name List reflects participants' circumstances. However, reassessment at an earlier interval may be necessary. The following events may prompt a reassessment:

- In the event that a participant experiences a drastic change to their circumstance, where three or more factors relevant to the Vulnerability Assessment Tool have changed, a reassessment may be warranted. A drastic change may include, but is not limited to, a significant change in health or disability status, income or employment, household structure, justice involvement, or other circumstance.
- If a participant has not complied with the monthly check-in process in such a way as to ensure regular case management can occur, a provider may determine that reassessment should take place at a six-months interval.

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[1] **Assessment: Privacy Protections** - CoC has established written policies and procedures establishing that the assessment process cannot require *disclosure of specific disabilities* or diagnosis.

It is important for providers to consider the option for earlier reassessment using a trauma-informed and person-centered approach and avoid creating trauma for participants via frequent, recurring assessment.

If a Household has been removed from the Prioritization List, they may reassess at an Access Point, be re-assessed, and gain an updated prioritization status.

Prioritization

Households assessed for vulnerability and need through the CE process are prioritized at the system (rather than individual program) level. In HMIS, this occurs within the CE project for all persons who have been enrolled in using a HUD Enrollment/Exit workflow. Assessed households are added to the CES Priority List (aka By Name List) in priority order according to the factors below. Lake County's Continuum utilizes its secure HMIS platform for responsive and informative prioritization management. Client information is consolidated in a single, secure platform and available on demand to HMIS participating providers who have been granted access to the Coordinated Entry Assessments and reporting.

Homeless households enrolled in the CES HMIS project and who have had a vulnerability assessment performed, will automatically be reported on the Lake County Continuum of Care By-Name List. The list is maintained by the CES Operator and refreshed as households are added, removed, or re-assessed.

The factors with which prioritization decisions are made for all housing and homeless assistance resources (except those specifically noted in these policies as being exempted from prioritization) are described as follows:

1) The Household's Vulnerability Total Score as reflected by the most recent Vulnerability Assessment administered
2) In cases where two households' vulnerability score is the same, the following list of considerations shall be used as tiebreakers:
    a. Length of accumulated time homeless;
    b. Eviction History (at least one eviction event for any adult member of the household);
    c. Monthly Income (lowest or no income for the household);
    d. Criminal Justice Involvement (at least one justice involved incident of a misdemeanor or more for any adult member of the household).

Prioritization factors may be adjusted from to time by the CES Subcommittee and approved by the CoC Executive Committee based on an analysis of the vulnerability tool results, and iterative feedback from service providers. Adjustments to the prioritization, upon final approval, shall be noticed to the full Lake County Continuum of Care membership and participating providers and reflected in an updated version of these Policies and Procedures.

PREVENTION AND DIVERSION

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

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

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

The marketing campaign will be designed to ensure that the Coordinated Entry process is available to all eligible persons regardless of protected class including actual or perceived race, color, religion, age, sex, sexual orientation, gender identity or expression, disability, national origin, or familial status. Sites will also take reasonable steps to make available materials and services in multiple languages, as needed.

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.

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.

EMERGENCY SHELTER AND SERVICES

Emergency shelters and services are not prioritized through Coordinated Entry. All services that are needed for an emergency crisis response, including emergency shelter, will <u>not</u> be prioritized through Coordinated Entry.

Housing Match and Referral

Lake County CoC uses a HUB Model, in which the CES Operator matches and refers households on the By Name List to housing opportunities and other resources in accordance with the approved Prioritization policies set forth in this document. The CES Operator shall examine the HMIS By-Name-List three times weekly to identify potential matches to available resources and confirm client/household documentation and eligibility requirements have been fully met.

Countywide Resource Directory

Lake County resources are a centrally managed and updated database of services and housing programs afforded to households experiencing homelessness. The available resources are maintained in the Apricot 360 HMIS regardless of whether they represent HMIS participants or programs/services that do not enter HMIS data.

The resources are available for the specific purpose of maintaining an up-to-date registry of programs, bed/unit inventory, eligibility, and criteria for placement into upcoming or current vacancies.

Participating homeless service providers shall update both a project's eligibility requirements and bed/slot openings within the Apricot 360 HMIS when new information becomes available to aid the CES Operator in making the most relevant matches and referrals (See Appendix x), Notices of unit openings will be notified from the CoC Participating Project to CES Operator as soon as the HMIS Exit data has either been recorded or as a backup for a Permanent RRH slot.

UNIT VACANCIES

Tracking of vacancies is handled through the Apricot 360 system. Housing providers participating in the CE system are required to update the CES Operator with any new permanent housing vacancies (e.g., due to turnover or a new program coming online) as soon as possible, but no later than three days following a vacancy or resource becoming available by completing the Unit Form. Providers are also encouraged to alert the CES Operator of pending vacancies as soon as possible.

When a vacancy is reported, the CES Operator will use the By Name List to identify and refer the highest prioritized household that is eligible for the vacancy to the selected housing program provider via the Apricot 360 system, according to the process below.

MATCHING

Participants are matched with available resources based on need and vulnerability. Each household's intake and assessment will help identify the most appropriate service intervention for them. The most vulnerable participants are prioritized for available housing services.

When a permanent housing program has a space available, the CES Operator will use the By Name List to identify the household or individual to be referred by:
1. Prioritizing the households on the By Name List based on the prioritization methodology described above.
2. Confirming eligibility for the program and available resources (or, at the very least, making a presumptive eligibility determination based on the information available)
3. Review the 5 most highly prioritized households to identify which household(s) should be referred from among those households. The CES Operator will provide human judgment and discretion in determining matches and making referrals based on the prioritization and match-making methodology laid out in this document. Examples of 'discretion' may include:
   - considering a client's/household's known preferences
   - considering whether unit eligibility and available services are the right fit for the household need
   - avoiding referrals to programs where a household has had a serious violation in the past

The CES Operator will screen enrolled households in a preliminary manner to determine 'presumptive eligibility to generate referrals to the most well-suited projects. It will be incumbent on providers to work closely with the CES Operator to keep each funded project's eligibility information current according to related contractual obligations.

REFERRAL

Once the CES Operator has matched the household to the available resource, it transmits a referral record to the provider who holds that resource via HMIS. Referrals are generated within and transmitted from the HMIS Apricot 360 system regardless of the project's HMIS participation status. Providers may be sent as many as three matches for every vacancy or unit opening

Referral Providers receiving CES referrals shall have two business days to confirm referral acceptance. The participating provider agency will use the eligibility criteria established for the program and confirm eligibility and availability of units. Referrals cannot screen out potential clients based on actual or perceived barriers related to housing services.

Once the referral has been made, the household should remain on the By Name List until they have accepted the housing option and been enrolled in the program.

Upon Notice of Acceptance, the provider accepting the referral will enroll the household into their program, leaving the Move-In Date element null, and begin services to house the client.

If a referral is made to a non-housing project, the household will remain on the By-Name-List to obtain a housing referral when slots become available.

LCCoC currently has beds of a Permanent Housing project type known as Rapid ReHousing and which are of limited supply. When Households, based on prioritization, are recommended for permanent housing interventions, but no slots are currently or foreseeably available, they may, according to a Dynamic Prioritization model, be referred to other 'safe housing' program types that have openings that would be of more immediate and safe support to the household. Clients moving into 'safe housing' units or services shall remain on the By-Name-List for later Housing First focused unit prioritization.

 A strategic goal of the Continuum of Care will be an ongoing effort to seek funding for projects of a Permanent Housing nature, including Permanent Supportive Housing, through its annual strategic planning process.

CLIENT CONTACT PROTOCOLS

When households are matched and referred to providers for housing, providers are responsible for contacting the household to obtain additional information for leasing and move-in preparedness and shall make diligent attempts to do so. To support the rapid location of a matched household, Access and Assessment Point providers and the CES Operator shall make every effort to capture a household's current and reliable Contact information within the HMIS at every opportunity and to support the providers who have been referred a household to the extent possible to connect with the referred household.

Should providers be unable to locate referred households within a week, the household should be discussed at the next available case conference to determine whether others in the community may have insight into their location or be able to support the attempts to contact them. If diligent attempts to locate the household are unsuccessful for a period of fifteen business days, assuming case conferencing has occurred, housing programs with available units shall not be required to hold units open. If a housing referral remains unfilled while ongoing attempts to locate households are underway, the housing placement opportunity may be considered open again and the CES Operator will create the next most appropriate referral from the BNL. The CES Operator will document the contact attempts in HMIS.

PARTICIPANT REJECTION AND PROVIDER DENIAL OF REFERRALS

Both participating provider agencies and participants may deny or reject referrals from the CES Operator, however, service denials by a provider agency should be infrequent and must be documented. All participating provider agencies and participants must provide the reason for service denial or service rejection and may be subject to a limit on the number of service denials. Aggregate counts of service denials must be reported to the CES Operator and CE Committee at least annually.

Client Refusals

Some clients may reject a particular housing placement. In such a case, outreach workers or other staff or volunteers should attempt to determine the reason for the client's refusal to accept the offered housing and to communicate this reason to the HUB Model/CES Operator. Whenever possible, matches should take clients' known preferences into account when creating referrals.

Clients who reject a referral will retain their place on the prioritization list and will be offered the next available housing option for which they appear to be eligible.[2]

If a household rejects housing referrals three consecutive times, they will be interviewed by their Housing Navigator to uncover the reasons why and work with them to ensure they understand the limited options. If the Housing Navigator is unable to assist the client to be able to accept a referral, the client/household case shall be discussed at the next available case conferencing session not to exceed two weeks out.

<u>Provider Refusals</u>

In general, homeless housing projects shall accept all referrals of eligible households who are referred by the CES Operator.

At a minimum, a provider's referral rejection/denial reasons must include at least one of the following:
- Participant/household does not meet the required criteria for program eligibility
- Participant/household refused further participation
- Participant/household unresponsive to multiple communication attempts
- Participant/household resolved crisis without assistance
- Participant/household safety concerns; the participant's/household's health or well-being or the safety of current program participants would be negatively impacted due to staffing, location, or other programmatic issues
- Participant/household needs cannot be addressed by the program; the program does not offer the services and/or housing supports necessary to successfully serve the household
- Property management denial (include specific reason cited by property manager) and absence of other housing options
- Conflict of interest

Housing project providers are expected to adhere to a Housing First approach that avoids screening clients out of services or housing units based on the list of barriers contained in the Continuum of Care Housing First policy. Provider rejections of high-needs households due to a stated inability to safely accommodate must attempt to improve its programmatic capacity to serve high-needs clients. The Lake County Continuum of Care will consider the reallocation of funding low-capacity providers that cannot or will not make diligent efforts to improve their high-needs client service capacity.

Once a client has been rejected from a housing opportunity, the CES Operator shall consider the rejection reason provided in an attempt to determine whether the client can be safely and lawfully placed in that program or a different program. They will then consider the household's case at the next case conferencing session in an attempt to locate an alternative housing resource.

Coordinated Entry Operator will monitor the number of households being rejected by any single provider over the period of a grant year. If a provider has rejected more than 10% of the placement referrals sent to them by Coordinated Entry, the committee will work with that provider to discuss the rationale and return those findings to the CoC Executive committee where further project ranking considerations may be taken. Providers who reject or

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[2] **Assessment: Participant Autonomy** - CoC coordinated assessment participants are freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. Written policies and procedures specify the conditions for participants to maintain their place in coordinated entry prioritization lists when the participant rejects options. (requirement partially met here; fully met in other section of P+P)

deny more than three consecutive referrals or more than three referrals in a six-month period may be discussed by the Coordinated Entry Subcommittee to determine if training or other intervention is necessary to ensure vulnerable households are able to access housing resources they need as quickly as possible.

Documenting Refusals in HMIS

Whenever a provider program refuses a referral, the program must document the refusal time and reason using the Referrals feature of the Apricot HMIS within two business days and with a required refusal referral reason code. Providers shall clearly but thoughtfully convey the consequences of refusing referrals per the Lake County CoC Referral Policy.

Notification of all referral rejections must be recorded in the Lake County HMIS using the My Referrals functionality and that information must also be communicated to the referred Household and the CES Operator according to the real-time CES standards.

