Coordinated Entry & Housing Resource Centers
Alameda County 2016
Initial Design Report – COMMENT DRAFT

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Part 1: Introduction

Coordinated Entry

Coordinated Entry is a standardized method to connect people experiencing homelessness to the resources available in a community. Like the triage desk in an Emergency Department of a hospital, a Coordinated Entry System (CES) assesses the conditions of the people who are in need and prioritizes them for assistance, including immediate shelter and a range of longer-term housing focused programs.

The U.S. Department of Housing and Urban Development (HUD) and the State of California are requiring that every community that receives State or Federal funds for programs serving homeless people operate a coordinated entry system that assesses and prioritizes people experiencing homelessness for all assistance within the Continuum of Care, including emergency shelter, transitional housing, Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), and other interventions.[1]

Alameda County Planning

Coordinated Entry is a complex undertaking in any system of care. In this county, with the number of homeless people and the political and geographic complexities, the investment and collaboration efforts needed are significant. One of the strengths that Alameda County brings is a history of successful joint efforts, notably the creation of temporary HRC's countywide, from 2009-2012, funded to administer short-term federal Homeless Prevention and Rapid Rehousing funds.

A wide range of stakeholders has participated in the process, which is being led by EveryOne Home, the countywide coordinating body on ending homelessness. City and County representatives are meeting as a Funders Collaborative, and stakeholders including city and County staff, housing and services providers, people with lived experience of homelessness, and others are part of the CES Committee working to develop the system design.

Alameda County is a large county with multiple distinct regions, which are described further in this report. Coordinated Entry will need to include multiple entry points, to work with individuals and families experiencing homelessness in their region within the County. In the planning process, these multiple entry points have been described as Housing Resource Centers (HRC's) or Hubs. Each Hub will need to have assessors, access to shelter, rapid rehousing and other resources, and be able to provide connections to housing and community based services. The number and location(s) of the HRC's will be finalized as the new system is implemented.

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[1] For more on HUD's recommendations for Coordinated Entry, see
https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf

Part 2: The Networked Housing Resource Center Model

Every CoC must determine the method by which they will coordinate access to housing and services for homeless individuals and families. In Alameda County, the preference has been to make sure that there is a basic set of services available in each region, wherever people choose to access assistance. With Homeless Prevention and Rapid Rehousing (HPRP) funding, Alameda County was able to establish a network of Housing Resource Centers (HRC's), where people in need of assistance could access prevention and rapid rehousing services, referred through 211, the countywide services referral phone line.

Features of the Networked Housing Resource Center Model

Housing Resource Centers, or Hubs, are the key entry points of the coordinated entry model in development. From discussions in the County since the implementation of HPRP, a set of basic features of the HRC model have emerged which include:

- **Linked Network with complete geographic coverage:** HRCs are part of a network of agencies providing a set of common core services within defined and non-overlapping geographic regions. Potential clients should be able to be served within the region that they live or are seeking services, or as close to that area as possible. (Not all types of services are available in every community.) If they wish to move, transfer from one HRC to another should be possible and uncomplicated.

- **Common entry process:** Initial access to HRC services can be wholly or partially facilitated through a common initial referral point, such as a phone line, and/or can be based on self-referral (walk-in.) HRC's can also serve as the "base" for mobile outreach teams that go out into the community to locate and engage with homeless people who are unlikely to independently access services.

- **Standard eligibility and prioritization:** The core programs operate using shared eligibility criteria and protocols. The basic experience for clients is similar no matter what center they access or are assigned to. Homeless-targeted services are offered only to literally homeless and prioritized among those who are literally homeless. Persons at risk of losing housing receive a different service package.

- **Shared outcomes:** Outcome expectations are similar for each HRC and results are reported in a consistent way, either through the use of a shared data system, or the ability to merge and de-duplicate data from multiple systems.

- **Facilitated access to mainstream services:** In addition to the core services to address housing crises, HRCs help clients access a range of "mainstream" services -- services not specifically limited or targeted to people who are homeless or experiencing a housing crisis but that are important to address issues that impact housing stability such as child care, employment services, legal services, public benefits, health care, etc. Preferably, this is done through co-location or close-by location of the services.

<u>**Core Functions in the Call Center**</u>

A call center might be the first point of contact when someone has lost housing and needs immediate assistance with a place to sleep. Alameda County has envisioned a call center staffed with trained operators able to screen, triage, and problem solve based on the resources available.

Triage/Initial Screening: Conduct an initial screening with potential clients. Ask if the caller is in a safe place, screen for potential domestic violence. Request a verbal Release of Information. Determine whether the caller has a safe place to stay that night. Determine the appropriate regional HRC for people who need referral.

Problem Solving: For those who are at risk of becoming homeless and moving to streets or shelter, the center will work on problem solving to avoid having anyone lose a safe place. (See more below re: Diversion)

Warm hand off: Where a call is appropriate to transfer to an HRC for additional support and assessment, there is interest in exploring a "warm hand off" where the call can be live transferred to an HRC.

<u>**Core Functions in Regional HRCs**</u>

Outreach to Streets and Shelters: Contact people living on the streets to connect them with Coordinated Entry and provide mobile access to services.

Problem Solving (Diversion Assistance): Assist people with no safe place to sleep, who are on the streets or fleeing domestic violence, to find a safe location. This might include assistance in contacting family or friends, resources for a temporary stay, direct referral to a Domestic Violence Shelter, or placement into interim housing.

Housing Education and Search Support: Assist clients who have been assessed to gather needed documents and resources for housing search. Provides referrals to credit counseling, benefits advocacy, substance abuse and mental health services, employment programs, school district liaison, and other needed supports and mainstream services.

Navigation: Develop housing location and stabilization plans with literally homeless clients. Work with clients to access and complete housing applications and interviews and works to find housing alternatives for clients that are not able to access dedicated programs.

Landlord Location: Seek housing opportunities for a wide range of clients. Develops relationships with landlords and property managers. Inspects units. Conducts move ins. Supports landlords once clients are rehoused.

Housing Care/Case Management: Provide care management/case management and support during housing stabilization period. Some clients will enter the system with existing case managers, in which case HRC staff would coordinate with the outside service provider. Care management may apply to Rapid Rehousing or to Permanent Supportive Housing, though the care management would typically be transferred to the on-site provider in PSH.

Administrative/Financial Support: Cuts rent checks and tracks budgets. Provides administrative support for contracts. Prepares reports.