DOCUMENTATION

Collection and verification of documentation are required to obtain tenancy in permanent housing projects. Documentation for non-permanent programs such as Street Outreach, Prevention, and Emergency Shelter shall be the responsibility of individually participating Coordinated Entry Access Points and/or Referral Partners (participating and external), but non-housing providers shall be requested to do the point of collection and upload or verification during those enrollments.

Housing unit prioritization and referring may not be held up for a lack of documentation. Documents required for tenancy will be encouraged to be collected/updated/reviewed at the point a Household may access the crisis response system via Housing Problem Solving, CES Enrollment, or other Program enrollment so that they may over time have all necessary documentation in place with current verifications being assured.

Document collection will start at enrollment to the Coordinated Entry System by the Access Point and build as a Household moves through the CES flow. The CES Operator's responsibility to determine presumptive eligibility and generate a Referral may (in accordance with Housing First policy) assume that the Household will be eligible and that a Provider will be expected to accept the referral. All documentation gathered along the Household's path to becoming permanently housed (obtaining tenancy) shall be updated in the HMIS regardless of which agency collects it. The Referral Partner who has accepted the CES referral will ultimately be held responsible for the final collection and verification of necessary housing documentation.

The following forms of documentation table indicate which forms of documentation shall be collected currently to ensure a Client/Household may obtain permanent housing.

Identification Type	Expires	Required For	Collection Point/Other Note
3rd Party Homeless Verification	yes	Permanent Housing Projects (tenancy) EHV Referrals	

Birth Certificate	no	Permanent Housing Projects (tenancy)	
COVID Screening	no		
COVID Vaccination	no		
DD-214	no		Indicates Veteran status as a separated or retired military member and the nature of your service including dates, awards and decorations, and other important details
Government Photo Identification	yes	Permanent Housing Projects (tenancy)	
Income Sources Verification	yes	Permanent Housing Projects (tenancy)	
Self-Certified Homeless Documentation	yes	Evidence of Chronic Homelessness to ESG	
Social Security Card	no	Permanent Housing Projects (tenancy)	
Tuberculosis (TB) Screening	yes	Entrance into shelter programs	

ROLES & RESPONSIBILITIES

Coordinated Entry/HMIS Subcommittee

The Continuum of Care CES/HMIS Subcommittee serves as the entity overseeing the planning and implementation of Coordinated Entry, as well as providing updates to the CoC. The CES/HMIS Subcommittee oversees or is responsible for the following:

- implementation and ongoing administration, development, and continuous improvement of the CES, including development and edits, and updates to CES policies, procedures, and protocols;
- performance oversight;
- clarifications or concerns about the CES process, including housing unit matching or prioritization
- client, provider, or community member grievances about the CE system;
- implementations of system changes to improve the overall quality of the CE system;
- Client appeals process;
- Investigation into program violations of CE protocols;

- Ongoing monitoring of CES, including regular review and analysis of HMIS data, including reports on system-wide performance measures that will help gauge the success of the CE system (e.g., clients receiving diversion assistance, vacancy reporting, completion of assessments);
- Annual evaluation of CES;
- Maintenance of CES 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;
- 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 CE system successfully;
- creation and dissemination of outreach materials to ensure that information about the services available through CES and how to access CES is readily available and easily accessible to the public;
- ensuring training for access points and homeless assistance providers throughout Lake County at least semi-annually and when a new participating provider comes on board; and
- other tasks as the CES/HMIS Committee deems appropriate and refers to the CoC Governance Board for approval

Coordinated Entry Operator (HUB Model Operator)

The LCCoC CES HUB Model operator shall be responsible to:

- Manage the Coordinated Entry By-Name-List to maintain freshness and responsiveness: At least three times weekly, refresh the list, review the prioritization report and unit availability, and clarify information
- Manage updated project Eligibility Requirements
- Identify suitable resource matches based on prioritization protocols, unit or resource availability, project eligibility, household needs, and client choice (based on the HMIS Unit Attributes form)
- Transmit Referrals to project openings within two days
- Assists in the transfer of homeless program bed availability during regular business hours
- Assists in the identification of emergency transfer unit availability for permanent housing projects
- Immediate warm handoff of emergency situations, in accordance with the Emergency Transfer Plan
- Ensure case noting on household progress, including issues with locating referred households
- Ensure open, transparent, and supportive relationships with homeless services providers, including through timely responses (within three business days)
- Plan for and participate in Case Conferencing meetings
- Develop and facilitate provider training opportunities for better Coordinated Entry processes
- Oversee HMIS Data Quality management specific to CES
- Facilitate at-large community engagement
- Evaluate procedural challenges and assist in the development and iteration of operational policies to ensure program excellence
- Report to the CES Subcommittee, Continuum of Care Executive Team, and At-Large Membership

The Coordinated Entry Operator may attempt to 'initiate' the collection of project-level eligibility documentation but shall not be solely responsible for determining or maintaining project-level tenancy documentation after a match /referral action has been initiated (See Documentation Requirements).

The Lake County Homeless Management Information System (HMIS) is administered on behalf of the Continuum of Care by Lake County Behavioral Health Services to provide database administration, system level data analysis, and process quality control. The HMIS Administrator will:

- maintains the HMIS database as defined by the LCCoC approved HMIS Policies & Procedures.
- generate standard CE system reports on an ongoing basis as defined by the Coordinated Entry Subcommittee, and generate ad hoc CE system reports and analysis as determined by the Coordinated Entry Subcommittee;
- ensure HMIS can collect the needed data for monitoring and tracking the process of referrals; and
- participate in the Coordinated Entry Subcommittee meetings as appropriate.
- Other as defined by the Subcommittee and directed by the CoC Executive Committee

HMIS is the primary data repository for Coordinated Entry data and workflows. Core roles and responsibilities by Continuum Partners that will support the functioning of the CES include:

Bed/Unit Inventory Updates (HIC)	Updates to the overall bed and unit inventory for each project with beds, including additions or reductions in bed availability or RRH slots	**HMIS Lead:** Yes, in accordance with CoC Data Quality Mgmt. Plan (DQMP) **Program Staff:** Information submitted to HMIS Lead twice annually that will further update the Attributes form in the HMIS
CES By-Name-List Status Management	Updates move-in date information for PH level projects n PH units matched and filled	**Program Staff:** updates the housing move-in date HMIS element # for PH, PSH, and Other PH HMIS Projects in accordance with the HMIS timeliness policy (three business days from notice of household move-in)
HMIS Program HMIS Enrollment and Move-In Update	Updates move-in date information for PH level projects n PH units matched and filled	**Program Staff:** HMIS workflow initiates as follows: RRH – Household is accepted into the program with a later anticipated Move-In date PSH – Household is accepted into the program at the time of Unit occupancy or Move-In TH – Household deemed eligible and begins program service/residency ES – Household deemed eligible and begins program service/residency SO – Follows CoC DQMP for HMIS program enrollment steps
CES Referrals Generation	Updates move-in date information for PH level projects n PH units matched and filled	**CES Operator:** Determines presumptive appropriate service match and initiates an HMIS Referral
CES Referral Acceptance/Rejection	Updates move-in date information for PH level projects n PH units matched and filled	**Program Staff:** Responds to the CES Referral with acceptance or denial

CES New Unit Openings	Updates move-in date information for PH level projects n PH units matched and filled	**Program Staff:** Notifies the CES Operator of potential unit openings for PH projects as soon as the potential opening is identified and includes an estimated Move-In date

CES Prioritization List Management Infrastructure

Coordinated Entry program management shall be both for the CES Operator and participating provider perspective. Data from the custom vulnerability tool populates baseline data elements and vulnerability scoring on the By-Name List, while the CES Operator oversees the list for data quality and timely updates to referrals and client list status.

- Coordinated Entry project enrollments, updates, and exits
- Associated client contacts and documentation tracking
- Management of enrolled Household's inflows, outflows, and record inactivation status

Real-time Coordinated Entry and By-Name List management timeliness benchmarks are defined by the Lake County CoC as follows:

CES project enrollment and completion of the custom vulnerably assessment	**By:** CES Access Point Provider **How/When:** Within 2 business days of Household's engagement with the Access Point	**How/When:** Within 2 business days of Household's engagement with the Access Point
Notification of Unit and other dynamic project openings	**By:** Resource Provider	**How/When:** Within two business days of 'known' opening for PH projects as indicated by an HMIS utilization report accessible by the CES Operator
Updates to a Household's CES Enrollment Status	**By:** CES Operator	**How/When:** Updates become known via the Household's support staff, case conferencing, or other information, and Vulnerability Assessment is updated Within two business days of new information
Updates to HMIS Client Contacts	**By:** CES Access Point Provider Housing Service Provider	**How/When:** New Contact records or updates to existing Household Contact Within three business days of new information
Uploads/updates to Household's Housing Documentation	**By:**	**How/When:** Add new or update Housing Documentation forms

	CES Access Point Provider and/or CES Operator	Within one day of information gathered
Notifications regarding housing resource openings that may be referred	**By:** CES Operator to Household's Case Manager or Housing Navigator or Household	**How/When:** Direct contact with Household or their identified support staff, attempted via phone, email, or another timely method Initiate within 1 business day
Response from a 'Referred To Program' back to the CES Operator regarding referral acceptance	**By:** Resource Referral Program to CES Operator	**How/When:** HMIS Referral functionality with accompanying note as applicable. In the case of referrals to non-HMIS Participating resource providers x Within One business day of Referral record receipt
Household's BNL inactivation based on client notifications, CoC policies, and/or Case Conferencing decisions	**By:** CES Operator in conjunction with Case Conferencing and or CES adopted policy	**How/When:** Notifications made as appropriate to Client's Household and associated support staff via contact information contained in Client Demographics or Contact records (except in case of Death) Update Assessment notes and status
Client Contact Attempts	**By:** CES Operator Access Point Housing Service Provider	**How/When:** Using client contact phone and/or email stored on the Client Record (Demographics) screen in conjunction with Client Contact records added by providers in the continuum of care Upon Referral transmission and three times within the period of a work week, the Operator is to notify assigned case management staff if they are unable to connect with the referred household within one (1) week, attempts may be made at times indicated on the HoH' Demographic record. All contact attempts shall be maintained in the HMIS using the Contact Attempts form
Client Responsibility for contact information	**By:** Client	**How/When:** Client's responsibility to keep their contact information up to date. Top 5 By-Name List Client's responsibility to reach out to providers a minimum of once a week.

Household Eligibility	**By:** CES Operator (and Housing Commission in the case of EHV)	**How/When:** Phone or In-Person to review HMIS enrollment data, vTool responses, gain clarifications, and assure Housing Problem Solving has been attempted. Update vTool assessment x status field that Household has been determined eligible or ineligible, notify assigned case management (Housing Navigator) immediately upon determination
Household Move-In (PH projects)	**By:** Project Operator or Housing Navigator	**How/When:** In the case of RRH, update the 3.9178 form with a Move-In Date, in the case of all other project types, enroll into that HMIS Project with Move-In Date matching the Enrollment Start Date

Inflows (Additions) to the CES By-Name List:

- Newly CES enrolled (added) homeless households regardless of when they first entered the crisis response system as reflected by their HMIS Record creation date
- Households returned to a literal homeless status from earlier participation in a PH project (Rapid ReHousing or Permanent Supportive Housing)
- Household re-activated from earlier BNL Active Status (returned to the area, exited institutional setting, etc.)
- Other List Status (not identified above) opens the text entry field

Outflows (Inactivation) From the CES By-Name List

Housing Placements – Households exited to PH interventions and filtered off the BNL

Inactivation's Other – households exited out of the coordination system due to the following:
- Entrance into long-term (i.e., for 90 days or longer) institutional settings
- Unable to be located by Access Point, Resource Referral Providers, or CES operator after 60 days of being enrolled and assess for the CES program (self-resolution, death, a departure from the CoC covered region)
- Household makes requests it no longer wants to participate in CES

Updating a Household's Prioritization Status

Generally, a Household will be enrolled and assessed one time which places their name on the Prioritization List, however, updated assessment information may be completed under the following circumstances:

Updates to a Household's Vulnerability Assessment -updated information gleaned via Case Conferencing or other CES eligibility circumstances that may impact the overall prioritization scoring and subsequent referral tasks may occur under the following circumstances:

1. **Household** informs Case Manager, Housing Navigator, or other support staff of changes to their income, disabilities, or any other condition that might materially impact their prioritization for housing and
2. **Case Conferencing** – Case Managers, Housing Navigators, or Access Point staff bring forth updated information for a Household, and Case Conferencing members agree the original vulnerability assessment should be updated OR some other forms of upgraded prioritization actions be documented for further action by the CES Operator

3. **Household** notifies CES Operator or Housing Service Provider they have identified a housing solution and wish to be exited from the CES project.

Provider agencies participating in the Lake County CE system will:

- Review, sign off on, and follow the Lake County Coordinated Entry System Policies & Procedures.
- Maintain low barrier eligibility requirements for enrollment in services and housing.
- Maintain Fair and Equal Access to CE 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.
- Provide appropriate safety planning and security protections for persons fleeing or attempting to flee family violence, stalking, dating violence, or other domestic violence situations.
- Create and share written eligibility standards for their programs.
- Communicate vacancies to CE system matches.
- Fill all housing vacancies through the CES referral process
- Participate in CES planning and improvement processes.
- Contribute data to HMIS if mandated per federal, state, county, or other funder requirements.
- Ensure staff who interact with the CE system receive regular training and supervision.
- Ensure client rights are protected and clients are informed of their rights and responsibilities. At a minimum, client rights will include:
    - The right to be treated with dignity and respect;
    - The right to appeal CE system decisions;
    - The right to be treated with cultural sensitivity;
    - The right to have an advocate present during any appeals process;
    - The right to request a reasonable accommodation in accordance with the project's tenant/client selection process;
    - The right to choose of available housing/services;
    - The right to confidentiality and information about when confidential information will be disclosed, to whom, and for what purposes, as well as the right to deny disclosure.

Program providers not participating in the HMIS, but who may be considered as external referral resources also agree to receive referrals from the Coordinated Entry System based on their program's unique service provision. External Referral Partners will not have direct access to the CoC's HMIS but will be able to receive deidentified referrals via the HMIS's External Referrals functionality.

Every Agency/Program that receives any amount of funding from funding streams required to participate in Coordinated Entry must do so. The ways in which agencies participate may vary depending on the program type and the resources they have to offer. For example, some agencies may participate by acting as access points into the CE system, others by assessing clients for interest and eligibility, others by accepting referrals through the CE process to fill their vacancies, and some by a combination.

The following chart lists the CE Roles that the LCCoC has identified for providers, the activities that each role is responsible to perform, and whether those activities may constitute "participation in CE" for the purpose of meeting federal, state, or contractual funding requirements:

CES Role	Activities	Constitutes funding-required "CE Participation"?
Initial engagement partners	Refer clients to access/intake points	Yes
Access/Intake Points	Conduct initial system intake, which includes all of the following: • Conduct housing problem solving • Secure release of information (ROI) • Conduct initial HMIS intake	Yes
Assessment Points	Conduct vulnerability assessment and complete CES intake AND Refer clients to CES Operator/HUB	Yes
Housing Providers (all CoC or ESG-funded Transitional Housing, Rapid Rehousing, Permanent Supportive Housing, or Other Permanent Housing project funded by the federal or state government)	Inform CES Operator/HUB of available housing resources within (1) one business day of being made aware of such availability AND Accept referrals from CES for all available housing resources	Yes
All CoC member agencies/providers	Refer clients to CES Operator/HUB or identified agencies for additional service needs	Yes

Some agencies may decide to act as both access/intake and assessment points. Housing providers are, at a minimum, required to fill all vacancies through the CE referral process, but they may also act as Access/Intake Points and/or Assessment Points as well. Additionally, providers not required to receive and accept referrals through CES may elect to do so.

Additional responsibilities for CES Roles are as follows:

Access Point Responsibilities:

Agencies identified as Access/Intake Points must have the following infrastructure elements in place:

● Staff trained to conduct Housing Problem Solving
● Staff licenses to access and work in the Lake County HMIS
● Agency culture that understands principles of Housing First (State of CA mandate)
● Posted privacy policy postings
● Staff resourced (depending on identified need) to participate in case conferencing
● Staff have reviewed and signed the approved Lake County, CA Coordinated Entry Policies and Procedures

Task completion:

1) Administer or confirm permission with the client for the approved Continuum of Care Release of Information form
2) Administer with the client for the approved Continuum of Care HMIS Client Privacy policy
3) Conduct or update the Housing Problem Solving service while setting realistic expectations for housing attainment
4) Provide homeless clients a target list of referral sources explaining to connect and how to use
5) If the household is unable to identify an imminent safe housing alternative: Explain and enroll the household into the HUD workflow for Coordinated Entry (per the HMIS User Guide)

Assessment Point Responsibilities:

Agencies identified as Assessment Points must have the following infrastructure elements in place:

- Staff trained to conduct Housing Problem Solving
- Staff and volunteers trained in cultural awareness and cultural competency
- Staff licenses to access and work in the Lake County HMIS
- Agency culture that understands principles of Housing First (State of CA mandate)
- Staff trained to administer the Lake County Coordinated Entry Vulnerability/Prioritization Tool
- Keep fresh any bed openings, with projected or actual date (with notes)
- Posted privacy policy postings
- Staff resourced (depending on identified need) to participate in case conferencing
- Staff have reviewed and signed the approved Lake County, CA Coordinated Entry Policies and Procedures

Task completion:

6) Confirm permission with the client for the approved Continuum of Care Release of Information form
7) Update the Housing Problem Solving service while setting realistic expectations for housing attainment
8) Administer the Coordinated Entry Vulnerability Assessment, enter HMIS per CES timeliness policy
9) Assess the Current Living Situation per the HMIS Data Manual definitions
10) Gather/update the household's supplemental Client Contact information (Appendix x)
11) Gather/confirm/upload the Households' Housing Documentation (Appendix x)

Housing Provider Responsibilities:

1) Identify all Permanent Housing vacancies to the CES Operator as informed by applicable grant agreements
2) Keep up to date the eligibility requirements on a program-by-program basis that will be considered CES participation by updating the HMIS Attributes form when new information becomes known including Unit openings
3) Maintain up to date HMIS enrollment data in PH-categorized projects per the CoC approved timeliness standards (per the HMIS workflow mandates)
4) Adhere to the CoC approved CES prioritization, matching, and referral process
5) Respond to the CES Operator generated referrals within the CoC approved timeliness standard
6) Work with the CES Operator to locate referred Households
7) Engage with referred households to confirm program eligibility and client choice and enroll all referred households who accept the referral and are eligible
8) Responds to the CES when an accepted Referral does not result in a successful program entry within 14 days
9) Responds to the CES when a Referral is anticipated to lead to a successful program entry and further compete the core HMIS project enrollment workflow within the CoC's approved timeliness standard

ESG and CoC-Funded Street Outreach

ESG- and CoC-funded street outreach providers are required to participate in the CE process in the following ways:

- Connect households to CES Intake/Access Points
- Conduct assessments in the field including Housing Problem Solving and the Vulnerability Tool;
- Provide continuous engagement to encourage hesitant individuals to participate in CE;
- Assist housing matchers to locate individuals for which housing is ready; and
- Address clients' immediate crisis needs.

Households Seeking Assistance:

Households seeking housing and related services are expected to:

- Participate and provide clear responses in the assessment process
- Provide information that would help identify the best resources match to meet their needs and achieve their housing goals
- Cooperate with staff to provide/compile documentation relating to eligibility
- Work with provider agencies to help solve their housing crisis (including, e.g., participating in finding and obtaining housing and services, attending scheduled appointments, providing, or working with the provider to obtain documentation, etc.)
- Remain in contact to stay "active" on the CES prioritization list

Households have the right to appeal any CE decisions that deviate from the objective standards and practices outlined in this document

Disenrollment from the Coordinated Entry System Project:

A household (individual or family) may be removed from the CES prioritization list and/or disenrolled from CES for the following reasons:

- The individual or eligible member of the family passes away or moves outside the geographic jurisdiction of the CoC.
- The household resolves their homelessness/becomes ineligible for homeless assistance or other resources managed by CES
- The individual exhibits disruptive behaviors that pose a clear threat to provider staff. For the purpose of these policies, these behaviors are defined as communication (verbal, written, or physical) actions that prevent or significantly impair the service environment and that threaten others' personal safety and well-being.

Disenrollment's are managed in the HMIS through the prioritization list reason codes and HMIS exit procedures.

DATA QUALITY AND PRIVACY

HMIS Standards

Except as otherwise specified, data associated with the CE system should be stored in the CoC's HMIS. All data entered, accessed, or retrieved from HMIS must be protected and kept private in accordance with the Lake County HMIS Privacy Standards and HMIS Data and Technical Standards as announced by the CoC Interim Rule at 24 CFR 578.7(a)(8).

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

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

The completeness and accuracy of data entered into the CE system will be checked at least once per month as part of the community's overall efforts to continuously improve data quality.

Data Collected

Data that is required to assess, prioritize, match, and refer a household for housing, homeless services, and/or mainstream resources will be collected by the CE system. Data needed to assess and evaluate the CE system itself, such as system performance metrics, recidivism data, and client and provider satisfaction surveys, should also be collected by the CE system.

Whenever possible, the CE system will avoid collecting personal data that is not needed for the above purposes. Any such data that is inadvertently collected will be cleared from the system on a regular basis.

Client Privacy

Participating CES providers must collect a client's personally protected information by lawful and fair means and, where appropriate, with the knowledge or consent of the individual. When a provider is required by law to collect information, they will ask for the required data elements for HMIS Program Enrollment and the CES vulnerability tool. Participants may refuse to provide the information and still receive services. In all circumstances, providers should make data collection transparent by providing participants with a written copy of the CoC's Privacy Notice, describing the notice in plain language, and posting a public statement visible to clients during Coordinated Entry enrollment.

All participating providers and County subcontractors that will perform as Access Points to the Coordinated Entry System, will also have varying levels of access to the local HMIS data in compliance with the Lake County, HMIS Policies and Procedures. Protocols for obtaining, sharing, and storing participants' personal information shall adhere to the minimum requirements of the 2004 HMS Data and Technical Standards Final Notice, the Coordinated Entry Management and Data Guide (2. Data Privacy and Security). Every individual with access to a Household's elements of PPI, whether stored in the HMIS, an external digital platform, or on agency hard copies must complete formal training in privacy requirements at least annually. This mandate shall encompass all multi-

disciplinary members of Case Conferencing and members may not attend case conferencing until they've received HMIS Privacy training.

The CoC's Privacy Policies and Statement must be reviewed, updated as needed, and re-approved on an annual basis.

Every Participating HMIS Provider Agency must clearly post the CoC's approved Privacy Statement that describes how and when an Agency will disclose a client's Personally Protected Information (PPI) per the CoC's Privacy and Security Policy. Agencies may be required to collect a client's PPI by law or by funders. They also collect PPI to ensure that de-duplication of client data is held to a minimum, to better understand the needs of individuals experiencing homelessness so case planning and service delivery may be the best possible. The Lake County CoC permits participating providers to collect PPI with a client's written consent.

PPI may be used and disclosed as follows:

- Ensure minimal instances of unique HMIS records duplication
- Verify distinct service eligibilities
- Provide households with and/or refer clients to best-suited services
- Refer Veterans or other special populations to more appropriately targeted specialized services

The following uses of PPI elements such as Race, Ethnicity, and Current Veteran Status may be used in aggregation to assist the CoC in:

- Collaborating with other local providers to improve overall service coordination, reduce service gaps and develop regional strategic designs to best address basic human needs
- Report the effectiveness of program outcomes to funders in order to apply for increased resource support
- Participate in research projects to better understand the needs of people being served in the CoC region

Participating Partner Agency Programs may also be required to disclose PPI for the following reasons:

- When the law would require it
- When necessary to prevent or respond to a serious and imminent threat to the health and safety of the homeless household or others
- When a judge, law enforcement, or administration agency orders it

Participation Partner Agencies are obligated to limit disclosures of PPI to the minimum necessary to accomplish the purpose of the disclosure. Uses and disclosures of PPI not described above may only be made with the Client's written consent and they have the right to revoke consent at any time by written submission.