Oversight: Oversees Housing Resource Center operations and supervises all HRC staff. Connects with other HRC's and central coordination function. Manages relationships with on-site staff and teams.

Other Connected Services: In any HRC model, the staff will need access to mainstream resources and other coordinated services that may not be stationed in every Hub full-time. A chart of key services that should be available on site or by referral through linkages is included as an appendix to this report.[i]

Centralized Functions for Coordinated Entry

Registry Tracking: Centralized registries of homeless people and their prioritization information may be kept centrally to refer eligible people into permanent housing.

Tool Development and Modification: The prioritization system under consideration by planning teams will need ongoing integration, evaluation, and refinement oversight.

Data Analysis: The CES will require dedicated staff time for data entry and analysis. While this data will need to be generated and analyzed by region or city, the data analysis staff may be centralized.

Evaluation: The HRC network will need evaluation capacity to review all data, inform the Learning Collaboratives, and provide information to stakeholder who will adjust plans as necessary

**HRC Diagram**
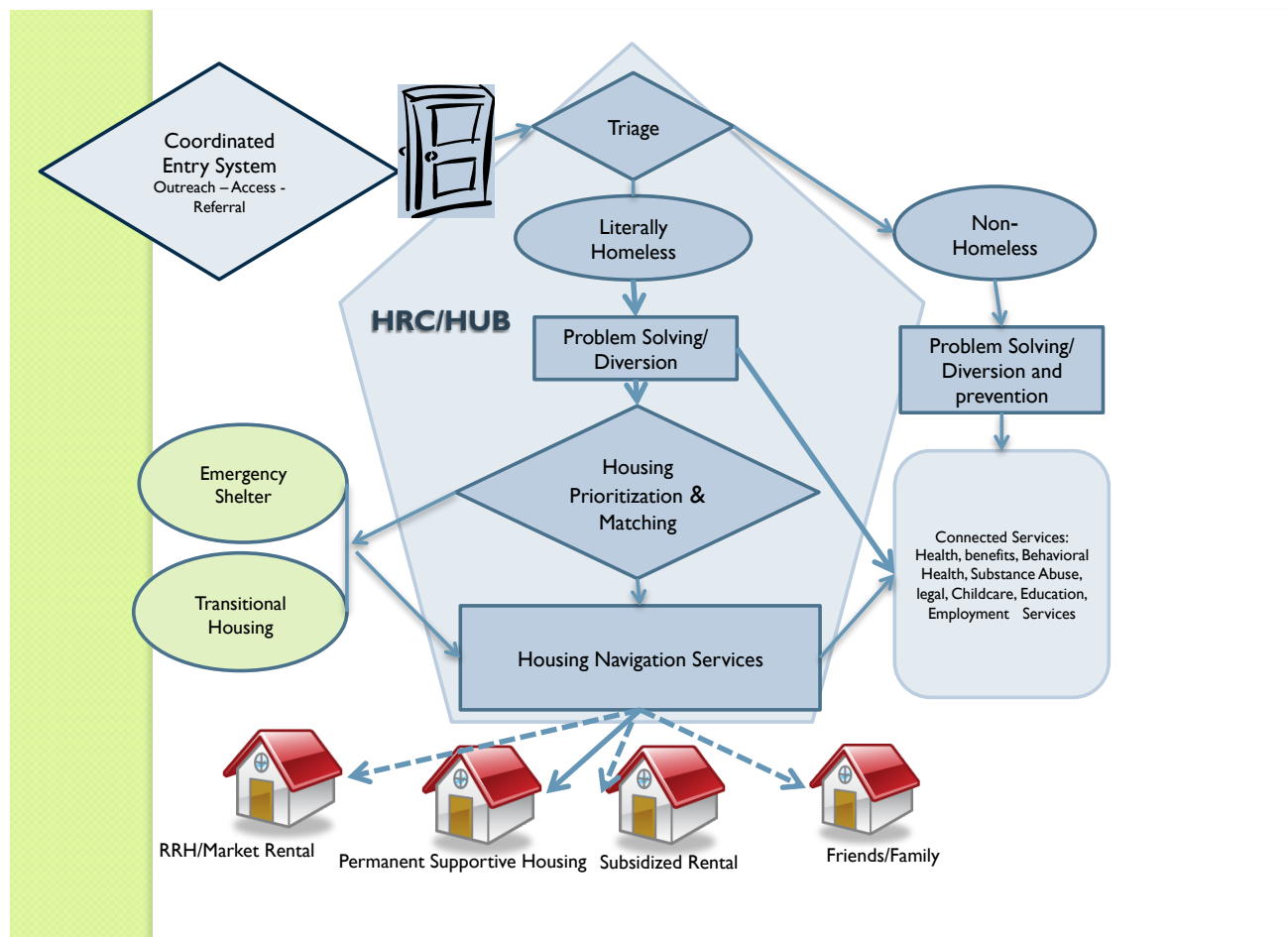
Current Status

While the overall countywide system is in development, components of it have already begun to operate as pilots, testing strategies and developing methodologies.

> **City of Berkeley:** The City of Berkeley has opened a Hub that conducts assessments and provides access to most of the City's homeless-serving programs. Administered by the Berkeley Food and Housing Project, the Hub is now the primary single point of entry for homeless services and housing resources in Berkeley. Each person can access the HRC to be screened for housing status – literally homeless or housed – assessed, prioritized and matched for housing and services resources.

> **City of Oakland:** The Family Front Door (FFD) is Oakland's coordinated entry system for homeless families. The program is a collaborative that includes Building Futures with Women and Children (BFWC), East Oakland Community Project (EOCP), and the City of Oakland's Human Services Department. The FFD provides a single point of entry for families in Oakland who are experiencing a housing crisis. Literally homeless families are assessed and prioritized

for a range of interventions including interim housing, rapid rehousing and permanent supportive housing. The majority of literally homeless families are assisted with rapid rehousing assistance. Non- literally homeless families are provided with referrals and assistance to maintain or locate housing outside of the homeless services system.

➢ **Home Stretch:** Part of the overall Coordinated Entry System, Home Stretch is a countywide approach to streamlining and prioritizing access to permanent supportive housing (PSH) opportunities for individuals/families of highest vulnerability or need. Home Stretch, led and staffed by Alameda County Health Care Services Agency, will create a centralized registry of literally homeless persons with disabilities in order to streamline access to PSH across the county and move away from the current system of each PSH project or program maintaining a separate waitlist. The registry will utilize a housing first (low barrier, without preconditions) approach and include support from outreach service providers, housing navigators, housing locators, and PSH service providers in order to assist individuals/families prior to a PSH opportunity becoming available and throughout the move-in process. Care managers at the housing site or assigned by CES will assist in housing stabilization and ongoing support. The intention of the registry is to ensure PSH opportunities are made available to those with the most significant barriers to obtaining and maintaining housing, rather than those most able to navigate the currently complex application and waitlist process.