All Households being served by a Continuum project also have the right to request in writing:

- A current CoC approved copy of any participating provider agency or CoC approved Privacy Statement
- A copy of all PPI collected (HMIS Record – Demographics)
- Any amendment to PPI used by Continuum projects to make decisions about client care and services (note, this level of request may be denied at the discretion of the Agency or CES Operator, but the Client's request must be noted in service records)
- Restrictions on the types of information disclosed to external partners

Agency Rights to Refuse Client Requests for inspection or copying of PPI may occur in the following circumstances:

- Information compiled is in reasonable anticipation of litigation or comparable proceedings
- Client record includes information about another individual (other than a healthcare or homeless service provider)
- Information was obtained under a promise of confidentiality (other than a promise from a healthcare or homeless service provider) and the requested disclosure would reveal that source of information
- Partner Agency believes that disclosure of the information would reasonably be likely to endanger the life or physical safety of any other individual

If a Provider Agency denies a client's request, the client shall receive a written explanation for the denial within five business days of the request. The client has a right to appeal denials by following the CoC's approved Grievance procedure. Regardless of the outcome of the appeal, the client will have the right to add his or her project records in a concise statement of disagreement, and the Agency turning down the request must disclose the statement of disagreement whenever it discloses the disputed PPI.

The CES Client Privacy Statement includes the following information about how a client's PPI may be used and disclosed for the following purposes in accordance with HUD x

RELEASE OF INFORMATION AND AGENCY ACCESS

Households enrolling in the Coordinated Entry will receive an understandable explanation of and be asked to confirm their understanding of who and where their personal information may be shared by executing the Lake County Continuum of Care Release of Information form. Refusal to sign the Release of Information may not prevent clients from being served in Coordinated Entry or a homeless services program if they may be otherwise deemed eligible for that program's services. Client will be entered in the By-Name list by their unique Record Id generated by HMIS. Program entry into Emergency Shelter or Transitional Housing has no requirement that Clients further enroll in Coordinated Entry so these programs may continue to serve on a first-come, first serve basis while working to either help a client self-resolve their current homeless crisis through Housing Problem Solving or at the Client's determination be further enrolled into the Coordinated Entry System

Once executed, the Lake County ROI remains in effect for up to two years from the date of signing or until an individual Client rescinds their permission, whichever comes first

The current LCCoC Release of Information formats are included in the Appendix.

Accessing Coordinated Entry Data

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

Only persons who have a direct role to play in the CE system will have direct access to CE system data on the general homeless population of the CoC. Other service providers should be limited to data that relates to specific clients who are currently assigned to or enrolled with those service providers.

Sharing Data

All entities that routinely share data with or receive data from the CE system must sign data-sharing agreements that obligate the entities to follow applicable privacy standards and that restrict the use of the shared data to uses covered by the client's consent.

Personally identifiable data must always be used for the benefit of the client, and not for the general convenience of government entities. Requests for data made by prosecutors, detectives, immigration officials, or police officers who are not actively cooperating with the CoC should be refused absent a valid warrant specifically ordering the release of the data.

Completely anonymous data may be shared for any legitimate purpose of the CoC, provided the data has been reliably stripped of all characteristics that could possibly be used to re-associate the data with a particular individual or household.

Additional Security for Data Relating to Survivors of Domestic Violence

Further safeguards must be taken with data associated with anyone who is, was, or may be fleeing or suffering from any form of domestic violence, including dating violence, stalking, trafficking, and/or sexual assault, regardless of whether such people are seeking shelter or services from non-victim-specific providers.

Any data collected from individuals or households in this group of people should not be entered into HMIS. Instead, the data can be entered into a parallel, 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.

NON-DISCRIMINATION POLICY

The Lake County CoC and its participating providers do not tolerate discrimination based on actual or perceived membership in any protected class. The entirety of Lake's Coordinated Entry process shall be conducted in compliance with the nondiscrimination provisions of federal civil rights laws, including the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II and III of the Americans with Disabilities Act, as well as HUD's Equal Access and Gender Identity Rules. Under these laws and rules, the following classes are protected from discrimination:

- Race
- Color
- Religion
- National origin
- Sex
- Actual or perceived sexual orientation or gender identity
- Disability
- Familial status
- Marital status

Section 504 of the Rehabilitation Act prohibits discrimination based on disabilities under any program or activity receiving Federal financial assistance.

Title II of the American with Disability Act prohibits public entities which include State and local governments and special purpose districts, from discriminating against an individual with disabilities in all their services, programs, and activities which including housing and housing-related services such as housing search and referral assistance

Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which includes shelters, social services establishments, and other public accommodations providing housing, from discriminating based on disability.

Access points where persons are likely to access or attempt to access the CoC's Coordinated Entry System shall display signs or brochures in prominent locations, informing participants of their right to file a non-discrimination complaint and containing the contact information needed to file a non-discrimination complaint. Requirements associated with filing a non-discrimination complaint, if any, will be included on the signs or brochures.

LCCoC Non-Discrimination Policy

GRIEVANCE/APPEALS PROCESS

LCCoC recognizes that participants, participating provider agencies, or other parties may express dissatisfaction with the coordinated entry system. A grievance is any formally expressed dissatisfaction, legal violation, or instance of gross misconduct or negligence within the coordinated entry system (which includes the agencies participating in the system such as service providers) and its potential violation of the written Coordinated Entry Policies and Procedures. A general complaint differs from a grievance in that a general complaint does not claim a violation of the Policies and Procedures, nor does it reflect gross misconduct per the Code of Conduct Policy or describe a legal violation.

The policy included here is intended to cover only requests, complaints, and grievances related specifically to coordinated entry-related policies, decisions, services, or activities. This policy does not address those involving a participating provider agency's internal policies, services, or activities. In the event a request, complaint, or grievance is received regarding an agency's internal policies, services, or activities, the submitter will be referred to the appropriate provider agency for resolution under that agency's grievance policy.

Requests, complaints, or grievances must be submitted within 6 months of the occurrence. Providers must submit grievances in writing. Households may request assistance in writing, translating, and submitting a grievance, including from a provider, case worker, navigator, or CES Operator staff and grievances may be written by a household or on their behalf.

Grievances may be submitted to the LCCoC email address melissa.kopf@lakecountyca.gov or via mail at: P.O. Box 1024 Lucerne CA, 95458.

The CES Subcommittee will meet upon request to review potential requests, complaints, or grievances made by either participants or providers and all grievances must be settled within 35 days. Members of the subcommittee agree to recuse themselves from discussion and decision-making in the event that the request, complaint, or grievance under review represents an actual or perceived conflict of interest.

PARTICIPANT COMPLAINTS

General complaints not related to discrimination, gross misconduct or negligence, a legal violation, or claiming to violate the Policies and Procedures should be addressed initially by the provider and following the provider's complaints procedure. Complaints that should be addressed directly by the provider staff member or provider staff supervisor may include complaints about: provider conditions, how the participant was treated by provider staff, and violations of confidentiality agreements. Ideally, the participant and the provider will try to work out the problem directly as a first step in the process.

If this does not resolve the issue, the complaint can be forwarded to the CES Subcommittee. The subcommittee will work with the complainant to address the issue and improve the system's overall operations. Complaints may be further elevated and submitted as grievances should a formal decision be required.

PARTICIPANT GRIEVANCES

Each participating provider agency must make a good faith effort to resolve a discrimination or coordinated entry-related participant grievance as best they can at the moment. If the participant feels the grievance was not adequately addressed, the participant may file a formal grievance with the CES Subcommittee. The Coordinated Entry Subcommittee's decision upon review is final.

If a participant has a coordinated entry-related grievance that is not specific to a particular provider agency and cannot use any provider agency's grievance procedure, the participant may submit a grievance directly to the CES Subcommittee.

All participating provider agencies must have a participant grievance policy in place, a copy of which should be made available to participants.

The person filing the grievance has the right to be assisted by an advocate of their choice (e.g., agency staff person, co-worker, friend, family member, etc.) at each step of the grievance process. The filer has the right to withdraw their grievance at any time. Any grievance paperwork filed by a participant should note their name and contact information, so the CES Subcommittee can contact the filer to discuss the issues.

PROVIDER GRIEVANCES

Any participating provider agency filing a grievance concerning a violation or suspected violation of the policies and procedures must be acting in good faith and have reasonable grounds for believing there is a violation of the Coordinated Entry System Policies and Procedures.

Grievances will be processed in such a way in which grievances are addressed in the most objective and fair way; including a process by which the agency involved in the grievance does not participate in the review. To file a grievance, the participating provider agency will contact the CES Operator (or, if the grievance is against the CES Operator, with the CES Subcommittee) with a written statement describing the alleged violation of the Coordinated Entry System Policies and Procedures, and the steps taken to resolve the issue locally. The CES Operator or CES Subcommittee will contact the agency(s) in question to request a response to the grievance. Once the Operator or Subcommittee has received all documentation, they will convene the CES Subcommittee to determine if the grievance is valid and if further action needs to be taken. The decision of the CES Subcommittee is final.

FAIR HOUSING AND MARKETING/ADVERTISING

Non-Discrimination Policy

The Lake County Continuum of Care does not tolerate discrimination on the basis of any protected class (including actual or perceived race, color, religion, national origin, sex, age, familial status, disability, sexual orientation, gender identity, or marital status) during any phase of the CE process. Some programs may be forced to limit enrollment based on requirements imposed by their funding sources and/or state or federal law. Any such programs will avoid discrimination to the maximum extent allowed by their funding sources and their authorizing legislation.

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

All locations where persons are likely to access or attempt to access the CE System will include signs or brochures displayed in prominent locations informing participants of their right to file a non-discrimination complaint and containing the contact information needed to file a non-discrimination complaint. The requirements associated with filing a non-discrimination complaint, if any, will be included on the signs or brochures.[3]

The Lake County Continuum of Care is committed to providing a transparent process to address problems as they arise within the CoC, this includes Lake County Continuum of Care (LCCoC) Members and Administrative Entity, LCCoC Agency Members, and clients receiving services funded by the LCCoC. All members and consumers should feel comfortable that their complaints will be addressed promptly, fairly, and without fear of retaliation. Problems are best addressed as close to the source as possible and the LCCoC encourages the resolution of problems through internal processes. All LCCoC-funded agencies are expected to maintain internal grievance processes that ensure prompt and fair attention to issues as they arise, and that guard against retaliation. To the extent issues are not able to be resolved, the LCCoC has established this policy to govern how grievances may be brought to the LCCOC.

This policy covers grievance procedures for members, agencies, and clients receiving services funded by the LCCoC. Formal grievances need to be submitted within six months of the incident being reported. Six months allows an incident to be fairly investigated. The Executive Committee will not investigate former grievances older than six months.

LCCoC Non-Discrimination Policy

Cultural and Linguistic Competence

All staff administering assessments must use culturally and linguistically competent practices. The CoC works to ensure this, by, among other things, incorporating cultural and linguistic competency training into the required annual training protocols for participating projects and staff members and ensuring assessments use culturally and

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[3] **Prioritization: Non-Discrimination** - CoC's written CE policies and procedures document process for participants to file a *non-discrimination complaint*.

linguistically competent questions to reduce cultural or linguistic barriers to housing and services for special populations.

All assessment staff must be trained on safety planning and on what steps to take next if safety issues are identified during the process of participant assessment.

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

Marketing and Advertising

Lake shall affirmatively market its housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, sexual orientation, gender, age, familial status, history of domestic violence, or disability, who are least likely to apply for Coordinated Entry services, in the absence of a special outreach effort.

Affirmative marketing activities include, but are not limited to, methods of advertising and community outreach, that are <u>designed to reach persons who are least likely to apply for homeless service programs including Coordinated Entry</u>. In order to reach persons who are least likely to apply, a grantee may need to conduct marketing in formats that are accessible for persons with disabilities and in languages other than English.

This marketing will be conducted at least annually, using all the following media types. The marketing will be designed to ensure 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 CE process.[4]

Similarly, the marketing will be designed to ensure that the CE 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.

Marketing and assessment information materials will be translated in Lake County

All physical access points in the CE system must be accessible to individuals with disabilities, 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, including locations that are ADA, and set up appointments over the phone for mobility and the hearing impaired

The Lake County Continuum of Care shall maintain records of those marketing activities. Housing funded by HUD and made available through the CoC will also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105 (a)(2). Additionally, the Lake County Continuum of Care shall follow the nondiscrimination and affirmative outreach requirements for the ESG program in accordance with 24 CFR § 576.407(a) and (b).

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[4] **Access: Marketing** - CoC's written CE policies and procedures document steps taken to ensure *effective communication* with individuals with disabilities.

CES SUPPORT SYSTEMS

Professional Development Program

The Lake County Continuum of Care will afford training opportunities for varying classifications of stakeholders engaging with the CES.

The CoC will provide training opportunities at least annually to organizations and/or staff people at organizations that serve as access points or administer assessments. The purpose of the training is to provide all staff who administer assessments with materials that clearly describe the methods by which assessments should be conducted.

New staff and volunteers who begin to participate in the CE process for the first time must complete a training curriculum that will cover the following topics: written CES policies and procedures;

- Requirements for use of assessment information to determine prioritization;
- Non-discrimination policy as applied to the CE system; and
- Criteria for uniform decision-making and referrals.

To ensure the safety and address other needs of survivors of domestic violence, all assessment staff must be trained to both provide appropriate safety planning for survivors of domestic violence through the assessment process and to conduct a trauma-informed assessment of participants. Special consideration and application of trauma-informed assessment techniques are afforded to survivors of domestic violence or sexual assault to help reduce the chance of re-traumatization.[5]

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

Phones, Email, and Supportive Communications

The Continuum of Care website shall contain timely information about the CoC Coordinated Entry System including which households will be eligible and a current list of Access Points to further enroll. Telephone number 707-900-1307 is available for general CES information and warm hand-off connection to Access Points during normal business hours.

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[5] **Access: Safety Planning** - CoC has a specific written CE policy and procedure to address the needs of individuals and families who are fleeing, or attempting to flee, *domestic violence*, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers.

CES Task Touchpoints	Timing/Scope	Associated Apricot Assessment/Form	Participating Roles Completing
Client-level Coordinated Entry Overview	When client presents for service at either referral or access point		Referral Site Access Point
Conduct Housing Problem Solving	Housing Problem Solving Certified Assessor via Access Point or trained Peer Center Engagement (refer) Intake – create or confirm Full HMIS - confirm	Document Folder: LakeCo Housing Problem Solving	Access Point with staff trained in Housing Problem Solving
Client ROI	[see revised Privacy Policy regarding use of ROI]	Add/Update ROI information Add/Update Best Way to Locate data	Access Point
Administer Vulnerability Tool			Access Point
Households and HMIS Assessments in Apricot			
Search/Confirm/Update/Add Client	Add/confirm all Household Members have full Demographics	Confirm Household Members and if CES Enrollment is for a different Household construct, create new Household using (CES) identifier	
Complete CES HMIS Project Enrollment (HUD)	Real-time or within one business day (note CoC policy states three-day limit)	**Form: HMIS Project Enrollment** **Note:** Housing Move-In Date element is not to be completed in the CES workflow; data element completed occurs when Household moves into a housing project type such as an RRH enrollment	Access Point
Complete 4.12 Current Living Situation Assessment (HUD)	Record each interaction with a client. The first record will occur at the same time the HMIS Project Enrollment Start Date; and every subsequent encounter especially by Street Outreach workers Records status values such as a client's well-being or needs, office visit, housing plan update, or any referral to any other community service or the Lake County HUB; not needed at Project Exit -change in client's living situation becomes known; community-defined length of time determined in policy; -first-time match project enrollment	**Form: HMIS Need to find this form and wrote Apricot support** -HoH and all Adults in household	Provider types funded by CoC and/or ESG (State CA) CoC Street Outreach Coordinated Entry ESG Street Outreach and ESG 'Night by Night' Shelters

	date and uses HUD's definition of literally or at-risk homeless		
Complete 4.13 Date of Engagement	Record the date client became engaged which results in a deliberate client assessment or the beginning of developing a case plan. Must be recorded at the time outreach or case managers feel client has become engaged in an intensive service relationship; only ONE date engagement is to be recorded and then if client returns after a Project Exit, a new Project Start date and new Date of Engagement must be recorded		Provider types funded by CoC and/or ESG (State CA) CoC Street Outreach Coordinated Entry ESG Street Outreach and ESG 'Night by Night' Shelters
Complete 4.19 CES Assessment Header	-HoH only -update for each new vTool administered per policy -Apricot assessment header that will be linked to the vTool and display as a single form	**Form: HMIS CES Assessment** -HoH and all Adults in household	Access Points and Providers trained to do the full Assessment and confirm HPS *Links to the LakeCo Vulnerability tool as the HUD data element header*
Complete Lake Co Vulnerability Tool	-HoH only using the custom tool	**Form: LakeCo Vulnerability Tool T2 Link** -HoH only -update for each new vTool administered after CoC Gaps Analysis or as needed per policy	SSG will link to the 4.19 assessment
Complete 4.20 CES Event	-capture key referral and placement events -only for client enrolled in a CES project type -HSP per event or as needed	**Form: LakeCo Vulnerability Tool T2 Link** -HoH only -update for each new vTool administered per policy ** -may be done independently of CES Assessment dates	Access Sites HUB Operator
Client Contacts	HMIS Client Contact Form(s)	**Form: HMIS Client Contact** **As Needed:** Confirm/update Household's contacts and/or best way to locate information	Access Sites Service Providers HUB Operator
Client Documentation	HMIS Documentation Form(s)	**Form: HMIS Documentation** **As Needed:** Confirm/update Household's contacts Upload each document separately to this form or;	Access Sites Service Providers HUB Operator

		Upload scanned eligibility documentation as one file; share the burden with the HUB model	
HUB Model CES Management Tasks			
Check the vTool Alerts daily Check the vTool report 2x weekly			
Confirm referred Household's Level One eligibility and housing documentation	ROI = Yes and Date Signed is in the Client Record Review of the My Documents screen can somewhat support the HUD Eligibility category selected	Job Aid provided for categorical eligibilities Confirm required citizenship and eligibility documents are uploaded (if not, reject the referral or notify the external access point with reason) Confirm HMIS Record/Demographics has 'best way to locate' completed Confirm requested Contacts have been created either on the EHV form or Contacts have been created	HUB Operator backed by Access Point
Check the new Unit report based on Alerts	HUB Operator and backed up by LCBH		HUB Operator and backed up by LCBH staff
Create an Apricot Referral based on PH unit availability report	Within 3 days of PH housing update notice and confirm with Provider adding the PH available unit	Use prioritization list and manage the values on the vTool PH Unit Alert and Report	
Confirm Referral acceptance status with Access Point or external staff	this stage needs confirmation, we can just use Accept if Axel does that determination, but it will take longer		
Confirm Referral receipt with referred HoH	let client's household know next steps you will confirm eligibility before passing to H/A if deemed eligible, appt to take vTool, update contacts, and how to locate	LCBH can either notify via the submitting Access Point or directly to the Referral (whichever method gets to the Referred party the quickest)	
Complete CES Project Exit	HUB Operator completes program exit once service provider has accepted the referral sent via 360	Exits Occur: Notification of Referral Accepted Household contacts HUB and asks to be exited or removed from the list	HUB Operator
HMIS Updates needed	Service Provider contacts the Household being referred the following assessments Intake appointment		Referred to service provider

	Confirmation of housing documents and contact info		
Update the CES Prioritization list fields	Maintain and/or update the prioritization list with current status at the bottom		HUB Operator
Project Referral Acceptance	Housing Authority notifies LCBH once unit is located, and the household attains tenancy LCBH updates the EHV Referral Form status LCBH exits the household from the HMIS Enrollment for CES EHV	All exit tasks dated with an effective Lease signing date	
Housing Navigators	Agencies will be responsible for billing for service reimbursement.		
Transition Services Support	Assist Household to locate housing that passes HQS and Rent Reasonable tests. Assist Household with support services *see examples of support services in		
Housing Move-In Date	RRH – Provider would have already enrolled so just update Housing Move-In Date field PSH/OPH – If project is in the HMIS, Housing Move-in Date matches program enroll date	all dependent on Landlord engagement program results	
Housing Support Phase services	Household with housing stabilization and mainstream benefits connection	See CSH service list	

EVALUATION AND MONITORING

At least once per year, the Coordinated Entry System (HUB Model) Operator will consult with each participating project, and with project participants, to evaluate the intake, assessment, and referral processes associated with CE. The Operator will solicit feedback addressing the quality and effectiveness of the entire CE experience for both participating projects and households. All feedback collected will be private and must be protected as confidential information.

The evaluation will employ multiple feedback methodologies each year to ensure that participating projects and households have frequent and meaningful opportunities for feedback. The evaluation will include a combination of the following methods:

- surveys designed to reach at least a representative sample of participating providers and households;
- focus groups that approximate the diversity of the participating providers and households; *or*
- individual interviews with enough participating providers and households to approximate the diversity of participating households.

As part of the evaluation process, the CoC will examine how the CE system is affecting the CoC's HUD System Performance Measures, and vice versa. As such, the evaluation will also include project- and system-level HMIS data.

The Coordinated Entry System Operator will collect feedback and data comprising the evaluation for review and analysis. The Operator will present the final evaluation and any recommendations to the Operator, which will consider and determine whether and what changes are necessary considering the feedback and analysis.[6]

Periodic evaluation of the system coordination provides a mechanism for continually improving the CES design which strengthens and increases Lake County's ability to best mitigate homelessness.

General evaluation areas will encompass the following areas which are designed to drive system improvement Numbers of CES enrollments by geographic region and peak periods during the federal year

- Responsiveness/timeliness of the Access Points, CES Operator business processes, and Referral Providers
- Demographic representation for housing attainment (in accordance with the CoC's prioritization policy)
- Referrals/rejections analysis

Evaluation Methodology

Evaluation strategies will incorporate methods tailored to the capacity of a rural county, to ensure a broad variety of stakeholder perspectives are made known through focus groups, and survey/polling overseen by the Lake County Evaluation Subcommittee.

The Innovation method of Journey Mapping will be a component of the evaluation design so that persons currently experiencing homelessness, formerly households, service providers, emergency services, and community members experiencing aspects of the coordination system are able to articulate challenge areas which may then be used to conceive of iterative design improvements.

Households who have been served by the Coordinated Entry System will be asked to complete an online experience survey within 30 days of program exit to determine their experience being served by the system. No personally identifying information shall be shared coming from the survey respondents

Evaluation Frequency

Evaluation sessions for the first year of operation will be scheduled quarterly and organized by the CES Operator who will confirm meeting logistics and generate the necessary HMIS data sets for each session. Adjustments to evaluation planning will generally be made annually, however, small adjustments will be made as evaluation processes proceed.

Evaluation Reporting

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[6] **Evaluation: Evaluation Methods** - CoC ensures through written CE policies and procedures the *frequency and method by which the CE evaluation* will be conducted

Data and/or improvement decisions coming through evaluation processes shall be summarily reported to the Continuum of Care Executive Committee monthly, the CoC at-large membership quarterly, and local elected bodies annually.