➢ **Operation Vets Home:** A coordinated process is also in place for veterans. Operation Vets Home, coordinated by EveryOne Home, supports all providers of housing for veterans to work together from a coordinated and prioritized list of homeless veterans. The goal of this centralized registry is to include every local homeless or recently homeless veteran, his/her housing status, and other information such as the housing opportunities offered to them to monitor key performance measures for ending veteran homelessness by 2017.

➢ **Countywide Expansion:** The County is implementing a countywide coordinated entry system beginning in late 2016. Once in place, people experiencing homelessness will not need to call dozens of programs or shelters to find a bed or program (or be turned away). Those experiencing homelessness will be directed through a countywide call center to a Hub/HRC, or will be reached by an outreach worker for assessment and navigation support. Most shelters, transitional housing programs, rapid rehousing programs and permanent housing dedicated to serving homeless people will take their referrals from coordinated entry. Participating programs will not have "side doors" through which people can skip Coordinated Entry's assessment and prioritization.

Housing Resource Centers And Connections
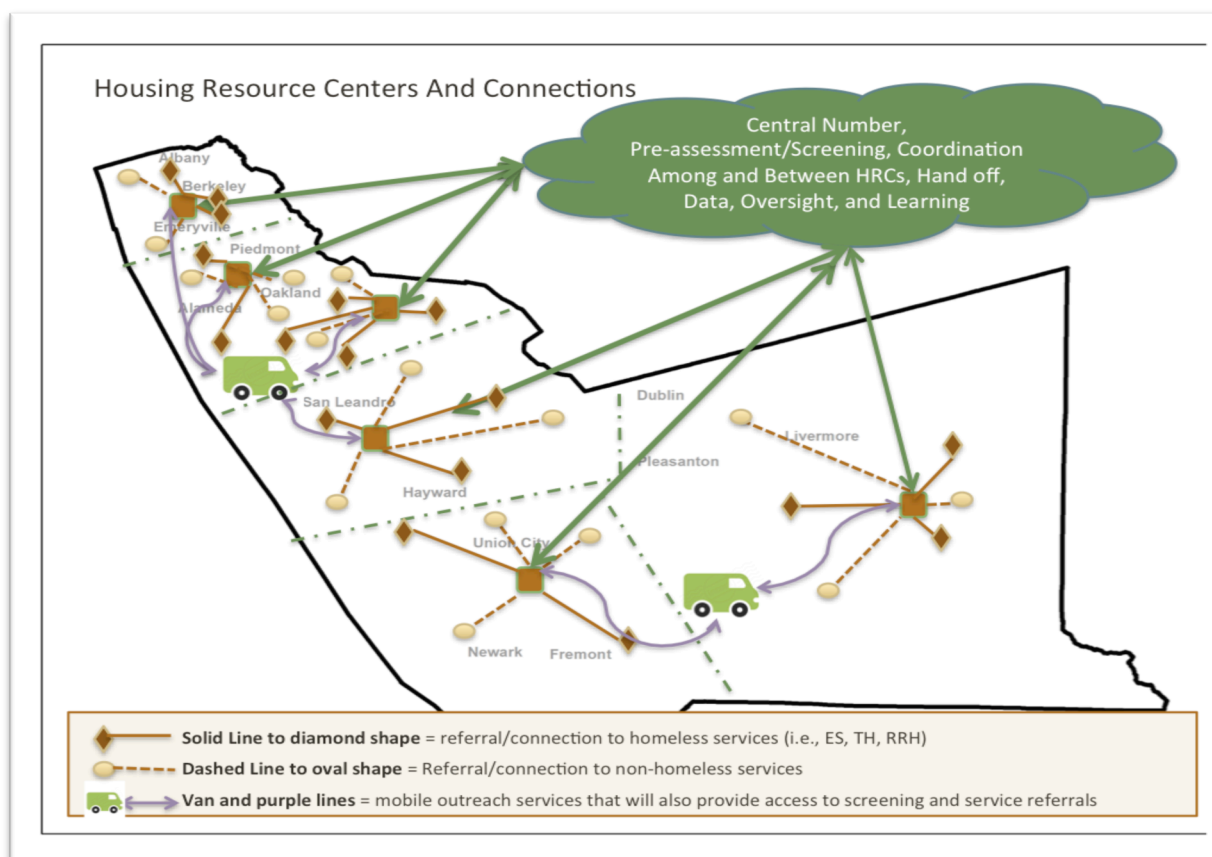
In expanding and replicating network of HRC's countywide, geographic factors will need to be considered including the likely service demand and staffing needs based on the rates of homelessness within each region, the current set of services available in each region, the presence or absence of a location or center that can provide the functions outlined above, and the need for additional resources to ensure that each HRC provides the same basic package of functions. City and County representatives met to identify needs, potential locations, and resources to create the network. As of the writing of this draft, representatives from cities in each region are completing assessments of the resources currently available in their communities and what gaps need to be filled. An initial summary of resources and challenges identified at the regional level is included at the end of this document.[ii]

Part 3: CES Design Recommendations

Guiding Principles for System Design

One of the first tasks for the funders and CES Committee was to craft a set of principles to guide the CES design process. The principles are based on a combination of past principles from HPRP, Housing First policy, HUD guidance, and provider and consumer input. These provide a basis for the community-wide standards to be developed in coordination with CES. Principles stress the need for

low-barrier, easily accessible services, standardized processes, client respect, and an emphasis on housing outcomes.[iii]

Initial Systems Recommendations

The list below represents a point-in-time accounting of what has been discussed and recommended by the groups participating in the CES planning process. These include the responsible committees of EveryOne Home, participants in meetings of the EveryOne Membership, and the Funders Collaborative; a group of representatives from City and County agencies providing funding to establish a Coordinated Entry System. The CES Committee and the Funders Collaborative have each met at least five times to make recommendations to EveryOne Home and the consulting team on Coordinated Entry design. These are initial design recommendations, in order to move forward with systems planning. It is expected that many of these recommendations will be revisited frequently and sometimes reconfigured as the Learning Collaboratives are convened and implementation begins.