APPENDICES

Affirmative Marketing Plan by HUB	CoC Annual Update
(HUD) At-Risk of Homeless Definition	regulatory per HUD
(HUD) Chronic Homeless Definition (HUD)	
(HUD) Literal Homeless Definition	
Continuum of Care Grievance Policy	annual review or as new regulations mandate
Continuum of Care Release of Information	
Coordinated Entry Access Points, Participating and Referrals Points Providers Roster [in dev]	Detailed Access Point information will be updated on the CoC website as additional information becomes known
Coordinated Entry Prioritization (By-Name-List) column format [in dev Sept]	CES Evaluation and Housing Commission (as warranted)
Coordinated Entry Case Conferencing Plan [in development 2022]	
Coordinated Entry Data Collection Plan including EHV [done]	
Coordinated Entry Evaluation Plan [draft]	
Coordinated Entry Training Plan [draft]	
Coordinated Entry HMIS Workflows and Forms [done]	
Coordinated Entry Housing Problem Solving for Diversion [done and in use]	
Coordinated Entry Memorandum of Understanding with the Lake County Housing Commission [done and submitted to HUD]	Lake County Counsel
Coordinated Entry Operator	Need def

APPENDIX *: REFERENCES

Key policy and design guidance used in the development of the Lake County Coordinated Entry System and policy include:

Governance and Authorities
2011 Emergency Solutions Grant interim rule (24 CFR 576.400(d)
2012 CoC Program interim Rule 24 CFR 578.7 (a)(8)
HUD Equal Access Rule 24 CFR 5.105 (a)(2) and 5.106. (b)
United States Interagency Council on Homelessness
Policies and Guidance
Coordinated Entry Policy Brief (2015)
Coordinated Entry Process Self-Assessment
HUD Coordinated Entry Core Elements
HUD Coordinated Entry Notice CPD 17-01 Notice Establishing Additional Requirements for Continuum of Care Centralized or Coordinated Assessment System
HUD Prioritization CPD 16-11 Notice on Prioritization Persons Experiencing Chronic Homelessness and Other Vulnerable Persons in Permanent Supportive Housing
HUD CPD-20-08 Waivers and Alternative Requirements for Emergency Solutions Grant under the CARES Act
HUD Housing-First-Assessment Tool
Centering Racial Equity in Homeless System Design – Everyone Home, Alameda County
Violence Against Women (VAWA) Resources for Multifamily Assisted Housing
Welfare and Institutions Code Section 8255 for core components of Housing First
4.07 Coordinated Entry: Dynamic Prioritization and Real-Time Data Management
Coordinated Entry Management and Data Guide
SAMSHA Advisory – Behavioral Health Services for People Who Are Homeless March 2021
Opening Doors – Federal Strategic Plan to Prevent and End Homelessness (2020)

APPENDIX *: KEY TERMS

Affirmative Marketing	Both broad and targeted outreach to contact and inform eligible persons who are least likely to apply for available housing/homeless services in the absence of special outreach and that must adhere to service availability made available to households without regard to actual or perceived sexual orientation or marital status, race, color, nationality, religion, age, or disabilities.
Assessments/Tools	The process of documenting participant needs and strengths to identify barriers to housing and clarify a participant's preferences and goals. Client-level created for special purposes to gather information regarding a household's living situation and used for service prioritization and referral processing.
Assisted Rapid Resolution (Housing Problem Solving)	Often referred to as Dynamic Prioritization (system-wide diversion), a client-focused strategy for reducing homeless system inflows and freeing up limited resources for the most vulnerable persons. A basic 'problem-solving' approach that can meet the housing stability needs of most persons seeking homeless assistance.
Black Indigenous People of Color (BIPOC)	"POC," generally stands for "people of color," is an umbrella term that collectively refers to *all* people of color — anyone who is not White. Lake County Continuum of Care elects to use race and ethnicity.
By-Name List	Used interchangeably with the term 'priority list' a columnar report created from data elements assessed via the vulnerability tool and other prioritization factors as outlined below, that serves as the decision basis for prioritization to move clients from a homeless crisis into safe, stable housing. A By-Name List (BNL), generally refers to a list of every person in a community experiencing homelessness, updated in CoC defined real-time, using information collected and shared with a client's consent, and with each person on the list having a record that includes their name, homeless history, health, and housing needs. By maintaining a By-Name List, communities are able to track the ever-changing size and composition of their homeless population. In the context of a Coordinated Entry System, a community's BNL or CE Prioritization List takes the place of agency-specific waitlists, as referrals to housing and other resources are made via the community-wide list.
Case Conference	A formal, planned, and structured session comprised of a multidisciplinary team of providers, knowledgeable about a household's circumstances uses holistic, coordinated, and integrated service support for the betterment of clients experiencing homelessness (including facilitating linkages to open resources).
CES Non-Participating Referral Providers	Provider services or bed resources provided by Lake County service providers who do not access the Homeless Management Information System but agree to be forwarded resource referrals by the CES Operator and will be encouraged to maintain up-to-date service information in the Lake County HMIS.
CES Participation	Levels of engagement a service provider agency may have with the Coordinated Entry System, CoC, ESG, and most State of CA funding streams serving homeless individuals or households require some level of CES participation as a condition of the funding.

CES Participation Referral Partner	(aka participating provider) Resources located throughout the Lake County CoC region that may be accessed through the CES Referral process. Two levels of Coordinated Entry Participating providers exist which include: **HMIS Participating Provider** – Agencies/Organizations who have programs entering data into the HMIS and agree to receive referrals from Coordinated Entry to enroll into their projects. This level of project will be mandated to work within the HMIS by a State or Federal HUD contract OR have indicated an interest in participating in the HMIS and have been approved for participation by the Continuum of Care (examples would be non-government funded or faith-based programs). **External Partnering Provider** – Agencies/Organizations who agree to receive referrals from the Coordinated Entry System by way of external referrals management, but do not have login access or enter data into the CoC's HMIS.
Chronic Homeless Status	Chronic Homelessness is used to describe people who have experienced homelessness for at least a year — or repeatedly — while struggling with a disabling condition such as a serious mental illness, substance use disorder, or physical disability. A regulator's Chronic Homeless status is assessed every time a household experiencing homelessness enters a project to receive service.
Client/Person Centered	An approach where the person (household) focuses on and takes into context, what they can do, not their conditions, disabilities, or housing barriers alone. Support focuses on achieving a personal person's aspirations and is tailored to unique needs and circumstances.
CoC Region	The geographic-defined region, a Continuum of Care, is tasked with tracking and managing the homeless system of care (Crisis Response System). A CoC region may be assigned to a county, a city, a group of contiguous counties, or a larger collection of disparate counties that make up a 'Balance of State". CoC regions are determined by the Department of Housing and Urban Development via application submission.
Community-based housing	Housing options not directly related to a homeless services program participating within the CoC's Coordinated Entry System such as living with family or friends shared housing with a roommate, or affordable housing units not restricted to a homeless service program ,etc.
Contact Management	Storage of a homeless household's related contacts and their information. Contact types can be relatives, housing navigators, primary care support, etc. In relation to a Client experiencing homelessness, a contact is any person identified by the client who may be contacted to locate or asked to assist in that person's location or care.
Continuum of Care Lake County, CA ID (CA-529)	A program of the federal Housing and Urban Development is designed to promote community-wide commitment to the goal of ending homelessness. Known as the CoC, there are two components to the program model. One provides funding efforts for nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families and the other serves as a planning and oversight process to assure the best use of the funding.
Coordinated Entry Access Points	Community gateways to the Lake County Homeless Response system where service providers, complete a series of equitable, standardized processes to identify the needs of a household experiencing homelessness and further work to help clients end homelessness as quickly as possible

Coordinated Entry Collaboration	Agreements made enforceable by Memorandums of Understanding, Program Contracting or less formal mechanisms to work with other engaged stakeholders to support and improve the local Coordinated Entry System.
Coordinated Entry System	Referred to as the 'CES', a 'system-level 'approach to coordinate access to the Continuum of Care's homeless service system through designated geographical service areas (access points), using a standardized set of assessment tools and processes.
Coordinated Entry Systems Program Operator	Aka, the CES Operator, a contracted nonprofit or unit of local government, selected by the Continuum of Care to oversee ongoing implementation and continual improvement of the local Coordinated Entry process including improvements to system design, provider peer support, training, and quality assurance oversight, facilitated community engagement, participation in program budget development, monitoring project expenditures and reporting compliance and impact to the CoC.
Crisis Response System	Denotes all services and housing available to people who are at imminent risk OR those who are homeless. It identifies those experiencing homelessness, prevents homelessness (when possible), connects people with housing quickly, and provides services when needed. An effective crisis response system achieves those goals through the management and utilization of local homeless assistance programs.
Cultural Competency	The ability for a person, group, or system to understand, appreciate, and interact with people from cultures or belief systems different than their own, done through methods/tools like language interpretation, translated hard copy materials or translators as well as empathetic interpersonal relationships
Data Quality	The 'state' of qualitative or quantitative pieces of information. There are many definitions of data quality, but data is generally considered high quality if it is "fit for [its] intended uses in operations, decision making, and planning. CES Data quality entails the timely and reliable recording of assessment information, a commitment to updating a client's contacts, and housing documentation.
Data Quality Management Plan	(aka DQMP), a policy approved by the CoC that outlines data quality and user expectations for all service providers participating in the HMIS.
Denials/Refusals	A process by which both clients and providers have the right to reject service referrals based on criteria established by the CoC.
Diversion	Sometimes used interchangeably with Prevention, Diversion is a higher intensity service for Household's who've recently lost housing and are about to seek emergency shelter or sleep outside. Diversion is deployed through interactive Housing Problem Solving between homeless households and provider staff to help clients identify immediate and safe housing alternatives to entering an emergency shelter. Diversion approaches have demonstrated positive outcomes and proven to be cost-effective.
Documentation Requirements	Recordkeeping of evidence required to establish a Household's eligibility to enter any HUD or State funded project, dependent on project type.

Domestic Violence/Intimate Partner Violence	Individual (or personal) violence is injurious force directed by one person against others. It includes making physical attacks and destroying another's property. In contrast, collective violence consists of several persons directing injurious force against others. Forms can include domestic, sexual, physical psychological, and neglect.
Dynamic Prioritization	A dynamic process that uses prioritization criteria to identify the most vulnerable households based on the number of anticipated housing placements across all resources that will occur in the and through a case-conferencing process based on the number of anticipated housing placement across all resources. Dynamic in this instance means the CES will not retain clients on a waitlist for the most suitable housing solution, rather seek placements into the next best solution a loose term for a specific prioritization process wherein all available housing resources for persons experiencing homelessness are flexible and immediately offered to individuals who need them most acutely in the moment.
Equity	Equity is seen as balanced by assuring that all people, including those of color and the LGBTQ+ community, have the same access to the Lake County Homeless System of Care. Balance is supported through proactive reinforcement of policies, practices, attitudes, and actions that assure equitable opportunities to all being served.
Fleeing Domestic Violence	On March 7, 2013, the Violence Against Women Reauthorization Act of 2013 (VAWA 2013) was signed into law. The law significantly expanded housing protections to victims of domestic violence, dating violence, sexual assault, and stalking across HUD's core housing and homelessness programs. To implement the law's new provisions, HUD issued a final rule, which took effect on December 16, 2016.
Funding Streams	A means for distributing grants through a distinct source of Federal, State, or other funding resources.
Funding Types	**Government Funding**: Allocations made to Counties or Continuum of Care to carry out the provision of homeless services, including the identified sources from HUD and the State of California **Braided Funding**: Coordinates two or more funding streams but maintains each funding stream's connection back to its original source and therefore maintains any constraints on those funds. Expenses, management data, performance measures, and demographic and other reporting requirements can be tracked and attributed to the original funding stream. **Flexible Funding**: Refers to the pooling of two or more funding sources into one funding stream. The funds become more flexible because they do not have to be tracked to the original source and generally do not have specific reporting requirements or constraints on how to use them. Blending is not as common as braiding because of restrictions around some government funding streams. **Shallow Subsidy**: refers to ongoing rental assistance with no or limited services.
Grievance/Appeal	A process by which anyone who believes that they were discriminated against or otherwise treated unfairly can file a non-discrimination complaint or an appeal, as appropriate. The "Lake County Continuum of Care Coordinated Entry Grievance Policy" documents the process for Coordinated Entry to ensure Households understand eligibility for CES, will be physically displayed and comprehensively described at CES Access Points, and all other providers sites identified as possible referral services for Coordinated Entry participants.