A. Entry Points/Access/Outreach Recommendations

Principle: Housing First & Low Barrier

- *The CES system and all programs within it will use a housing first, low barrier approach focused on ending homelessness for each household as quickly as possible.*

Recommendation: Networked Housing Resource Center Model

Alameda County will have multiple strategically located housing resource centers to assist people experiencing a housing crisis. These regional access points will be similar to the HRC model developed with Homelessness Prevention and Rapid Rehousing Program (HPRP) funding. Every HRC will include the key elements of triage, diversion, assessment, prioritization, housing navigation, and services connection. Hubs should be located near public transportation.

Principles: Access

- *CES will be easily accessible throughout the county, with multiple entry points: potentially will include in-person, phone, text, Internet, or app.*
- *CES will include outreach so people least likely to seek services independently have access to the resources of the system.*

Recommendations: Access:

The system will be accessible in multiple ways.

- **Phone and Text:** There will be centralized phone and text access to provide problem solving, initial screening, and to direct (or transfer) people to HRC services.
- **Outreach:** Street outreach will be connected to the central network and to every Hub such that people who are living outside can be assessed, prioritized and connected to services without having to go to a specific location.

- **HRC:** People will be able to go directly into a Hub to receive assistance. Hubs should be able to address multiple language needs and be culturally competent. People should also be able to access the system via the web. This may be through case managers with virtual access, or outreach workers with mobile access.

Access Points for Different Populations

HUD guidance directs that a CES must include all subpopulations among homeless people. HUD also allows the Continuum of Care to set up different processes or access points for the following:

(1) Adults without children

(2) Adults accompanied by children

(3) Unaccompanied youth

(4) Households fleeing domestic violence

HUD has further specified: "These are the only groups for which different access points are used. For example, there is not a separate coordinated entry process for people with mental illness or addictions, although the systems addressing those disabilities may serve as referral sources into the process." [2]

The Alameda County CES will be linked to the DV system with call center protocols, agreements on referrals both ways, and coordination across systems. DV clients will maintain confidentiality and may have their own access points. Transition Age Youth and Veterans are also recognized as having distinct programs and pathways currently. How these populations and others will access and use the single system is currently under discussion to achieve equitable access and clear pathways to housing. Specific recommendations for changes to the basic CES model will be considered in the next design phase.

B. Assessment and Prioritization

Once people have accessed the coordinated entry point, the system will need to be able to assess their type and level of need.

Guiding Principles on Assessment and Prioritization:

- **Standardized Process**

Every CES point will screen, assess, and refer clients with standardized protocols using standardized tools and processes.

- **Respect for Clients and Confidentiality**

Information will be collected in a respectful, strengths-based and trauma- informed manner.

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[2] HUD Policy Brief at https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf

1. Tools and decision/referral processes will require only as much information as is needed to assist or refer clients at that point.

2. With client consent, information will be shared within the system.

3. The number of times people have to repeat their stories will be limited as much as possible.

4. Client choice and the client's service and personal network will inform options for services, housing, and referrals.

- **Referral Processes**

1. Referrals will be based on meeting the clients' housing and services needs, rather than on filling the beds or slots of programs.

2. Clear referral and handoff protocols support both the service providers making and receiving the referral.

3. Programs will only take individuals or families into their program through the CES under established eligibility criteria, and not from alternate sources (except in specific, defined circumstances).

4. As much as possible, waitlists will be avoided.

- **HMIS-based**

The CE system will operate within HMIS and not develop separate databases. Client-level data sharing will be a key component of referrals. Data will be used regularly to assess the impacts and outcomes of the system to inform changes.

- **Services for those who are Literally Homeless (or would be that night)**
1. Entry into services and housing intended for those who are homeless will go <u>first</u> to people sleeping in places not meant for human habitation and those with no safe indoor place to stay that night. No one should have to sleep outside first to become eligible for services.
2. For those who are literally homeless, deeper resources will be targeted those with the highest needs.
3. Programs will follow a progressive approach to service delivery, matching the level of service intervention to the level of client need to resolve their housing crisis. Assessment is ongoing and more intensive services will be offered as needed. Clients can opt for less intensive support than what is offered.
- **Standardized tools:**

Triage and assessment tools will be the same across the system and will ask the least questions needed at each point to make the required determinations. This means that that the tools currently in use in Berkeley and Oakland and within Home Stretch will be modified/replaced by a set of tools for triage/screening, diversion conversations, and program matching assessment**.**

- **Prioritization Factors**

The CES Committee identified the most important factors to consider in prioritization and recommended using the following factors.

Factors Identified for Households without children
Current housing situation
Chronic homelessness (HUD definition)
Health, disabilities, extreme medical needs, self care needs
Specific housing barriers

Factors Identified for Households with children
Safety
Current housing situation
Child's needs
Chronic homelessness
Extreme medical needs

A CES subcommittee was convened to review potential tools in light of the factors identified and the guiding principles for the process. The committee recommended building a tool that uses HMIS questions and supplemental fields to reflect the factors above. The subcommittee will meet again to design the framework for a tool to be finalized in the next phase. The CES subcommittee has recommended that the tool be tested with consumers for wording of questions, and that the results be reviewed to ensure that the tool results in meaningful distinctions and a distribution that reflects higher and lower needs.

Transition Aged Youth (TAY) providers expressed interest in incorporating learning and questions from the TAY Triage Tool[3] and other youth-oriented screening factors to ensure that vulnerable young people are given appropriate scoring and interventions.

- **Continual Prioritized Matching**

The CES Committee made a recommendation that matching from the prioritization should be continuous, meaning that the highest priority people should be given priority access to the resources available within the system, rather than a matching system where high need people potentially wait longer for access/assistance than more moderate need people.

As a result, when a highest service level resource is not available (e.g. PSH), higher priority people will be matched with other system resources to address their homelessness. Members of the CES Committee have concerns about the impact of this approach, especially as it relates to rapid rehousing, both in terms of being successful and in terms of the need for additional service resources. Additional support services may need to be attached to programs that take higher need

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[3] http://www.csh.org/wp-content/uploads/2014/02/TAY_TriageTool_2014.pdf

individuals than they were initially designed to serve. This decision will need continuous review when implemented.

- **Progressive Engagement**

In order for continuous matching to be effective, steps to ensure transitions can be made when needed (e.g. RRH to PSH) must be adopted. One possible policy approach would be that Home Stretch eligible persons do not lose their eligibility and priority if rapidly rehoused. Additional discussion will be needed about whether high-need individuals who are in rapid rehousing have priority for a transition to PSH if RRH is not working.

C. Problem Solving (Diversion) and Prevention Recommendations

- **Problem Solving as Core Practice**

Housing problem solving and shelter diversion will be a core practice of the system, building on what has been developed and learned in the Berkeley and Oakland Hubs. Everyone who contacts the CES who is homeless or at risk of homelessness will receive a problem-solving conversation, and will be screened for possible diversion and/or prevention assistance before being assessed for homeless-targeted resources. Everyone assisted by the HRC, including those who are given diversion/problem-solving support, will be entered into HMIS. (People fleeing domestic violence may be referred to DV providers before HMIS is initiated, or may participate in HMIS if data sharing is disabled when necessary.) Diversion activities must be part of the design of the system for continuous matching to be effective and to ensure as much as possible that the system doesn't create negative incentives that force people to become worse off in order to get help.

- **Phone**

Well-trained staff will conduct a screening for immediate safety and homelessness and provide an initial problem solving conversation with all homeless and at-risk people seeking services to work with them to find a way to keep them in a safe place if they have one. In addition to training, staff will be well resourced with sample scripts, procedures about the boundaries of diversion (e.g. what if 2nd or 3rd time calling?), and information about many other community resources.

- **Priority for unsheltered/no options indoors**

Entry into services and housing intended for those who are homeless will go <u>first</u> to people sleeping in places not meant for human habitation and those with no safe indoor place to stay that night.

- **Incorporating Prevention**

For people who are not literally homeless or about to be, some prevention resources should be available at the HRCs for those at-risk of homelessness. Those prevention services could include basic needs services (such as transportation and benefits access or information), legal assistance, or other services located within each region. HRCs will also need to consider what programs they

want to have MOUs with and what types of services or agencies for which they will use information and referral.

D. Referrals, Program Screening and Hand Off Recommendations

Under the Coordinated Entry system, program slots that are dedicated to homeless people will take direct referrals throughout the coordinated entry process:

- **Participation**

All CoC, ESG, and County MHSA-funded housing and interim housing will take referrals from CES. Additional programs have been identified that will be asked or required by contract to participate in CES, once the programs have been brought into the system and trained. The CES may choose to exempt particular resources based on special needs.

- **Referrals to beds**

Referrals to interim housing (shelters) will be done by the Hub in the region. Referrals for programs will be processed and notified promptly, the same day if possible, by the end of the next business day if nessesary. In general, all appropriate referrals for vacant beds or units will be accepted. Any denial will be governed by an approved grievance policy.

- **Housing Navigators**

Assignment to Housing Navigators will be based on prioritization. Housing Navigators may work within services programs or may be stationed at an HRC. Qualifications, training, and access to available housing will be standardized for CES-approved Housing Navigator positions. Housing Navigators will be the primary creators/keepers of housing plans. If Housing Navigation caseloads are full, Assessors and other HRC or outside program staff may work with consumers to prepare documents, work on credit, or begin housing plans. When a consumer is in navigation services, the Navigator will coordinate with other providers working with the consumer on a weekly basis, and through HMIS notes. Consumer participation in weekly meetings may depend on consumer needs and capacity. Housing Navigation services, and program entries will be tracked in HMIS.

E. Coordination and Training

Guiding Principles for Coordination and Oversight

- Resources will be allocated to ensure the coordinated entry system is managed, well coordinated, and continually improving. Data will be used to assess the impacts and outcomes of the system to inform changes.

- Stakeholders — including service providers, funders, and people with lived experience of homelessness — will have an ongoing role in the oversight and refinement of the Coordinated Entry System.

Creating a new way of accessing all homeless services will require a great deal of ongoing supervision, monitoring, and analysis. Further, providers will need training on coordinated entry,

diversion, engagement approaches (such as Motivational Interviewing), and the standards being implemented. Through CES Committee and Funders Collaborative conversations, the following directions have been identified:

- Referencing Guiding Principles: The Funders and CES Committee have agreed to and adopted Guiding Principles for CES design and implementation. These should be used to review any design recommendations or implementation decisions.
- Coordination: Resources need to be allocated to ensure the coordinated entry system is centrally managed, well-coordinated, and continually improving. This will mean dedicated staffing or support to oversee the implementation process, convene Learning Collaboratives, develop and update policies and manage a grievance procedure.
- Learning Collaboratives: In implementing such a large-scale systems change, it will be critical to bring people together to consider important decisions, to discuss emergent problems, and to share practical experiences. Learning Collaborative groups, convened by EveryOne Home, will be part of the continuing design and implementation. CES Committee members discussed the need for people holding similar staff positions to be brought together often during ramp-up and then regularly thereafter in addition to groups of funders and policy makers, with consumers given the opportunity to participate in policy and programmatic discussions.

Guidance for Learning Collaboratives

In the EveryOne Home Membership and at the CES Committee, participants were asked to discuss what makes Learning Collaborative efforts most useful. Some of the common answers follow:

- One person or group tasked with convening and communication
- Follow-through by participants, meeting notes and tasks made clear
- Understanding roles, goals, expectations, commitment
- Participants are flexible, reflective, open to learning
- Actions and agendas are data-driven
- Group maintains a client level focus

Training

Changes in policy and practice will require initial and ongoing training. EveryOne Home membership and CES Committee participants were asked to consider what types of training will need to be in place to bring on the staff and have them ready for this type of work. Several people pointed out that a final curriculum list will need to cross-reference training in place already for shelter staff and others. Some important topics identified include:

- About the HRC, CE, purpose of system
- Problem Solving, Diversion, and Prevention
- Assessment Techniques, Motivational Interviewing
- Empathy
- De-Escalation, Mediation, Conflict Resolution
- Housing Resources and Housing Barriers

- Legal education on community living, fair housing, etc.
- Mental Health topics
- Staff Self-Care
- Cultural Training: LGBTQ, Racial, Language, Special needs
- Customer Service
- HMIS and Data-Sharing Protocols
- Mandated Reporting
- Public Benefits 101

Next Steps

After a period for comment by CES and Funder Collaborative members, the revised draft design will be taken to the CoC Committee for review for compliance with HUD regulations, notices and directives, and then to the Leadership board for adoption as an initial design framework.