Homeless Management Information System (HMIS)	A local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care (CoC) is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.
Homeless System	Specific references to the services and housing available only to persons who assess as 'literally' homeless under HUD's definition of Homeless.
Household	An Individual or Family applying for service assistance from one of the CoC's regional projects. Households may be Adults Only, Adults with Children under 18 and Unaccompanied Youth all under 18. *-Note, the term Household is often used interchangeably with Client, Participant or Consumer.* *-Note that a group of youth under 18, presenting together is considered a Household.*
Housing and Urban Development (HUD)	The United States Federal agency responsible for national policy and programs that address America's housing needs, improve, and develop the Nation's communities, and enforce fair housing laws.
Housing Barriers	Barriers that may potentially screen out households from service assistance. Examples can include income levels, substance use history, domestic violence history, service resistance, disabilities, poor credit, evictions, and certain criminal records.
Housing First	A homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness, and serving as a platform from which they can pursue personal goals and improve their quality of life. Housing First does not require people experiencing homelessness to address all their problems including behavioral health or substance use problems or to graduate through a series of services programs before they can access housing. The Housing First philosophy includes that 'unhoused' clients may elect to seek other services such as recovery treatment options as part of 'informed client choice'. California is a Housing First state as regulated by Senate bill 1380 and State Welfare and Institutions Code 8255.
Housing Match	A process whereby the CES Operator notifies a homeless household that a potential housing resource has been located or become available.
Housing Problem Solving	(aka Assisted Rapid Resolution), a service provided when a household presents for service that assists in recognizing resources that might not be readily apparent, but that might help uncover a safe housing alternative and that can reduce the incidence of shelter admission and keep clients out of the crisis response system.
Housing Services for persons with substance use/mental health disorders alternative housing categories (SAMHSA Advisory March 2021)	**Damp housing:** Meets the basic needs of a safe shelter and increases the client's willingness to accept services; best suited for contemplation and pre-contemplation stages. **Sober housing:** Group housing options, best suited for clients in the action or maintenance stages of change.

	Wet housing: Use of legal substances are permitted onsite, suited for pre-contemplation or contemplation, and incorporates engagement in treatment services.
Housing-Focused Approach	A philosophy typically thought of in reference to Emergency Shelter that see's the purpose of Emergency shelter is to get a household re-housed as quickly as possible and who's service strategy is designed toward that goal. Housing-Focused means low barrier, incorporating the practices of Diversion and Rapid Resolution to help households re-attached to housing as quickly as possible. Housing-Focused infrastructure incorporates practices by assuring professionally trained staff, documented program design support by understanding and reliance on program and system-level data that works to continually measure programmatic and Continuum of Care successes.
Iteration	Iteration is a design methodology component that can be applied to homeless programs, based on a cyclic process of prototyping, testing, analyzing, and process refinement based on the results of structured testing.
Literally Homeless	A HUD definition whereby an individual or family lacks a fixed, regular, and adequate nighttime. residence, meaning their primary nighttime residence is a public or private place not meant for human habitation.
Low Barrier	essentially means that the requirements for entry are limited or minimal in areas like: • sobriety (on-site breathalyzers and drug screens); • rigid rules and requirements; • strict curfews (without exception); • admission dependent on chapel or class attendance; • mandatory program participation; background checks; • income requirements and verification; criminal records; • credit checks; and forced labor participation
Metrics/KPIs	Metrics are quantifiable measures used to gauge performance or progress, and KPIs (Key Performance Indicators) are used to denote important landmarks or milestones in meeting the identified goals of the Continuum of Care.
Miracle Messages	A nonprofit organization working to increase a homeless client's social system of support through family reunifications, a phone buddy system, and direct cash transfers.
Move-In Date	The actual date the Household moves into a Unit (becomes housed).
Open HMIS	A reference to the data sharing model approved by the CoC generally means that providers in the CoC's HMIS instance may see but not edit each other's transactional work enrollments, services, and assessments.
Personally, Protected or Personally Identifiable Information (PPI or PII)	Personally, Protected Information (PPI) is any data that could potentially identify a specific individual. Information that can be used to distinguish one person from another or deanonymize previously anonymous data can be considered PPI.

	Healthcare organizations under HIPAA use the term Protected Health Information (PHI or PII) to <u>refer to protected data</u>, but the concept is very similar to the term Personally Identifiable Information (PII), which is used in other compliance regimes.
Presumptive Eligibility	Determination that on the basis of preliminary information provided by the household on collection of housing documentation, to be eligible for a housing services in the system of care.
Prevention	Sometimes used interchangeably with Diversion, Prevention services target extremely vulnerable households who are <u>'about' to lose their housing</u> in accordance with the HUD At-risk of Homelessness guidance. Prevention assists unstably housed households in the ability to regain their current stability or enable moving to a different permanent housing option where they may stabilize there.
Prioritization	The process of identifying 'which households' among all those assessed, have the greatest needs and will be accelerated assistance to available housing and services with the CoC system. The Prioritization process is managed by a priority-level policy managed in accordance with CoC policymaking, that determines the order a household may receive housing resources.
Program Component	A term that can be used interchangeably with the term 'funding streams. Examples of program components in the work of homelessness include Emergency Shelter Grants and Continuum of Care funds funded components are found through each type of program's guidance and contained in each set of local Program Standards.
Programs - Temporarily Housed	A loosely used term that generally refers to HMIS project types where a Household's living or exit situation may be Transitional Housing projects or possible family reunification.
Programs – Housing Based	A loosely used term that generally refers to HMIS project types where Household's hold leases and abide by tenancy requirements including occupancy language and that declare all legal rights and responsibility of tenancy as separated from supportive services activities and policies. aka Housed Program, it's use is locally defined but can generally relate to RRH, PSH, OPH projects where a Household may be permanently or stably housed.
Programs – Safely Housed	A loosely used term that does not indicate which HUD project type is being referred to. Safely housed in a local definition but may be inclusive of Emergency Shelters, safe camping sites, or Tiny home villages, but depends on the local definition in contract development.
Project Types	Differences in funding and eligibility requirements for government-funded homeless programs and as reflected through the HMIS Data Initiative. Coordinated Entry is one project type that administers the Continuum's centralized or coordination processes to coordinate the assessment and referral of individuals and families to housing and services. Project Types included in the HMIS setup include the following descriptions, a detailed description of each type is included in the applicable Program Standards: ● Coordinated Entry ● Day Shelter ● Emergency Shelter ● Homeless Prevention ● Joint Transitional-Rapid ReHousing ● PH – Housing Only ● PH – Rapid Re-Housing ● PH – Permanent Supportive Housing ● Safe Haven

	• Services Only • Street Outreach • Transitional Housing
Receiving Program	Programs participating in or external to the Lake County HMIS who agrees to receive and act on service referrals.
Referral	Directing a homeless household to an available resource in the CoC region such as shelter or permanent housing openings. Referrals will be managed through the local HMIS.
Referral Receiving Program	A funded homeless service provider who (via contract obligations) receives service or housing referrals from the Coordinated Entry Operator and abides by the Referral Rejection Policy.
Referring Program	The Referring Program will be the Coordinated Entry projects.
Release of Information	Commonly referred to as the 'ROI', the form is a statement signed by the client authorizing a contact person(s) to provide information about a client's homeless situation. The ROI information is maintained in the Lake County HMIS including date signed and date of expiration along with any other notes.
Safe Unit	In the context of households experiencing either episodes of domestic violence or mental health, a unit the victim believes is safe.
Subpopulation	A subset of the homeless population in general defined by HUD as numbers who meet the Chronically Homeless definition, Veteran's, HIV/AIDS, Unaccompanied Youth and Parenting Youth
Suitability	A gauge for how appropriate a housing option match might be between a CES-referred household and the housing program, given the case circumstances and resource availability.
Support Services	Services provided by case managers and/or housing navigators. Examples of support services: • Benefits Assistance • Connection to community services (food, clothing, basic needs) • Care Coordination • Health care – behavioral, developmental, primary • Housing case management • Increasing household income
Target Population	Persons or Households deemed victims of forms of Domestic Violence or HIV+/Persons Living with AIDS.
Terminations	Regarding the Coordinated Entry Program, households may be terminated from resource prioritization including if they have been able to self-resolve their homeless situation, left the CoC region, are unable to be located within a stated timeframe, or may have passed away.
United States Interagency Council on	U.S. Interagency Council on Homelessness (USICH) is a federally authorized council comprised of elected officials and government agencies who create and drive actions to prevent and end the

	nation's homelessness. A plan revision was published in October 2020, however, under the Biden Administration a plan revision is in the process as of Fall 2021.
Warm Handoff Referral	Direct assistance is provided to a household to assure connection to an appropriate service, typically performed by Housing Navigator roles.
Welfare and Institutions Code Section 8255	A chapter developed by the State of CA, Homeless Coordinating and Financing Council established pursuant to Section 8257 of SB 1380, providing detailed information regarding the core components of Housing First.
Workflows	A step-by-step configuration that guides certain task completion orders. Workflows may be applied to hard external/physical processes with clients or digital processes in the HMIS.

APPENDIX *: PROJECT TYPES

Coordinated Entry System (CES) - a <u>system-level project</u> developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs by increasing the efficiency of the local homeless crisis response system that also improves the fairness and ease of access to resources including mainstream benefits (CoC, ESG, State of CA various)

Day Shelters – Projects that offer daytime facilities and services (no lodging) for persons who are homeless (ESG, State of CA)

Emergency Shelter (ES) – A facility is any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.

Homeless Prevention (HP) - The process of preventing a consumer's homelessness by resolving the issue that would make them homeless. It differs from diversion in that prevention keeps an individual or family in their current housing, preventing them from becoming homeless, while diversion meets the consumer's need by securing new housing (ESG, State of CA various)

Homeless Management Information System (HMIS) – a project which funds the operational structure for the HMIS including leasing, licensing, staffing, reporting, and customizing the system (CoC, ESG, State of CA various)

Joint Transitional and Rapid ReHousing (Joint TH-RRH) – project is a project type that includes two existing program components–TH and PH-RRH–in a single project that may fund units supported by the TH housing component and tenant-based rental assistance and services provide through the RRH component for up to 24 months as needed (CoC)

The following program components are all a subset of an overall category called Permanent Housing (PH) which defines as community-based housing without a designated length of stay in which formerly homeless individuals and families live as independently as possible. Under PH, a program participant must be the tenant on a lease (or sublease) for an initial term of at least one year that is renewable and is terminable only for cause. Further, leases (or subleases) must be renewable for a minimum term of one month so are more permanent in nature.

PH - Rapid Re-Housing (RRH) – a PH project subtype, intervention, conducted in accordance with a core Housing First approach that rapidly connects families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include the use of time-limited financial assistance and targeted supportive services RRH) emphasizes housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing (CoC, ESG, State of CA various)

PH - Permanent Supportive Housing (PSH) – a PH project subtype, characterized by an indefinite lease or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability to achieve housing stability (CoC, State of CA various) indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.

PH – Housing Only - a PH project subtype that offers permanent housing for persons who are homeless but does not make supportive services available as part of the project.

Services Only (SSO) - The supportive services only (SSO) program component allows grantees to provide services to homeless households not residing in housing operated by the same grant recipient. SSO recipients and subrecipient may use the funds to conduct outreach to sheltered and unsheltered homeless persons and families, link clients with housing or other necessary services, and provide ongoing support. SSO projects may be offered in a structure or structures at one central site, or in multiple buildings at scattered sites where services are delivered. Projects may be operated independently of a building (e.g., street outreach) and in a variety of community-based settings, including in homeless programs operated by other agencies.

Street Outreach (SO) – Program activities are to locate, identify, and build relationships with unsheltered homeless people and engage them for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing programs (ESG, State of CA various)

Transitional Housing (TH) – a supportive housing project used to facilitate the movement of households into Permanent Housing and independent living. Program activities can extend for up to 24 months and be accompanied by supportive services (CoC)

Lake Continuum of Care Grant Finances and Emergency/Interim Shelter

Present/Past and Upcoming Funding Sources

Grants Utilized

- California Emergency Solutions and Housing (CESH) 2019, CoC
  - End date: 30-JUN-24

- Homeless Housing, Assistance and Prevention Grant (HHAP), Round 1, CoC
  - End date: 30-JUN-25

- Homeless Housing, Assistance and Prevention Grant (HHAP), Round 1, County
  - End date: 30-JUN-25

- Homeless Housing, Assistance and Prevention Grant (HHAP), Round 2, CoC
  - End date: 30-JUN-26

- Emergency Solutions Grant – COVID (ESG-CV) CoC
  - End Date: 30-SEPT-23

Grant	Total Amount & Distribution	Uses
CESH 2019	$560,227.00 Distributed 40% at a time	$415,170 for Rapid Rehousing $28,011 in Admin. $5,000 for PIT Count. $112,046 for HMIS and CES support
HHAP Round 1, CoC	$500,000	$440,000.00 for Emergency Shelter $25,000 for HMIS/CE development $35,000.00 Admin
HHAP Round 1, County	$445,265.73	$391,834.73 for Emergency Shelter $22,263 for HMIS/CE development $31,168 Admin
HHAP Round 2, CoC	$250,000	$232,500.00 Emergency Shelter $17,500.00 Admin
ESG-CV, CoC Obtained over 3 Rounds	$1,055,006.00 (as reimbursed)	$17,000 – Street Outreach $769,881 – Emergency Shelter $141,619 – Rapid Rehousing $75,000 – HMIS $51,800 - Admin

California Emergency Solutions and Housing (CESH) 2019, CoC

- $415,170 for Rapid Rehousing
  - NCO ($207,585). Has billed for $94,720.94
  - Elijah House ($207,585). Elijah House did not utilize $124,551.
- $5,000 for PIT Count
  - Simtech (spent)
- $112,046 for HMIS and CES support
  - $100K for Adventist as CES Central Operator (part of Pathways). Billed $29.166.67.
- $28,011 for Admin
  - Paragons ($5,430.50)

Homeless Housing, Assistance and Prevention Grant (HHAP), Round 1, CoC

- $440,000.00 for Emergency Shelter
  - Elijah House ($202,400) spent
  - Hope Rising ($220,000)
- $25,000 for HMIS/CE development
  - DecipherHMIS
- $35,000.00 Admin
  - Paragons ($12,575)
  - DecipherHMIS ($20,125)

Homeless Housing, Assistance and Prevention Grant (HHAP), Round 1, County

- 391,834.73 for Emergency Shelter
  - Elijah House ($376,834.73)
- $22,263 for HMIS/CE development
  - DecipherHMIS
- $35,000.00 Admin ($17,012 expended)

Homeless Housing, Assistance and Prevention Grant (HHAP), Round 2, CoC

- $232,500.00 Emergency Shelter
  - Elijah House ($232,500) spent
- $17,500.00 Admin

Emergency Solutions Grant – COVID (ESG-CV) CoC

- $17,000 – Street Outreach
  - Adventist Medical Outreach ($12,000)
  - Simtech ($5,000) spent
- $769,881 – Emergency Shelter
  - Elijah House ($420,327) spent
  - Adventist ($189,881) $152,181 spent
  - World Wide Healing Hands ($30,000) $12,757 spent
  - City of Clearlake ($100,000)
- $141,619 – Rapid Rehousing
  - Adventist ($141,619) $3,222.02 spent
- $75,000 – HMIS
  - Social Solutions/Bonterra $34,600 spent
  - DecipherHMIS ($25,000)
- $51,800 - Admin

Funding from Available Grants:

- Homeless Housing, Assistance and Prevention Grant (HHAP), Round 2, County

  - End date: 30-June-26

- Homeless Housing, Assistance and Prevention Grant (HHAP), Round 3, CoC

  - End date: 30-June-26

- Homeless Housing, Assistance and Prevention Grant(HHAP), Round 4, CoC

  - End date: 30-June-27 (?)

- Homeless Housing, Assistance and Prevention Grant (HHAP), Round 4, County

  - End date: 30-June-27 (?)

- Housing and Homelessness Incentive Program (HHIP), CoC

  - End date: 31-December-27

Grant	Total Amount & Distribution	Uses
HHAP Round 3, CoC	$610,650 Initial disbursement: $122,130.03 (received 5/4/22)	$100K for RRH $310K for Emergency Shelter ($111K EWC) $58K for Street outreach $100K for Prevention $43K for Admin
HHAP Round 3, County	$569,940 Initial disbursement: $113,988.03 (received 5/4/22)	$473,050.13 to RCHDC/Collier Avenue $56,995 for youth $39,895 for admin
HHAP Round 4, CoC	$450,627.04 ($225,313.52)	$419,083.15 for Interim Sheltering (10% for Youth) $31,543.89 for admin
HHAP Round 4, County	$422,785.59 ($211,392.79)	$393,190.60 for Interim Sheltering (10% for Youth) $29,594.99 for admin

Grant	Total Amount & Distribution	Uses
HHIP	$3,756,652 1. 2023 (15%): $563,497.80 2. 2023 May (35%): ≤ $1,314,828.20 3. 2024, March (50%): ≤ $1,878,326	$89,221 for Street Outreach $493,061 for Services Coordination $178,441 for Delivery of Permanent $657,414 for Housing Prevention/Shelter Diversion $1,197,433 for Interim Sheltering $126,787 for Shelter Improvements $385,057 for Administrative $183,137 for Data Infrastructure $89,221 for Systems Support

Homeless Housing, Assistance and Prevention Grant (HHAP), Round 2, County
Homeless Housing, Assistance and Prevention Grant (HHAP), Round 3, CoC

These two grants originally funded $300,000 RFP for the Emergency Warming Shelter:

- HHAP, Round 2, County: $189,301.50
- HHAP, Round 3, CoC: $110,698.50

- $153,600 was contracted to Sunrise Special Services (did not use HHAP, Round 3, CoC)

- Remaining from HHAP, Round 2, County : $35,701.50
- Additional remaining from HHAP, Round 3, CoC: $310,000

Homeless Housing, Assistance and Prevention Grant(HHAP), Round 4, CoC

- $419,083.15 for Interim Sheltering (10% for Youth)

- Divided over two years, $209,541.57 each; 2nd year dependent on metrics

- Expect 1st distribution in approximately 6 months

Homeless Housing, Assistance and Prevention Grant(HHAP), Round 4,County

- $393,190.60 for Interim Sheltering (10% for Youth)

- Divided over two years, $196,595.30 each; 2nd year dependent on metrics

- Expect 1st distribution in approximately 6 months

Housing and Homelessness Incentive Program (HHIP), CoC

Total $3,756,652 distributed as follows:

- 1. 2023 (15%): $563,497.80 (received)

- 2. 2023 May (35%): ≤ $1,314,828.20

- 3. 2024, March (50%): ≤ $1,878,326

Housing and Homelessness Incentive Program (HHIP)				
2022 Budget Sheet				
County:	Lake			
Expected Allocation: (5% of total)*	$187,832			
Remaining Allocation:	$0			
Use Category*	Amount	How will funds be allocated among providers (e.g., RFP, existing provider contracts, etc.)	HHIP Measure associated with this use of Funds	HHAP activities and/or identified gaps addressed by this use of Funds
Rapid Rehousing	$ -			
Street Outreach	$ -			
Services Coordination	$ 46,958	RFP	1.3, 1.4, 2.1, 2.2	Outreach & Coordination
Delivery of Permanent Housing:	$ -			
Capital construction	$ -			
Building/space lease or purchase	$ -			
Other	$ -			
Prevention and Shelter Diversion	$ 18,783	RFP	1.4, 3.1, 3.6	Prevention and shelter diversion
Interim Sheltering	$ -			
Shelter Improvements (specify type; e.g., capital, staffing, etc.)	$ -			
Administrative (limit of 15%)	$ 28,175	Administrative Entity		Systems Support
Data infrastructure/systems improvement	$ 93,916	Administrative Entity	1.2, 2.2, 2.3, 3.1, 3.2, 3.3, 3.4, 3.5	Systems Support
Other (specify)	$ -			
	$ -			
TOTAL	$ 187,832			

Housing and Homelessness Incentive Program (HHIP)
2023 Budget Sheet

County:	Lake			
Expected Allocation: (40% of total)*	$1,502,661			
Remaining Allocation:	$0			

Use Category*	Amount	How will funds be allocated among providers (e.g., RFP, existing provider contracts, etc.)	HHIP Measure associated with this use of Funds	HHAP activities and/or identified gaps addressed by this use of Funds
Rapid Rehousing	$ 150,266	RFP	1.4, 3.4	Rental Assistance & Rapid Rehousing
Street Outreach	$ 37,567	RFP	1.4, 2.1	Outreach & Coordination
Services Coordination	$ 187,833	RFP	1.3, 1.4, 2.1, 2.2	Outreach & Coordination
Delivery of Permanent Housing:	$ -			
Capital construction	$ -			
Building/space lease or purchase	$ -			
Other	$ 75,133	RFP	1.4, 3.5, 3.6	Delivery of Permanent Housing and/or transitional housing
Prevention and Shelter Diversion	$ 225,399	RFP	1.4, 3.1, 3.6	Prevention and shelter diversion
Interim Sheltering	$ 525,931	RFP	1.4, 3.4, 3.5	Operating Subsidies
Shelter Improvements (specify type; e.g., capital, staffing, etc.)	$ 75,133	RFP	1.4, 3.4, 3.5	New navigation Centers and emergency shelters; Operating subsidies
Administrative (limit of 15%)	$ 150,266	Adminstrative Entity		Systems Support
Data infrastructure/systems improvement	$ 37,567	Adminstrative Entity	1.2, 2.2, 2.3, 3.1, 3.2, 3.3, 3.4, 3.5	Systems Support
Other (specify)	$ 37,567	RFP	3.1, 3.3, 3.4, 3.5	Systems Support
	$ -			
TOTAL	$ 1,502,661			

Housing and Homelessness Incentive Program (HHIP)
2024 Budget Sheet

County:	Lake			
Expected Allocation: (55% of total)*	$2,066,159			
Remaining Allocation:	$0			

Use Category*	Amount	How will funds be allocated among providers (e.g., RFP, existing provider contracts, etc.)	HHIP Measure associated with this use of Funds	HHAP activities and/or identified gaps addressed by this use of Funds
Rapid Rehousing	$ 206,616	RFP	1.4, 3.4	Rental Assistance & Rapid Rehousing
Street Outreach	$ 51,654	RFP	1.4, 2.1	Outreach & Coordination
Services Coordination	$ 258,270	RFP	1.3, 1.4, 2.1, 2.2	Outreach & Coordination
Delivery of Permanent Housing:	$ -			
Capital construction	$ -			
Building/space lease or purchase	$ -			
Other	$ 103,308	RFP	1.4, 3.5, 3.6	Delivery of Permanent Housing and/or transitional housing
Prevention and Shelter Diversion	$ 413,232	RFP	1.4, 3.1, 3.6	Prevention and shelter diversion
Interim Sheltering	$ 671,502	RFP	1.4, 3.4, 3.5	Operating Subsidies
Shelter Improvements (specify type; e.g., capital, staffing, etc.)	$ 51,654	RFP	1.4, 3.4, 3.5	New navigation Centers and emergency shelters; Operating subsidies
Administrative (limit of 15%)	$ 206,616	Administrative Entity		Systems Support
Data infrastructure/systems improvement	$ 51,654	Administrative Entity	1.2, 2.2, 2.3, 3.1, 3.2, 3.3, 3.4, 3.5	Systems Support
Other (specify)	$ 51,654	RFP	3.1, 3.3, 3.4, 3.5	Systems Support
	$ -			
TOTAL	$ 2,066,159			

Housing and Homelessness Incentive Program (HHIP), CoC

Within the HHIP:

- Interim Sheltering ($1,197,433)
  - 1st Year (May 2023): ≤ $525,931
  - 2nd Year (March 2024): ≤ $671,502

- Shelter Improvements ($126,787)
  - 1st Year (May 2023): ≤ $75,133
  - 2nd Year (March 2024): ≤ $51,654

Timeline for Interim Shelter

Present
HHAP 2 & 3
$310,000 (CoC)
35,701.50 (County)

≈ May 2023
HHIP (CoC)
Shelter: ≤ $525,931
Improvement: ≤ $75,133

≈ 6 months
HHAP 4
$209,541.57 (CoC)
$196,595.30 (County)

≈ March 2024
HHIP (CoC)
Shelter: ≤ $671,502
Improvement: ≤ $51,654

≈ 18 months
HHAP 4
≤ $209,541.57 (CoC)
≤ $196,595.30 (County)

Total
≈ $2,482,195.24