Over the next several months, detailed implementation plans including policies and procedures for all aspects of coordinated entry, new system performance measures, development and testing of the assessment tool, and convening the learning collaboratives will occur. Funding for the new system elements is expected to be released in the summer or fall, to provide resources for the key functions by filling gaps in each region.

APPENDICES

ⁱ Service Mix Chart

Housing Resource Center - Potential Service Mix			
Core Services Provide by HRC	On Site	On or Off Site	Facilitated Access
Intake (eligibility screening via phone, walk-in, mobile intake)	X	X	
Standardized Housing and Services Assessment	X		
Housing Problem Solving (Diversion and Prevention)	X		
Housing Plan Development	X		
Rapid Rehousing	X		
Access to crisis/interim housing (shelter)	X		
Housing Location and Stabilization Services	X		
Coordination with School District for homeless children	X		
Connected Services	On Site	On or Off Site	Facilitated Access
Information and Referral	X		
Energy assistance		X	
Healthcare and Benefit Enrollment		X	
Help with basic needs (access to food, clothing, transportation)	X		
Financial Literacy		X	
Tenancy Training	X		
Case management	X		
Traditional Prevention services		X	
Other Mainstream Services (May have regular co-location)	X	X	X
Co-located or Closely Linked	On Site	On or Off Site	Facilitated Access
Legal Services		X	
Child Care/Early childhood development		X	
Job training and development		X	
Public benefits enrollment and advocacy		X	
Mobile outreach teams	X	X	
Credit repair		X	
Facilitated Access to Off-Site Services	On Site	On or Off Site	Facilitated Access
Crisis/Domestic Violence shelter			X

Permanent Supportive Housing and other affordable Housing			x
Medical care			x
Mental health and substance abuse services			x
Eviction defense			x

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ⁱⁱ Geographical Factors

In considering the location and operations of HRC's across the County, a balance between the standardization needed to ensure clients are treated similarly across the County and the different needs in each region must be considered. The Alameda County Housing and Community Development Department (HCD) convened meetings with city staff in each region to discuss the particular resources and gaps in their jurisdictions. These initial meetings are being followed up with regional efforts to identify specific resources that may contribute to CES, and an analysis of gaps in services by area to be completed in June 2016.

***Specific Strengths and Needs by Region***

South County

South County representatives included staff from the cities of Fremont, Newark, and Union City. These representatives agreed that most resources in South County are located in Fremont, but that the location was not problematic for homeless people in surrounding Union City and Newark neighborhoods. Homeless families in the area are often in vehicles, and sleep in all of the cities in the area. Challenges identified included:

- High rents are a barrier to housing identification
- Very little city funding available for homeless services, especially outside of Fremont
- Far from North County resources

On the other hand, representatives also identified several areas of strength:

- Cities collaborate frequently
- Fremont's Family Resource Center already operates as a Hub and could be expanded to meet HRC goals
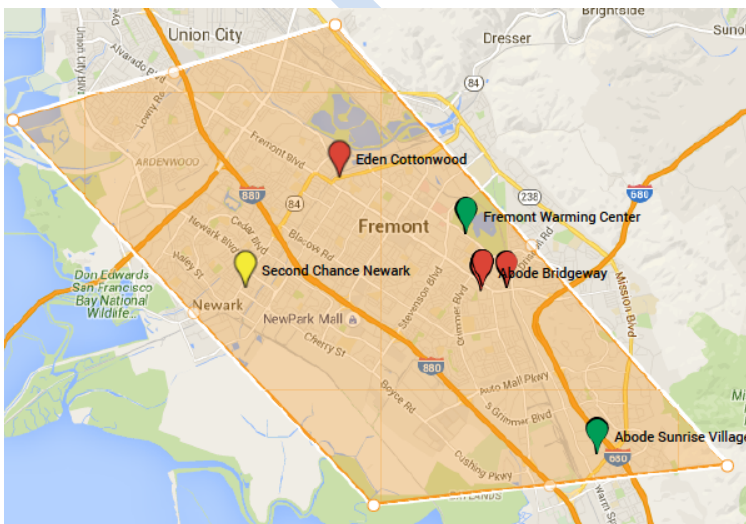
A Transitional Housing   A Emergency Shelter   A Other Services   Permanent Housing

East County

The cities of Livermore, Dublin and Pleasanton met with have a strong working relationship and commonly collaborate on the issues that are facing the region. Nevertheless, East County faces challenges as well. Some of those include:

- High rents
- Limited housing stock
- Little city funding available for services, especially outside of Livermore
- Lack of time-efficient, inexpensive transportation options to reach the services in Mid and North County

East County's areas of strength include:

- Recent census gives information on specific needs
- Cities have a strong working relationship

Attendees discussed current efforts in conducting a census of homeless individuals and families in Livermore. Consensus was that it would make sense to have an HRC in Livermore at an existing service site, but they also voiced interest in providing service connections in Dublin and Pleasanton. East County has relatively few resources for homeless households, so an HRC model might need to connect to South County in order to access services not present in East County.

East County Resource Map

Transitional Housing   Emergency Shelter   Other Services   Permanent Housing
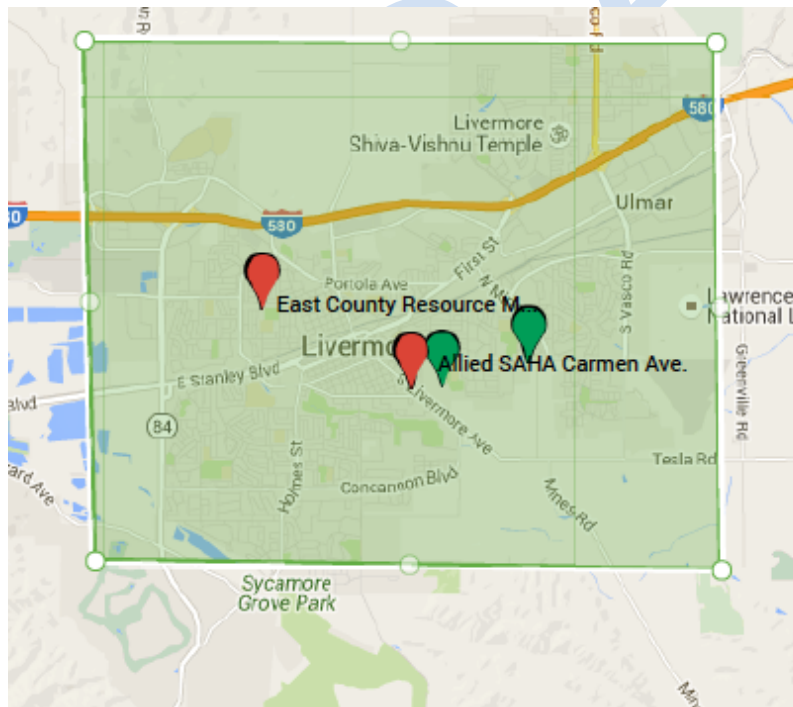
Mid-County

Mid-County includes the City of Alameda, Hayward, San Leandro, and the western Unincorporated County. Services are mainly clustered in Alameda, Hayward, and San Leandro. Like South County, the representatives voiced concern over the cost of rents for Rapid Rehousing. They did not immediately identify a location for an HRC.
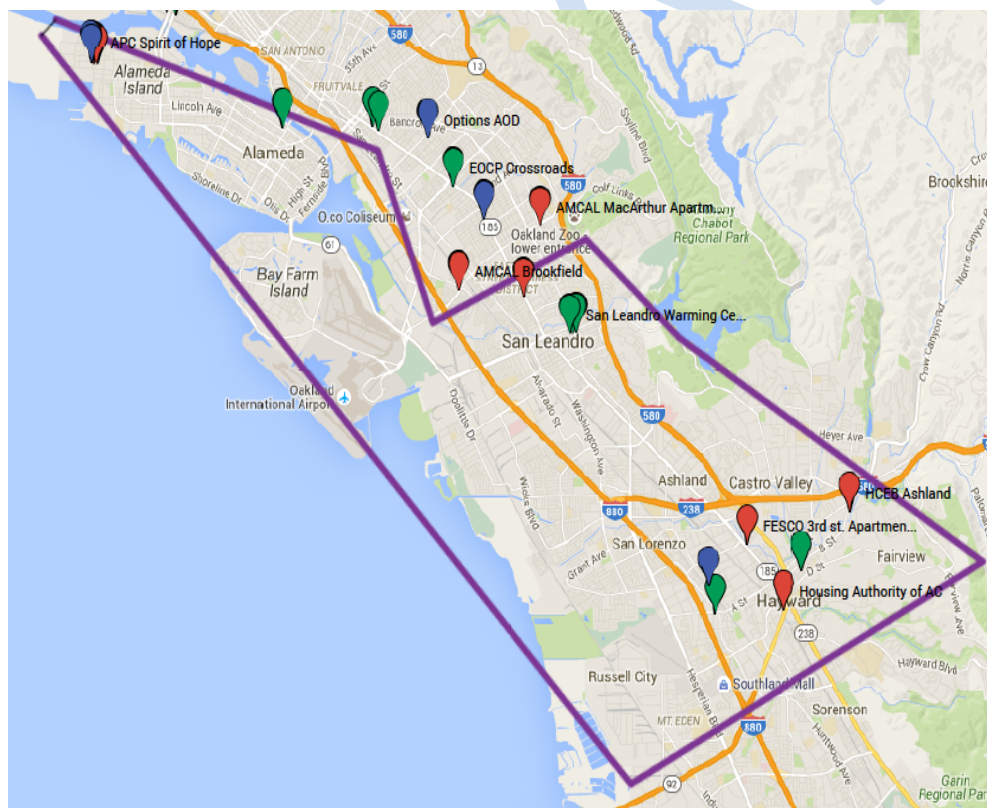
Mid-County Challenges noted:

- Surging rental rates
- No current obvious "Hub" for services

Mid-County strengths identified:

- Convenient locations to access North and South County resources
- Multiple housing and services providers
- Recent San Leandro and Hayward needs assessments

Mid-County Resource Map

North County

North County includes the cities of Albany, Berkeley, Emeryville, Oakland, and Piedmont. Oakland and Berkeley are already operating HRC's. Berkeley has connected most homeless resources to its Hub, while Oakland is currently serving families with children through its call center, the Family Front Door. Both cities, along with Albany and Emeryville representatives, voiced the intention to coordinate North County resources as much as possible, while being mindful of geographic limitations. The smaller cities typically support and connect to the services in the larger cities to serve their homeless populations.
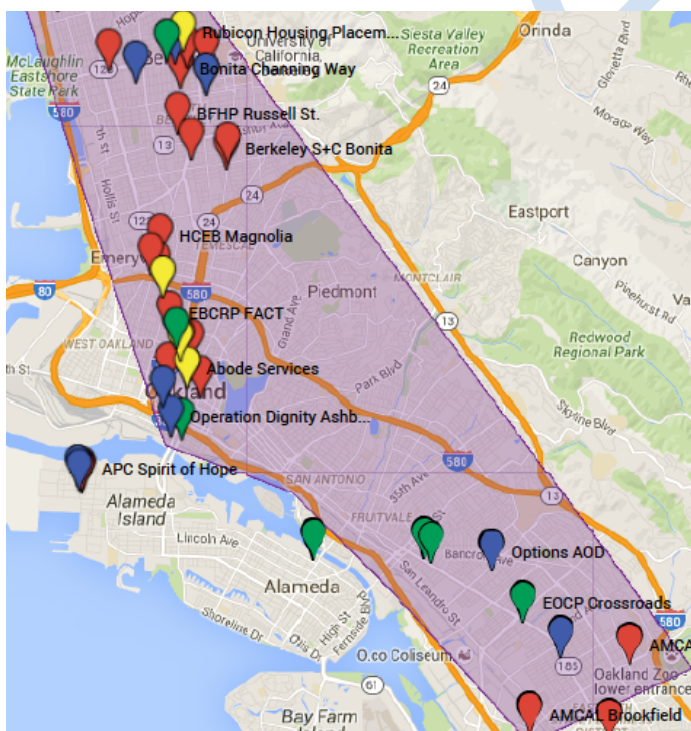
North County challenges identified:

- Rent levels have received national attention
- Many services remain decentralized
- Point in time counts show high numbers of chronically homeless individuals

Some noted North County strengths:

- Berkeley and Oakland Hubs already functioning and gathering information on needs
- Many housing and services agencies in this region
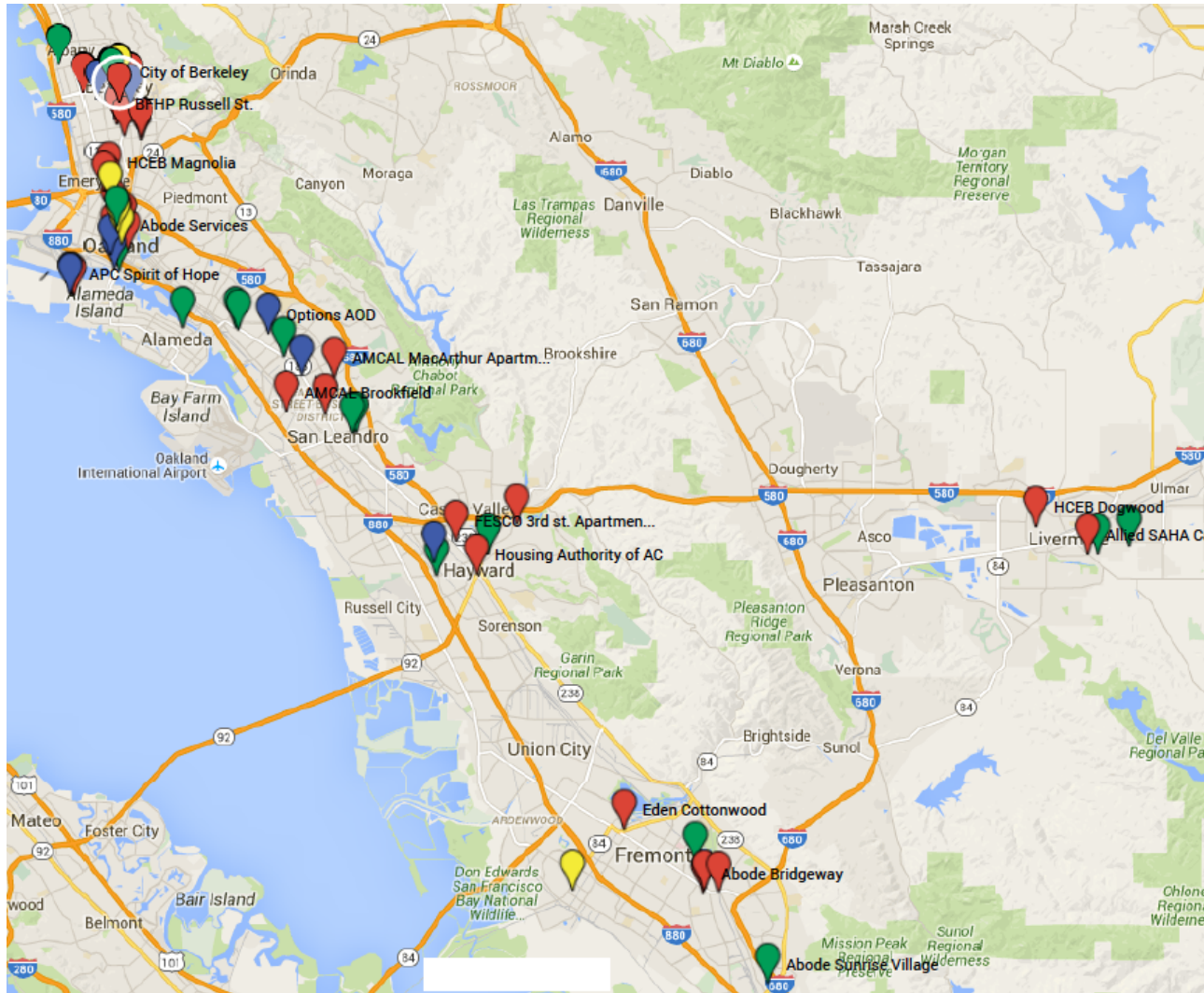- Cities already working on HRC coordination

North County Resource Map:

🔵 **Transitional Housing** 🟢 **Emergency Shelter** 🟡 **Other Services** 🔴 **Permanent Housing**

Countywide Resource Map, available at:

https://drive.google.com/open?id=1SP7AQw4XTn5DRYSgSACdmk7MS4Q&usp=sharing

iii **Guiding Principles**

1. **Housing First & Low Barrier**

The CES system and all programs within it will use a housing first, low barrier approach focused on ending homelessness for each household as quickly as possible.

2. **Access**

   a) CES will be easily accessible throughout the county, with multiple entry points: potentially will include in-person, phone, internet or app, etc.

   b) CES will include outreach so people least likely to seek services independently have access to the resources of the system.

3. **Standardized Process**

   a) Every CES point will screen, assess, and refer clients with standardized protocols using standardized tools and processes.

4. **Respect for Clients and Confidentiality**

   a) Information will be collected in a respectful, strengths-based and trauma- informed manner.

      i. Tools and decision/referral processes will require only as much information as is needed to assist or refer clients at that point.

      ii. With client consent, information will be shared within the system.

   b) The number of times people have to repeat their stories will be limited as much as possible.

   c) Client choice and the client's service and personal network will inform options for services, housing, and referrals.

5. **Referral Processes**

   a) Referrals will be based on meeting the clients' housing and services needs, rather than on filling the beds or slots of programs.

   b) Clear referral and handoff protocols support both the service providers making and receiving the referral.

   c) Programs will only take individuals or families into their program through the CES under established eligibility criteria, and not from alternate sources (except in specific, defined circumstances).

   d) As much as possible, waitlists will be avoided.

6. **Services for those who are Literally Homeless (or would be that night)**

   a) Entry into services and housing intended for those who are homeless will go <u>first</u> to people sleeping in places not meant for human habitation and those with no safe indoor place to stay that night. No one should have to sleep outside first to become eligible for services.

   b) For those who are literally homeless, deeper resources will be targeted those with the highest needs.

   c) Programs will follow a progressive approach to service delivery, matching the level of service intervention to the level of client need to resolve their housing crisis. Assessment is ongoing and more intensive services will be offered as needed. Clients can opt for less intensive support than what is offered.

7. **Housing Problem Solving (Diversion) for those Not Yet Homeless**

   a) People not yet homeless will be provided support and problem solving services to avoid an entry into the homeless system whenever safe.

8. **Links to Domestic Violence Services**

   a) Throughout the system, safety screening and links to domestic violence services will be integrated.

9. **CES Management, Oversight, & Evaluation**

   a) Resources will be allocated to ensure the coordinated entry system is managed, well coordinated, and continually improving. Data will be used to assess the impacts and outcomes of the system to inform changes.

   b) Stakeholders — including service providers, funders, and people with lived experience of homelessness — will have an ongoing role in the oversight and refinement of the Coordinated Entry System.